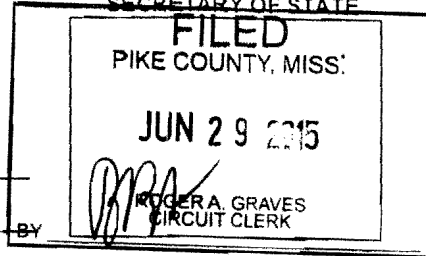


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election



Name of Candidate Michael Guttuso  
 Address 304 6TH ST. County Pike  
 Telephone (Work) 601-248-5789 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address Michaelguttuso@gmail.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 \$	1000.00	+	100.00	\$ 1100.00	\$ 1100.00
Total amount of disbursements \$	400.00	+	—	\$ 400.00	\$ 400.00
Total amount of cash on hand				\$ 700.00	

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

Michael Guttuso  
Signature of Candidate

6/29/15  
Date

Authority: Refer to Miss. Code Ann. §23-15-804 (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	Amount of each
Other (please specify) <input type="checkbox"/>	(Mo., Day, Year)	receipt this period
Full name <u>JIM FRUIT</u>	<u>05/31/15</u>	\$ <u>1000.00</u>
Mailing Address <u>120 ASTON AVE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>MC COMB, MS 39648</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <input type="checkbox"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each
Other (please specify) <input type="checkbox"/>	(Mo., Day, Year)	receipt this period
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="checkbox"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each
Other (please specify) <input type="checkbox"/>	(Mo., Day, Year)	receipt this period
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="checkbox"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date	Amount of each
Other (please specify) <input type="checkbox"/>	(Mo., Day, Year)	receipt this period
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="checkbox"/>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> ENTERPRISE JOURNAL	<b>Date</b> (Mo., Day, Year) 5/15/15	<b>Amount of each disbursement this period</b> \$ 400.00
<b>Mailing Address</b> 112 OLIVER EMMERICH DR.		
<b>City, State, Zip Code</b> MCCOMB, MS 39648	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b> POLITICAL CALENDAR	<b>Aggregate Year-to-date</b>	\$
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$