



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

Name of Candidate Wayne Frazier  
 Address 346A Scott Dr. N. Lomb, MS County PIKE  
 Telephone (Work) 601-684-7770 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Wayne Email Address frazierw@coj.net  
 Office Sought Tax Assessor 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 -	\$ - 0 -	\$ 5762.94
Total amount of disbursements	\$ - 0 -		+ \$ - 0 -	\$ - 0 -	\$ 5601.26
<b>Total amount of cash on hand</b>				\$ 161.68	

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

8/24/2015  
 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 To Elect Wayne Frazier  
 Reporting period: July 28, 2015 through August 4, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart Signs</u>	<u>2/10/15</u>	<u>\$ 1,838.34</u>
Mailing Address <u>2109 Hwy 150W</u>		
City, State, Zip Code <u>McCumb, TN 39649</u>	<u>6/1/15</u>	<u>\$ 278.20</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$ 2166.54</u>
<b>B. Full name</b> <u>Coston On It.</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address <u>6201 Dean Martin Dr.</u>	<u>3/26/15</u>	<u>\$ 284.60</u>
City, State, Zip Code <u>Las Vegas, NV 89118</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Camp. Ballconst Keezie</u>	Aggregate Year-to-date	<u>\$ 284.60</u>
<b>C. Full name</b> <u>McCumb NPO (United State Postal)</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	<u>7/22/15</u>	<u>\$ 490.00</u>
City, State, Zip Code <u>McCumb, TN 39648</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Stamps</u>	Aggregate Year-to-date	<u>\$ 490.00</u>
<b>D. Full name</b> <u>Enterprise - Journal</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address <u>P.O. Box 2009</u>	<u>7/14/15</u>	<u>\$ 641.20</u>
City, State, Zip Code <u>McCumb, TN 39649</u>	<u>7/22/15</u>	<u>\$ 600.00</u>
Purpose of Disbursement (Optional) <u>Political Adv. and printing</u>	Aggregate Year-to-date	<u>\$ 1241.20</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
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> disbursement this period
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee To Elect Wayne Frazier  
 Reporting period July 28, 2015 through August 14, 2015

# ITEMIZED RECEIPTS

A. Source: <input checked="" 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	<u>GOLDEN STAR RESTAURANTS, L.P.</u>	<u>5/18/15</u>	\$ <u>300.00</u>
Mailing Address	<u>200 Ann Drive Ext</u>	<u>7/18/15</u>	\$ <u>365.00</u>
City, State, Zip Code	<u>McComb, MS, 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>Self Employed</u>	Aggregate year-to-date	\$ <u>665.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>WAYNE FRAZIER</u>	<u>2/10/15</u>	\$ <u>1898.34</u>
Mailing Address	<u>3464 Scott Drive</u>	<u>3/26/15</u>	\$ <u>287.60</u>
City, State, Zip Code	<u>McComb, MS, 39648</u>	<u>6/13/15</u>	\$ <u>400.00</u>
Name of Employer (Required)		<u>7/14/15</u>	\$ <u>172.00</u>
Occupation (Required)	<u>Self-Employed</u>	Aggregate year-to-date	\$ <u>422.94</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>L. E. GRIFFEN</u>	<u>3/26/15</u>	\$ <u>300.00</u>
Mailing Address	<u>3030 Woodrow Rd</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>McComb, MS, 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	<u>Self-Employed</u>	Aggregate year-to-date	\$ <u>300.00</u>
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		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____