

Delbert Hosemann  
SECRETARY OF STATE

PIKE COUNTY, MS

JUN 10 2015

ROGER A. GRAVES  
CIRCUIT CLERK

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

Name of Candidate Melvin Hollins  
Address 2120 Van Norman Cr. McComb, MS County Pike  
Telephone (Work) \_\_\_\_\_ (Home) 601-600-8800 (Fax) Same  
Contact Name Edith Gentry Email Address vangent@bellsouth  
Office Sought Justice Court Judge, Central Political Party Democratic

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 \$	177	+	4500	\$	4670 <sup>00</sup>	\$	9670 <sup>00</sup>
Total amount of disbursements \$	0	+	3053 <sup>00</sup>	\$	3053 <sup>00</sup>	\$	4413 <sup>93</sup>
Total amount of cash on hand				\$	5256 <sup>01</sup>		

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

Signature of Candidate Melvin Hollins Date 6/9/15

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:

State District Multi-County and all Legislative offices should return form to Secretary of State, Elections

Name of Candidate or Committee Partners to elect Melvin Hollins  
 Reporting period May 1, 2015 through May 31, 2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Kathryn Jones</u>	<u>5/9/15</u>	\$ <u>50.00</u>
Mailing Address <u>911 25th St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
City, State, Zip Code <u>McComb Ms. 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Hilda Casin</u>	<u>5/9/15</u>	\$ <u>20.00</u>
Mailing Address <u>818 Wall St</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
City, State, Zip Code <u>McComb Ms. 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>20.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Arna Ferguson</u>	<u>5/9/15</u>	\$ <u>25.00</u>
Mailing Address <u>10353 Cletus Dr.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
City, State, Zip Code <u>Baton Rouge, La. 70815</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Occupation (Required) <u>LSU</u>	Aggregate year-to-date	\$ <u>25.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>DYNN Murkey</u>	<u>5/12/15</u>	\$ <u>50.00</u>
Mailing Address <u>1124 N. Foster Dr.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
City, State, Zip Code <u>Baton Rouge, La 70806</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ <u>-</u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>50.00</u>

Name of Candidate or Committee Partnersto Elect Melvin Hollins  
 Reporting period May 1, 2015 through May 31, 2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Salema Robinson</u>	<u>5/26/15</u>	\$ <u>25.00</u>
Mailing Address <u>2037 Van Der Meer Cr. Rd.</u>	_ / _ / _	\$ _____
City, State, Zip Code <u>McComb, MS 39648</u>	_ / _ / _	\$ _____
Name of Employer (Required) _____	_ / _ / _	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>25.00</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	\$ _____

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## ITEMIZED DISBURSEMENTS

A. Full name <u>Select Signs &amp; More</u>	Date (Mo., Day, Year) <u>5/18/15</u>	Amount of each disbursement this period \$ <u>765.05</u>
Mailing Address <u>664 Industrial Park Rd. NE</u>		
City, State, Zip Code <u>Brookhaven, MS 39601</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>765.05</u>
B. Full name <u>Capital Promotions</u>	Date (Mo., Day, Year) <u>5/18/15</u>	Amount of each disbursement this period \$ <u>1,402.00</u>
Mailing Address <u>P.O. Box 231</u>		
City, State, Zip Code <u>Glenside, PA 19038</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>1,402.00</u>
C. Full name <u>Central Office Supplies</u>	Date (Mo., Day, Year) <u>5/26/15</u>	Amount of each disbursement this period \$ <u>43.85</u>
Mailing Address <u>216 W. Michigan Ave.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>43.85</u>
D. Full name <u>Wal-Mart</u>	Date (Mo., Day, Year) <u>5/14/15</u>	Amount of each disbursement this period \$ <u>381.56</u>
Mailing Address <u>1608 Veterans Blvd.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>5/19/15</u>	\$ <u>40.46</u>
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>422.02</u> <del>377.25</del>
E. Full name <u>Dollar General Store</u>	Date (Mo., Day, Year) <u>5/28/15</u>	Amount of each disbursement this period \$ <u>24.00</u>
Mailing Address <u>600 W. Proxley Blvd.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>5/19/15</u>	\$ <u>24.16</u>
Purpose of Disbursement (Optional) <u>Misc.</u>	Aggregate Year-to-date	\$ <u>48.16</u>
F. Full name <u>Mike's Supermarket</u>	Date (Mo., Day, Year) <u>5/18/15</u>	Amount of each disbursement this period \$ <u>28.00</u>
Mailing Address <u>329 S. Locust St</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional) <u>Food</u>	Aggregate Year-to-date	\$ <u>28.00</u>

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## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Piccadilly</u>	<u>5/4/15</u>	\$ <u>59.35</u>
Mailing Address <u>105 Edgewood Drive</u>	<u>—/—/—</u>	\$ <u>—</u>
City, State, Zip Code <u>McComb, MS, 39648</u>		
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>59.35</u>
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Golden Corral</u>	<u>5/1/15</u>	\$ <u>24.04</u>
Mailing Address <u>—</u>	<u>5/7/15</u>	\$ <u>32.06</u>
City, State, Zip Code <u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>56.10</u>
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>McComb MPO</u>	<u>5/2/15</u>	\$ <u>49.00</u>
Mailing Address <u>Delaware Ave</u>	<u>—/—/—</u>	\$ <u>—</u>
City, State, Zip Code <u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>49.00</u>
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Market Max</u>	<u>5/6/15</u>	\$ <u>35.16</u>
Mailing Address <u>115 Presley Blvd East</u>	<u>—/—/—</u>	\$ <u>—</u>
City, State, Zip Code <u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>35.16</u>
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Home Hardware</u>	<u>5/14/15</u>	\$ <u>15.31</u>
Mailing Address <u>Presley Blvd.</u>	<u>—/—/—</u>	\$ <u>—</u>
City, State, Zip Code <u>McComb, MS, 39648</u>		
Purpose of Disbursement (Optional) <u>—</u>	Aggregate Year-to-date	\$ <u>15.31</u>
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>McCombs Computer Inc.</u>	<u>5/5/15</u>	\$ <u>129.00</u>
Mailing Address <u>Parklane Rd</u>	<u>—/—/—</u>	\$ <u>—</u>
City, State, Zip Code <u>McComb, MS 39648</u>		