

Delbert Hosemann
SECRETARY OF STATE
 PIKE COUNTY, MISS.
 MAY 01 2015
 BY BAW ROGER A. GRAVES
 CIRCUIT CLERK

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Name of Candidate WAYNE FRAZIER
 Address 346 A Scott Drive, McLomb, MS County PIKE
 Telephone (Work) 601-684-7770 (Home) 601-248-9264 (Fax) 601-684-7750
 Contact Name WAYNE Email Address Frazierrealttyco@bellsouth.net
 Office Sought TAX ASSESSOR Political Party Republican

Check here if above is different from previous report

<u>TYPE OF REPORT</u>		
<input checked="" type="checkbox"/>	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
<input type="checkbox"/>	June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015)	Mandatory
<input type="checkbox"/>	July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015)	Mandatory
<input type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/>	August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
<input type="checkbox"/>	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<input type="checkbox"/>	November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/>	January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015)	Mandatory
<input type="checkbox"/>	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	\$ 300.00	+ \$ 425.00	\$ 725.00	\$ 725.00
Total amount of disbursements	\$ 212.94	+ \$ 811.91	\$ 2984.85	\$ 2984.85
Total amount of cash on hand	\$ 2259.85			

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

Wayne Frazier
 Signature of Candidate

5-1-2015
 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 To Elect WAYNE FRANZIER
 Reporting period Jan 1, 2015 through April 30, 2015

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 <u>L. E. Griffin</u>	<u>3/26/15</u>	\$ <u>300.00</u>
Mailing Address <u>3030 Wardlaw Rd</u>	_ / _ / _	\$ _____
City, State, Zip Code <u>McComb, Ms. 39648</u>	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
Occupation (Required) <u>Self-Employed</u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 _____	_ / _ / _	\$ _____
Mailing Address _____	_ / _ / _	\$ _____
City, State, Zip Code _____	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
Occupation (Required) _____	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 _____	_ / _ / _	\$ _____
Mailing Address _____	_ / _ / _	\$ _____
City, State, Zip Code _____	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
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 _____	_ / _ / _	\$ _____
Mailing Address _____	_ / _ / _	\$ _____
City, State, Zip Code _____	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee To Elect WAYNE FIAZIEK
 Reporting period Jan 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Stewart Signs</u>	Date (Mo., Day, Year) <u>2/10/15</u>	Amount of each disbursement this period \$ <u>1,888.34</u>
Mailing Address <u>2147 Hwy 48W</u>		
City, State, Zip Code <u>McCleary, WA 99648</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Camp. Signs</u>	Aggregate Year-to-date	\$ <u>1,888.34</u>
B. Full name <u>Custom on it</u>	Date (Mo., Day, Year) <u>3/26/15</u>	Amount of each disbursement this period \$ <u>284.60</u>
Mailing Address <u>E 201 Dean Martin Dr.</u>		
City, State, Zip Code <u>Las Vegas, NV 89118</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Camp. Balloons, Keezie</u>	Aggregate Year-to-date	\$ <u>284.60</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$