

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

**FILED**  
PIKE COUNTY, MISS.  
JUL 28 2015  
BY: *[Signature]*  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate GERRY W. CRAWFORD  
Address 6046 PIKE 93 SOUTH County PIKE  
Telephone (Work) <sup>601</sup> 754-5230 (Home) <sup>601</sup> 783-9112 (Fax) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_  
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 \$	0	+	\$	0	\$ 17,450.00
Total amount of disbursements \$	2,721.31			2,721.31	\$ 14,757.67
Total amount of cash on hand				2,729.86	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
*[Signature]* \_\_\_\_\_ Date 7-28-15

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

Reporting period  through

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee GERRY W. CRAWFORD  
 Reporting period JULY 1, 2015 through JULY 25, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PIKE CO. COURTHOUSE</u>	<u>7/1/15</u>	\$ <u>48.74</u>
Mailing Address <u>175 SOUTH CHEVY</u>		
City, State, Zip Code <u>ORAGADUA, MI. 39652</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>VOTERS LIST</u>	Aggregate Year-to-date	\$ <u>48.74</u>
<b>B. Full name</b> <u>MCOMB PRINTING INC</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>POB 805</u>	<u>7/20/15</u>	\$ <u>1056.31</u>
City, State, Zip Code <u>MCOMB MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN CARDS</u>	Aggregate Year-to-date	\$ <u>1,560.61</u>
<b>C. Full name</b> <u>MCOMB POST OFFICE</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>S30 DELAWARE AVE</u>	<u>7/20/15</u>	\$ <u>728.71</u>
City, State, Zip Code <u>MCOMB MS 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>POSTAGE FOR MAIL OUTS</u>	Aggregate Year-to-date	\$ <u>728.71</u>
<b>D. Full name</b> <u>MCOMB POST OFFICE</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>S30 DELAWARE AVE</u>	<u>7/20/15</u>	\$ <u>887.55</u>
City, State, Zip Code <u>MCOMB MS. 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>POSTAGE FOR MAILOUTS</u>	Aggregate Year-to-date	\$ <u>1,616.26</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$