

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

Delbert H. Hermann  
**SECRETARY OF STATE**  
 PIKE COUNTY, MISS.  
**MAY 07 2015**  
 BY *RA* ROGER A. GRAVES  
 CIRCUIT CLERK

Name of Candidate Glenn A. Green  
 Address 3095 Martin Rd County Pike  
 Telephone (Work) 601-783-2324 (Home) 601-249-6891 (Fax) 601-783-2129  
 Contact Name SA Email Address ggreen@co.pike.ms.us  
 Office Sought Justice Court Judge 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		\$ 0
Total amount of disbursements \$	715.00	+			\$ 715.00		\$ 715.00
Total amount of cash on hand					\$ 0		

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

Glenn A. Green  
 Signature of Candidate

5-7-15  
 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 Glenn A. Green  
 Reporting period 1-30-15 through 4-30-15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart Sign Co</u>	<u>3/10/15</u>	\$ <u>253.00</u>
Mailing Address <u>2109 HWY 48 West</u>		
City, State, Zip Code <u>McComb, Ms 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Political Signs</u>	Aggregate Year-to-date	\$
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Enterprise Journal</u>	<u>3/1/15</u>	\$ <u>383.00</u>
Mailing Address <u>112 Oliver Emmerich Dr</u>		
City, State, Zip Code <u>McComb, Ms 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Newspaper Ad</u>	Aggregate Year-to-date	\$ <u>636.00</u>
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Enterprise Journal</u>	<u>4/6/15</u>	\$ <u>79.00</u>
Mailing Address <u>112 Oliver Emmerich Dr</u>		
City, State, Zip Code <u>McComb, Ms 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Political Cards</u>	Aggregate Year-to-date	\$ <u>715.00</u>
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Glenn R. Green

Reporting period 1-30-15 through 4-30-15

# 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 _____		□/□/□	\$ _____
Mailing Address _____		□/□/□	\$ _____
City, State, Zip Code _____		□/□/□	\$ _____
Name of Employer (Required) _____		□/□/□	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
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 _____		□/□/□	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		□/□/□	\$ _____
Mailing Address _____		□/□/□	\$ _____
City, State, Zip Code _____		□/□/□	\$ _____
Name of Employer (Required) _____		□/□/□	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____