

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
- X 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

\_\_\_\_\_  
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

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>6/11/11</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	\$