

Delbert R. Hobbs
SECRETARY OF STATE

DEC 28 2015

BY *RAG*
ROGER A. GRAVES
CIRCUIT CLERK

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Committee Harbour for Judge
 Address 1078 Anglin Rd County Pike
 Telephone 601 248 6122 Fax _____
 Treasurer Kathleen Harbour Email Address bryanharbour@att.net

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
- X January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Mandatory
- X 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 | \$ 4565. ^{ps} | 6690. ^{pu} | \$ 0 | \$ 11,255.00 |
| Total amount of disbursements | \$ 11,255. ^s | 0 | \$ 3460. ⁴⁰ | \$ 11,255.00 |
| 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.

Kathleen Harbour 12-15-15
 Signature of Director or Treasurer 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 Harbov for Judge

Reporting period JAN 1, 2015 through Dec 31 2015 Term. Report

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" 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 | \$ <u>11,255.00</u> |
| B. 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 | \$ _____ |
| 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 Harbour for Judge
 Reporting period Jan 1, 2015 through Dec 31, 2015 TERM. Report

ITEMIZED DISBURSEMENTS

| | | |
|---|---------------------------------------|--|
| A. Full name <u>McComb Printing</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>Broadway</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Letters</u> | Aggregate Year-to-date | \$ <u>2202.05</u> |
| B. Full name <u>US Post Office</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>Delaware Ave</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Postage</u> | Aggregate Year-to-date | \$ <u>1135.91</u> |
| C. Full name <u>My Campaign Store</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>301 Whitting Parkway 201</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>Louisville KY 40222</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Materials</u> | Aggregate Year-to-date | \$ <u>877.00</u> |
| D. Full name <u>Hilgerson Printing</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>400 Delaware</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>cards</u> | Aggregate Year-to-date | \$ <u>440.00</u> |
| E. Full name <u>Enterprise Journal</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>112 Oliver Emmerich Dr</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Ads</u> | Aggregate Year-to-date | \$ <u>2866.80</u> |
| F. Full name <u>SW Broadcasting</u> | Date (Mo., Day, Year) _ / _ / _ | Amount of each disbursement this period \$ |
| Mailing Address <u>206 Front St</u> | _ / _ / _ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Radio Ad</u> | Aggregate Year-to-date | \$ <u>100.00</u> |

Name of Candidate or Committee Harbour for Judge
 Reporting period 1-1-13 through 12-15-15 ~~13~~ 15 Term Report

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|--|
| <u>Stewart Signs</u> | ___/___/___ | \$ |
| Mailing Address <u>2147 Hwy 48 W</u> | ___/___/___ | \$ |
| City, State, Zip Code <u>McComb, MS 39648</u> | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) <u>Signs-yard</u> | Aggregate Year-to-date | \$ <u>1032.55</u> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Bryan Harbour</u> | ___/___/___ | \$ |
| Mailing Address <u>1078 Anclin Rd</u> | <u>12/15/15</u> | \$ <u>1118.69</u> |
| City, State, Zip Code <u>Summit, MS 39666</u> | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) <u>Loan Re-payment</u> | Aggregate Year-to-date | \$ <u>1118.69</u> |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Victory Store</u> | ___/___/___ | \$ |
| Mailing Address <u>5200 SW 30th St</u> | ___/___/___ | \$ |
| City, State, Zip Code <u>Davenport, IA</u> | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>707.55</u> |
| 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 | \$ |