

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
Pike County, MS
MAY 08 2015
Roger A. Graves
Circuit Clerk

Name of Candidate Danny Creel
Address 5028 McComb-Holmesville Rd county Pike
McComb, MS.
Telephone (Work) 601 (Home) 601 248 2500 (Fax)

Contact Name Danny Creel Email Address dcreel3@netzero.com

Office Sought Chancery Clerk 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 \$	700.00	+	250.00	\$	950.00	\$	
Total amount of disbursements \$	346.63	+	2793.37	\$	3,260.00	\$	
Total amount of cash on hand			36237	\$			

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

Danny Creel
Signature of Candidate

May 8 2015
Date

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 _____

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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jack Blacklock	3/13/15	\$ 200.00
Mailing Address 1023 Hwy 570 E	□/□/□	\$
City, State, Zip Code McCords MS 39614	□/□/□	\$
Name of Employer (Required) Retired	□/□/□	\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
B. 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 Beverly Mayes Wells	3/12/15	\$ 700.00
Mailing Address 7064 Hwy 48E	□/□/□	\$
City, State, Zip Code Magnolia MS	□/□/□	\$
Name of Employer (Required) Feach South Pike	□/□/□	\$
Occupation (Required) Teacher	Aggregate year-to-date	\$
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 Norman Gillis	4/18/15	\$ 250.00
Mailing Address P.O. Drawer 1907	□/□/□	\$
City, State, Zip Code McCords MS 39645	□/□/□	\$
Name of Employer (Required) Self Employed Law	□/□/□	\$
Occupation (Required) Self Lawyer	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 Dick Frohn	4/19/15	\$ 250.00
Mailing Address 116-y St	□/□/□	\$
City, State, Zip Code McCords MS	□/□/□	\$
Name of Employer (Required) State Farm	□/□/□	\$
Occupation (Required) Insurance Agent	Aggregate year-to-date	\$

Name of Candidate or Committee Day Creek
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>3 17 15</u>	\$ <u>520.</u>
Mailing Address <u>P.O. Box 2009 112 Oliver Emerid Dr.</u>	<u>3 19 15</u>	\$ <u>120.00</u>
City, State, Zip Code <u>McComb, MS.</u>		
Purpose of Disbursement (Optional) <u>Newspaper Ads</u>	Aggregate Year-to-date	\$ <u>640.00</u>
B. Full name <u>Screen Graphics</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2147 Hwy 48 West Hwy 48 West</u>	<u>1 27 15</u>	\$ 303.35
City, State, Zip Code <u>McComb MS</u>	<u>4 13 15</u>	\$ <u>527.00</u>
Purpose of Disbursement (Optional) <u>Political Signs</u>	Aggregate Year-to-date	\$ <u>830.33</u>
C. Full name <u>Southern Sports</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1102 Delaware Ave.</u>	<u>1 30 15</u>	\$ <u>374.50</u>
City, State, Zip Code <u>McComb MS</u>	<u>4 10 15</u>	\$ <u>94.16</u>
Purpose of Disbursement (Optional) <u>Political T-Shirts</u>	Aggregate Year-to-date	\$ <u>468.66</u>
D. Full name <u>Southern Broadcasting</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>206 North Front St</u>	<u>3 10 15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>McComb MS</u>	<u>1 1 15</u>	\$
Purpose of Disbursement (Optional) <u>Radio Broadcast</u>	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>Mc Printing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 805</u>	<u>1 1 15</u>	\$
City, State, Zip Code <u>Political yard signs & card</u>	<u>1 1 15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>657.61</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1 1 15</u>	\$
City, State, Zip Code	<u>1 1 15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$