2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

JUL 10 2015

Name of Committee Harbour for Judge

Address 1078 Anglin Rd. County Pike

Telephone 601-248-6122 Fax

Treasurer Kathleen Harbour Email Address

☐ 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**

X **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, 2016 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 receiving authority 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	$ 250 + $	1025	$ 1,275	$ 6240.00
Total amount of disbursements	$ 440 + $	0	$ 440	$ 1717.00
Total amount of cash on hand			$ 4523.00	

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

K Harbour
Signature of Director or Treasurer

7-9-15
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:

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 Harbour for Judge

Reporting period 6-10 through 7-10-15

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: B. Goodwin	7/5/15	$ 250 —
Mailing Address	/ /	$
City, State, Zip Code: McComb, MS 39648	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

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 Harbour for Judge

Reporting period 6-10 through 7-10-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilgerson Printing	6/29/15	$ 440.00
Mailing Address: Delaware Ave		
City, State, Zip Code: McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional): CARDS	Aggregate Year-to-date	$ 440.00
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	$