

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

FILED  
PIKE COUNTY, MISS  
JUL 10 2015  
BY *BRA*  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate GERRY W CRAWFORD  
Address 6046 PIKE 93 SOUTH County PIKE  
Telephone (Work) 254-5230 (Home) 283-5112 (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 \$	<u>700.<sup>00</sup> + \$</u>	\$ <u>700.<sup>00</sup></u>	\$ <u>17,450.<sup>52</sup></u>
Total amount of disbursements \$	<u>2704.<sup>52</sup> + \$</u>	\$ <u>2704.<sup>52</sup></u>	\$ <u>12,036.<sup>36</sup></u>
Total amount of cash on hand		\$ <u>5451.<sup>17</sup></u>	

\_\_\_\_\_  
Signature of Candidate  
Date 10-JULY-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 GEORGE W. CHAMBERS

Reporting period 1 JUNE 11 through 30 JUNE 11

# ITEMIZED RECEIPTS

A. 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>R+S PETROLEUM INC</u>	<u>6/17/11</u>	\$ <u>400.00</u>
Mailing Address <u>1119 PRENTISS BAY RD</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MAGNOLIA MS 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>OWNER</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>ALFORD TIMBER FARM</u>	<u>6/12/11</u>	\$ <u>300.00</u>
Mailing Address <u>POB 280</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>GROSTER MS 39638</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>DON ALFORD</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>300.00</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 _____	<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	\$ _____
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 _____	<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 CRAUFORD  
 Reporting period 1 JUNE 15 through 30 JUNE 15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MAGNOLIA GAZETTE	6/11/15	\$ 126.00
Mailing Address 200 MAGNOLIA ST		
City, State, Zip Code MAGNOLIA MS 39652	__/__/__	\$
Purpose of Disbursement (Optional) NEWS PAPER AD	Aggregate Year-to-date	\$ 126.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SOUTHWEST BROADCASTING	6/12/15	\$ 1000.00
Mailing Address 206 N. FRONT ST		
City, State, Zip Code MCOMB MS 39648	__/__/__	\$
Purpose of Disbursement (Optional) RADIO AD	Aggregate Year-to-date	\$ 1300.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FACE BOOK	__/__/__	\$ 43.52
Mailing Address		
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) POLITICAL FACEBOOK	Aggregate Year-to-date	\$ 88.52
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
KAREN E. CRAUFORD	6/20/15	\$ 300.00
Mailing Address POB 402		
City, State, Zip Code MAGNOLIA, MS 39652	__/__/__	\$
Purpose of Disbursement (Optional) REIMBURSEMENT	Aggregate Year-to-date	\$ 300.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ENTERPRISE JOURNAL	6/12/15	\$ 1235.00
Mailing Address 12 OLIVER <del>BLVD</del> EMMERKHA DR		
City, State, Zip Code MCOMB MS 39648	__/__/__	\$
Purpose of Disbursement (Optional) POLITICAL AD	Aggregate Year-to-date	\$ 3035.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	\$
Mailing Address		
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$