

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election

**FILED**  
PIKE COUNTY, MS  
**JUN 10 2015**  
ROGER A. GRAYES  
CIRCUIT CLERK

Name of Candidate GERRY W. CRAWFORD  
Address 6046 PIKE 93 SOUTH County PIKE BY [Signature]  
Telephone (Work) 601 754-5230 (Home) 601 783-5112 (Fax) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email Address m2547@G.MAIL.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) All Candidates and Political Committees*  
*(Independent Candidates report January 1, 2015 through October 24, 2015)*
- \_\_\_\_ 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 \$		800. <sup>00</sup> + \$	\$ 800. <sup>00</sup>	\$ 16,750. <sup>00</sup>
Total amount of disbursements \$		1424. <sup>03</sup> + \$	\$ 1424. <sup>03</sup>	\$ 9,331. <sup>84</sup>
Total amount of cash on hand			\$ 7455.69	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Signature of Candidate [Signature] Date 6-9-15

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:**

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 GERRY W CRAWFORD  
 Reporting period 5-1-15 through 5-31-15

# 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>STACEY E. SAUCIER</u>	<u>5/29/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>1195 HWY 51 N</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>SUMMIT, MS. 39666</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) <u>MAPP OILFIELD SERVICES</u>	<u>  /  /  </u>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GREG BALLEW</u>	<u>5/30/15</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>540 PEARL RIVER AVE</u>	<u>  /  /  </u>	\$ _____
City, State, Zip Code <u>M'COMB, MS 39648-4248</u>	<u>  /  /  </u>	\$ _____
Name of Employer (Required) <u>CIRCLE B CORP.</u>	<u>  /  /  </u>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>300<sup>00</sup></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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>  /  /  </u>	\$ _____
Mailing Address	<u>  /  /  </u>	\$ _____
City, State, Zip Code	<u>  /  /  </u>	\$ _____
Name of Employer (Required)	<u>  /  /  </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>  /  /  </u>	\$ _____
Mailing Address	<u>  /  /  </u>	\$ _____
City, State, Zip Code	<u>  /  /  </u>	\$ _____
Name of Employer (Required)	<u>  /  /  </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee GERRY W. CRAWFORD  
 Reporting period 5-1-15 through 5-31-15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ENTERPRISE JOURNAL</u>	<u>5/21/15</u>	\$ <u>1400<sup>00</sup></u>
Mailing Address <u>112 OLIVER EMMERICH RD</u>	<u>5/21/15</u>	\$
City, State, Zip Code <u>MOBILE MS. 39648</u>	<u>5/21/15</u>	\$
Purpose of Disbursement (Optional) <u>POLITICAL AD</u>	Aggregate Year-to-date	\$ <u>1800<sup>00</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>FACE BOOK</u>	<u>5/1/15</u>	\$ <u>24.05</u>
Mailing Address	<u>5/1/15</u>	\$
City, State, Zip Code	<u>5/1/15</u>	\$
Purpose of Disbursement (Optional) <u>POLITICAL ADVERTISEMENT</u>	Aggregate Year-to-date	\$ <u>69.05</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>5/1/15</u>	\$
Mailing Address	<u>5/1/15</u>	\$
City, State, Zip Code	<u>5/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>5/1/15</u>	\$
Mailing Address	<u>5/1/15</u>	\$
City, State, Zip Code	<u>5/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>5/1/15</u>	\$
Mailing Address	<u>5/1/15</u>	\$
City, State, Zip Code	<u>5/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>5/1/15</u>	\$
Mailing Address	<u>5/1/15</u>	\$
City, State, Zip Code	<u>5/1/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$