

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

**FILED**  
Delbert L. Strickland  
SHERIFF  
SHERIFF'S OFFICE  
NOV 17 2015  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Elizabeth Anne Crawford BY BRW  
Address 6072 Pike 935 Magnolia MS County Pike  
Telephone (Work) 601-551-0421 (Home) 601-783-0713 (Fax) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email Address anne.crawford80@yahoo.com  
Office Sought Tax Collector - Pike Co 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 Report .....Mandatory  
(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 \$	300.-	+	370.02		\$ 670.02		\$ 8,185.07
Total amount of disbursements \$	500.-	+	197.95		\$ 697.95		\$ 8,185.07
Total amount of cash on hand					\$ 0		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Elizabeth Anne Crawford  
Signature of Candidate Date 11/17/15

Authority: Refer to Miss. Code Ann. §23-15-801 (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:**

- 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Anne "BARCLAY" Crawford  
 Reporting period October 24, 2015 through November 10, 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>Buddy Powell</u>	<u>10/27/15</u>	\$ <u>300.00</u>
Mailing Address	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>McComb MS. 39648</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>Real Estate</u>	Aggregate year-to-date	\$ <u>550.00</u>
B. 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>Phylliss Thompson</u>	<u>10/27/15</u>	\$ <u>750.00</u>
Mailing Address	<u>406 W Presley Blvd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>McComb, MS 39648</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>350.00</u>
C. 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>Edwin L Bean</u>	<u>10/30/15</u>	\$ <u>200.00</u>
Mailing Address	<u>P.O. Box 1322</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>McComb, MS. 39649</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. 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	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	_____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Anne "Barclay" Crawford  
 Reporting period October 24, 2015 through November 10, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprises Journal</u>	<u>10/30/15</u>	<u>\$ 500.00</u>
Mailing Address <u>112 Oliver Emmick Dr.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>10/30/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	<u>\$</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>		
Mailing Address <u>119 Prentiss BARI Rd.</u>	<u>11/2/15</u>	<u>\$ 32.81</u>
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>11/2/15</u>	<u>\$ 30.00</u>
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	<u>\$</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>4-WAY</u>		
Mailing Address <u>119 Prentiss BARI Rd.</u>	<u>11/4/15</u>	<u>\$ 20.02</u>
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>11/4/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>GAS</u>	Aggregate Year-to-date	<u>\$</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Anne Crawford</u>		
Mailing Address <u>6072 Pike 935</u>	<u>11/5/15</u>	<u>\$ 109.21</u>
City, State, Zip Code <u>Magnolia, MS 39652</u>	<u>11/5/15</u>	<u>\$</u>
Purpose of Disbursement (Optional) <u>GAS to remove signs &amp; Business Cards</u>	Aggregate Year-to-date	<u>\$</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/1/15</u>	<u>\$</u>
City, State, Zip Code	<u>11/1/15</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/1/15</u>	<u>\$</u>
City, State, Zip Code	<u>11/1/15</u>	<u>\$</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$</u>