2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

FILED
PIKE COUNTY, MISS.
JUN 10 2015
ROGER A. GRAVES
CIRCUIT CLERK
BY

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

Name of Candidate Danny Creel

Address 5028 McComb-Holmesville Rd, McComb, MS 39648 County Pike

Telephone (Work) 601-783-0454 (Home) 601-248-2500 (Fax)

Contact Name Danny Creel Email Address dcreel3@ned2zero.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 $ | | + $ 500.00 | $ 500.00 | $ 1,450.00 |
| Total amount of disbursements $ | 372.60 | + $ 120.00 | $ 492.60 | $ 3,750.60 |
| Total amount of cash on hand | | | $ NA. | |

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

Signature of Candidate [signature] Date 6/7/15

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 Danny Creel

Reporting period May 1, 2015 through May 31, 2015

Itemized

* No Receipts *

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | / / | $ |
| Mailing Address | / / | $ |
| City, State, Zip Code | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | / / | $ |
| Mailing Address | / / | $ |
| City, State, Zip Code | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

| C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | / / | $ |
| Mailing Address | / / | $ |
| City, State, Zip Code | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name | / / | $ |
| Mailing Address | / / | $ |
| City, State, Zip Code | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

Name of Candidate or Committee Danny Creel

Reporting period May 1, 2015 through May 31, 2015

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Screen Graphics | | |
| Mailing Address 2147 Hwy 48 W. | 5/4/15 | $ 330.10 |
| City, State, Zip Code Magnolia, Ms 39652 | 5/27/15 | $ 42.50 |
| Purpose of Disbursement (Optional) Political Signs | Aggregate Year-to-date | $ 1202.93 |
| **B. 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 | $ |
| **C. 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 | $ |
| **D. 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 | $ |
| **E. 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 | $ |
| **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 | $ |