

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MS
OCT 26 2015
BY *[Signature]*
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Elizabeth Anne Crawford
Address 6072 PIKE 935, MAGNOLIA, MS County PIKE
Telephone (Work) 601-551-0421 (Home) 601-783-0713 (Fax) _____

Contact Name _____ Email Address ameccrawford80@yahoo.com
Office Sought Tax Collector - PIKE Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- ___ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)Mandatory
- ___ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)Mandatory
- ___ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)Mandatory
- ___ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
- ___ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- ___ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)Mandatory
- ___ October 27, 2015 Pre-Election ReportMandatory
*(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)*
All Candidates and Political Committees
- ___ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- ___ January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015)Mandatory
- ___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	250. ⁰⁰	+ 350. ⁰⁰	\$ 600. ⁰⁰	\$ 7,515.05
Total amount of disbursements \$	1270. ⁸⁰	484.73	\$ 1,755.53	\$ 7,487.12
Total amount of cash on hand			\$ 27.93	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Amie Crawford
Signature of Candidate _____ Date 10/26/15

Authority: Refer to Miss. Code Ann. §23-15-001 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Anne "BARBARA" Crawford
 Reporting period Oct. 1, 2015 through Oct. 24, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MR. & MRS. Robert Henshaelings</u>	<u>10/1/15</u>	\$ <u>50.-</u>
Mailing Address <u>1018 Pinchurst W.</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>McComb, MS. 39648</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>N/A</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ []
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bryan Aguillard</u>	<u>10/7/15</u>	\$ <u>250.-</u>
Mailing Address <u>P.O. Box 267</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>Osyka, MS. 39657</u>	[]/[]/[]	\$ []
Name of Employer (Required)	[]/[]/[]	\$ []
Occupation (Required) <u>Oil field</u>	Aggregate year-to-date	\$ []
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MADISON Insurance, Inc</u>	<u>10/9/15</u>	\$ <u>100.-</u>
Mailing Address <u>P.O. Box 910</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>Brookhaven, MS. 39602</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>Insurance Co.</u>	[]/[]/[]	\$ []
Occupation (Required)	Aggregate year-to-date	\$ []
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Powell</u>	<u>10/13/15</u>	\$ <u>100.-</u>
Mailing Address	[]/[]/[]	\$ []
City, State, Zip Code <u>McComb, MS. 39648</u>	[]/[]/[]	\$ []
Name of Employer (Required)	[]/[]/[]	\$ []
Occupation (Required) <u>Real Estate</u>	Aggregate year-to-date	\$ []

Name of Candidate or Committee Anne "BARCLAY" Crawford
 Reporting period Oct. 1, 2015 through Oct. 24, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MARVIN CASTELLO</u>	<u>10/18/15</u>	\$ <u>100.00</u>
Mailing Address <u>James George Rd</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Magnolia, TN 39652</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>None</u>	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Anne "BARCLAY" Crawford
 Reporting period Oct. 1, 2015 through Oct. 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southwest Broadcasting</u>	<u>10/9/15</u>	<u>\$ 550.00</u>
Mailing Address <u>206 N. Front St.</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Radio Advertising</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>	<u>10/19/15</u>	<u>\$ 31.50</u>
Mailing Address <u>119 Prentiss BAH Rd.</u>		
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>10/18/15</u>	<u>\$ 250.00</u>
Mailing Address <u>112 Olive Emmeich DR.</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>	<u>10/19/15</u>	<u>\$ 35.02</u>
Mailing Address <u>119 Prentiss BAH Rd.</u>		
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pike National Bank</u>	<u>__/__/__</u>	<u>\$ 6.00</u>
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Service Charge</u>	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Anne "Barclay" Crawford
 Reporting period Oct. 1, 2015 through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tylertown Times</u>	<u>10/1/15</u>	<u>\$ 470.80</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>Tylertown, MS. 39667</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Koozies for Fall Festival</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>10/1/15</u>	<u>\$ 170.00</u>
Mailing Address		
<u>112 Oliver Emmeich Dr.</u>		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>McComb, MS. 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Advertisements</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pike County Republican Party</u>	<u>10/1/15</u>	<u>\$ 50.00</u>
Mailing Address		
<u>SMCC Workforce Training Center</u>		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>Summit, MS. 39666</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Earnings with Governor Phil Bryant</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>	<u>10/5/15</u>	<u>\$ 29.50</u>
Mailing Address		
<u>119 Prentiss Ball Rd.</u>		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>Magnolia, MS. 39652</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>GAS</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Home Hardware</u>	<u>10/6/15</u>	<u>\$ 53.15</u>
Mailing Address		
<u>300 W. Prestey Blvd.</u>		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>McComb, MS. 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>T-post for Signs</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tylertown Times</u>	<u>10/8/15</u>	<u>\$ 115.56</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
<u>Tylertown, MS. 39667</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>T-shirts for Campaigning</u>		