

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	+	250.00	\$	3,260.00	\$	
Total amount of cash on hand			36337	\$			

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:

- 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Jack Blacklock	3/13/15	\$ 200.00
Mailing Address 1023 Hwy 570 E	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code McCords MS 39614	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Retired	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Beverly Mayes Wells	3/12/15	\$ 700.00
Mailing Address 7064 Hwy 48E	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code Magnolia MS	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Feach South Pike	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Norman Gillis	4/18/15	\$ 250.00
Mailing Address P.O. Drawer 1907	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code McCords MS 39645	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) Self Employed Law	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Dick Frohn	4/19/15	\$ 250.00
Mailing Address 116-y St	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code McCords MS	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) State Farm	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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
Enterprise Journal	3/17/15	\$ 520.
Mailing Address P.O. Box 2009 112 Oliver Emerid Dr.	3/19/15	\$ 120.00
City, State, Zip Code McCombs, MS.		
Purpose of Disbursement (Optional) Newspaper Ads	Aggregate Year-to-date	\$ 640.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics	1/27/15	\$ 303.35 303.35
Mailing Address 2147 Hwy 48 West Hwy 48 West	4/13/15	\$ 527.00
City, State, Zip Code McCombs MS		
Purpose of Disbursement (Optional) Political Signs	Aggregate Year-to-date	\$ 830.33
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Sports	1/30/15	\$ 374.50
Mailing Address 1102 Delaware Ave.	4/10/15	\$ 94.16
City, State, Zip Code McCombs MS		
Purpose of Disbursement (Optional) Political T-Shirts	Aggregate Year-to-date	\$ 468.66
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Broad casting	3/10/15	\$ 300.00
Mailing Address 206 North Front St	1/1/15	\$
City, State, Zip Code McCombs MS		
Purpose of Disbursement (Optional) Radio Broadcast	Aggregate Year-to-date	\$ 300.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mc Printing	1/1/15	\$
Mailing Address P.O. Box 805	1/1/15	\$
City, State, Zip Code Political yard signs & card		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 657.61
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1/1/15	\$
Mailing Address	1/1/15	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$