

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MISS.
MAY 08 2015
BY *[Signature]* ROGER A. GRAVES
CLERK

Name of Candidate GERRY W. CRAWFORD
Address 6046 PIKE 93 SOUTH County PIKE
Telephone (Work) 601 754-5230 (Home) 601 783-5112 (Fax) _____
Contact Name _____ Email Address m2547@gmail.com
Office Sought SHERIFF 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	\$ 15,950	+\$	\$ 15,950	\$ 15,950
Total amount of disbursements	\$ 7,907.79	\$	\$ 7,907.79	\$ 7,907.79
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.
[Signature]
Signature of Candidate _____ Date 5-7-15

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 GENKY W CHAFFINReporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>KEITH SANDERS</u>	<u>11</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>POB 1389</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
City, State, Zip Code <u>MC COMB, MS 39649</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Occupation (Required) <u>BUSINESS OWNER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>JIMMY HATCHER</u>	<u>11</u> <u>1</u> <u>15</u>	\$ <u>350.00</u>
Mailing Address <u>POB 382</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
City, State, Zip Code <u>KENTWOOD, LA. 70444</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Occupation (Required) <u>BUSINESS OWNER</u>	Aggregate year-to-date	\$ <u>350.00</u>
C. Source <input checked="" 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>FOUNTAINRY DIESEL SERVICE</u>	<u>11</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1165 SUITE A HWY 98 EAST</u>	<u>4</u> <u>12</u> <u>15</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>MC COMB, MS, 39648</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Occupation (Required) <u>BUSINESS OWNER</u>	Aggregate year-to-date	\$ <u>2,000.00</u>
D. Source: <input checked="" 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>BUS SUPPLY CHARTERS</u>	<u>11</u> <u>1</u> <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>POB 1389</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
City, State, Zip Code <u>MC COMB MS. 39649</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Name of Employer (Required) <u>OWNER</u>	<u>1</u> <u>1</u> <u>15</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BERRY W CRAWFORD
 Reporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>DOE POLK</u>	<u>2</u> / <u>1</u> / <u>15</u>	\$ <u>400.00</u>
Mailing Address <u>7104 SILVER DRIVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>MC COMB MS, 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input checked="" 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>DIXIE SPRINGS CAFE</u>	<u>2</u> / <u>20</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>POB 220</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>SUMMIT, MS, 39666</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>GLEN ESTESS JR.</u>	<u>2</u> / <u>20</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>419 AMITE ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>OSYVA, MS, 39657</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>UNEMPLOYED</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>TROY ALFORD</u>	<u>3</u> / <u>2</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>POB 888</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>MC COMB MS, 39649</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee GERRY W CRAWFORD
 Reporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>BOBBY WALLACE</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>1022 LOOP RD</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>SUMMIT, MS. 39666</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required) <u>HANDY HARDWARE</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>MANAGER</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>DONNIE COKER</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>112 E. PREVEY BLVD.</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>MC COMB, MS. 39649</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required) <u>SMITH COLLISION</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>MANAGER</u>	Aggregate year-to-date	\$ <u>100.00</u>
C. Source <input checked="" 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>WESTERN RESOURCES INC</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>POB 246</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>TYIENTOWN, MS 39667</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" 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>MARKET MAX LLC</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>POB 229</u>	<u> </u> <u> </u> <u> </u>	\$ _____
City, State, Zip Code <u>TYIENTOWN, MS 39667</u>	<u> </u> <u> </u> <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> <u> </u> <u> </u>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee GERRY W CRAWFORD
 Reporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>CLIFFORD D. DEMERS</u>		<u>3/11/15</u>	\$ <u>500.00</u>
Mailing Address <u>2194 Hwy 48 East</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MAGNOLIA, NC. 39652</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>RETIRED</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>HENRY MARTIN</u>		<u>3/11/15</u>	\$ <u>500.00</u>
Mailing Address <u>POB 2204</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>HOUNA, LA. 70361-2204</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>RETIRED</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>RALPH WALDRON</u>		<u>3/12/15</u>	\$ <u>200.00</u>
Mailing Address <u>4128 Mt. Herman Rd</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MOORE 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>RETIRED</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 GERRY W. CRAWFORD

Reporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>MARK MIZE</u>		<u>3 13 15</u>	\$ <u>500.00</u>
Mailing Address <u>1183 CASTON RD</u>		<u>1 1 15</u>	\$ _____
City, State, Zip Code <u>MCOMB, MI. 39647</u>		<u>1 1 15</u>	\$ _____
Name of Employer (Required) <u>FARM BUREAU</u>		<u>1 1 15</u>	\$ _____
Occupation (Required) <u>AGENT</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>ROBERT WALL</u>		<u>3 15 15</u>	\$ <u>2,500.00</u>
Mailing Address <u>POB 497</u>		<u>1 1 15</u>	\$ _____
City, State, Zip Code <u>OSYKA, MS. 39657</u>		<u>1 1 15</u>	\$ _____
Name of Employer (Required) <u>WALL TIMBER</u>		<u>1 1 15</u>	\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>LINWOOD LINER SR</u>		<u>3 10 15</u>	\$ <u>250.00</u>
Mailing Address <u>1300 HONDURAS ST</u>		<u>1 1 15</u>	\$ _____
City, State, Zip Code <u>HOUMA, LA. 70360</u>		<u>1 1 15</u>	\$ _____
Name of Employer (Required)		<u>1 1 15</u>	\$ _____
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>CLAUDE MORRELL</u>		<u>3 15 15</u>	\$ <u>500.00</u>
Mailing Address <u>6030 MAGNOLIA, PROGRESS RD</u>		<u>1 1 15</u>	\$ _____
City, State, Zip Code <u>MAGNOLIA, MI 39652</u>		<u>1 1 15</u>	\$ _____
Name of Employer (Required)		<u>1 1 15</u>	\$ _____
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>500.00</u>

*Name of Candidate or Committee GERRY W CRAWFORDReporting period 1-1-15 through 4-30-15

ITEMIZED RECEIPTS

A. Source: <input checked="" 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>BUS SUPPLY CO. INC</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>POB 1389</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MCOMB, MS. 39649</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>OWNER</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" 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>SASCOBE TIMBER INC</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>505 LIBERTY ST</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
City, State, Zip Code <u>OSVKA, MS. 39657</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>OWNER</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" 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>MCOMB DIESEL INC</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>POB 281</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MCOMB, MS. 39649</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>OWNER</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>JAMES BLUMFIELD</u>	<u>1</u> <u>1</u> <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>10007 OSVKA PROGRESS RD</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
City, State, Zip Code <u>OSVKA, MS. 39657</u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> <u> </u> <u> </u>	\$ <u> </u>
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee GERRY W. CRAWFORD
 Reporting period 1-1-15 through 4-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEWART SIGNS</u>		
Mailing Address <u>2109 HWY 48 WEST</u>	<u>3/1/15</u>	\$ <u>2,907.19</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>4/17/15</u>	\$ <u>64.09</u>
Purpose of Disbursement (Optional) <u>POLITICAL SIGNS</u>	Aggregate Year-to-date	\$
B. Full name <u>STEWART SIGNS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2109 HWY 48 WEST</u>	<u>3/11/15</u>	\$ <u>72.93</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>3/7/15</u>	\$ <u>3,097.65</u>
Purpose of Disbursement (Optional) <u>SHIRTS (POLITICAL) + SIGNS</u>	Aggregate Year-to-date	\$
C. Full name <u>STEWART SIGNS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2109 HWY 48 WEST</u>	<u>2/27/15</u>	\$ <u>266.63</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>POLITICAL TEE-SHIRTS</u>	Aggregate Year-to-date	\$ <u>6,408.49</u>
D. Full name <u>ENTERPRISE JOURNAL</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>112 OLIVER EMMERKH DR.</u>	<u>3/23/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u>MC COMB MS. 39648</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>POLITICAL DIRECTORY</u>	Aggregate Year-to-date	\$ <u>400.00</u>
E. Full name <u>TRINITY STEEL</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5005 HWY 568 WEST</u>	<u>2/20/15</u>	\$ <u>100.00</u>
City, State, Zip Code <u>MAGNOLIA, MS. 39652</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>STEEL REBAR FOR SIGNS</u>	Aggregate Year-to-date	\$ <u>100.00</u>
F. Full name <u>MC COMB PRINTING INC.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>POB 805</u>	<u>2/10/15</u>	\$ <u>504.30</u>
City, State, Zip Code <u>MC COMB MS. 39648</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>BUSINESS CARDS</u>	Aggregate Year-to-date	\$ <u>504.30</u>

Name of Candidate or Committee GERRY W CRAWFORD
 Reporting period 1-1-15 through 4-30-15

ITEMIZED DISBURSEMENTS

A. Full name <u>WAKIL RADIO STATION</u>	Date (Mo., Day, Year) <u>4/17/15</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>206 N. FRONT ST.</u>	<u>4/17/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>MC COMB MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>RADIO AD</u>	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name <u>PARKLANE RODEO</u>	Date (Mo., Day, Year) <u>4/1/15</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address	<u>4/1/15</u>	\$ <u>150.00</u>
City, State, Zip Code <u>MC COMB, MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>SIGN PLACEMENT AT EVENT</u>	Aggregate Year-to-date	\$ <u>150.00</u>
C. Full name <u>FACE BOOK, INC.</u>	Date (Mo., Day, Year) <u>4/30/15</u>	Amount of each disbursement this period \$ <u>45.00</u>
Mailing Address	<u>4/30/15</u>	\$ <u>45.00</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>45.00</u>
D. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u>__/__/__</u>	Amount of each disbursement this period \$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$