

Delbert Hosemann  
**SECRETARY OF STATE**  
 JUL 09 2015

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

Name of Candidate Melvin Collins  
 Address 2120 Van Norman 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 \$ | 200 <sup>00</sup> | +              | \$ 200 <sup>00</sup> | \$ 9870 <sup>00</sup> |
| Total amount of disbursements \$ |                   | +              | \$ 2,617.26          | \$ 7,031.19           |
| Total amount of cash on hand     |                   |                | \$ 2,838.81          |                       |

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

Melvin Collins Signature of Candidate      Date 7/9/15

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:**
- 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 Partners to Reelect Melvin Hollins  
 Reporting period June 1, 2015 through June 30, 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"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)        | Amount of each receipt<br>this period |
|--|---------------------------------|---------------------------------------|
| Full name<br><u>Victor Anazia Dr.</u>  | <u>6</u> / <u>8</u> / <u>15</u> | \$ <u>50<sup>00</sup></u>             |
| Mailing Address<br><u>101 Cherokee</u>   | _ / _ / _                       | \$ <u>—</u>                           |
| City, State, Zip Code<br><u>McComb, MS. 39648</u>  | _ / _ / _                       | \$ <u>—</u>                           |
| Name of Employer (Required)<br><u>Self</u>   | _ / _ / _                       | \$ <u>—</u>                           |
| Occupation (Required)<br><u>Physician</u>  | Aggregate year-to-date          | \$ <u>50<sup>00</sup></u>             |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)        | Amount of each receipt<br>this period |
| Full name<br><u>Gerald Matthews</u>  | <u>6</u> / <u>1</u> / <u>15</u> | \$ <u>150<sup>00</sup></u>            |
| Mailing Address<br><u>7128 Summit Lakesville Rd</u>  | _ / _ / _                       | \$ <u>—</u>                           |
| City, State, Zip Code<br><u>McComb, MS. 39648</u>  | _ / _ / _                       | \$ <u>—</u>                           |
| Name of Employer (Required)<br><u>Self</u>   | _ / _ / _                       | \$ <u>—</u>                           |
| Occupation (Required)<br><u>Retiree</u>  | Aggregate year-to-date          | \$ <u>150<sup>00</sup></u>            |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)        | Amount of each receipt<br>this period |
| Full name  | _ / _ / _                       | \$ <u>—</u>                           |
| Mailing Address  | _ / _ / _                       | \$ <u>—</u>                           |
| City, State, Zip Code  | _ / _ / _                       | \$ <u>—</u>                           |
| Name of Employer (Required)  | _ / _ / _                       | \$ <u>—</u>                           |
| Occupation (Required)  | Aggregate year-to-date          | \$ <u>—</u>                           |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            | Date<br>(Mo., Day, Year)        | Amount of each receipt<br>this period |
| Full name  | _ / _ / _                       | \$ <u>—</u>                           |
| Mailing Address  | _ / _ / _                       | \$ <u>—</u>                           |
| City, State, Zip Code  | _ / _ / _                       | \$ <u>—</u>                           |
| Name of Employer (Required)  | _ / _ / _                       | \$ <u>—</u>                           |
| Occupation (Required)  | Aggregate year-to-date          | \$ <u>—</u>                           |

Name of Candidate or Committee Partners to Reelect Melvin Hollins JCD  
 Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

|  |  |  |
|--|--|--|
| A. Full name<br><u>Dollar Tree stores</u>                        | Date<br>(Mo., Day, Year)<br><u>6/6/15</u>  | Amount of each<br>disbursement this period<br>\$ <u>25.68</u>    |
| Mailing Address<br><u>1722 Veterans Blvd</u>                     |  |  |
| City, State, Zip Code<br><u>Mc Comb, MS. 39648</u>               | <u>—/—/—</u>                               | \$ <u>—</u>  |
| Purpose of Disbursement (Optional)<br><u>—</u>                   | Aggregate<br>Year-to-date                  | \$ <u>25.00</u>  |
| B. Full name<br><u>Market Mart</u>                               | Date<br>(Mo., Day, Year)<br><u>6/18/15</u> | Amount of each<br>disbursement this period<br>\$ <u>35.27</u>    |
| Mailing Address<br><u>115 Presley Blvd. E.</u>                   | <u>6/29/15</u>                             | \$ <u>23.98</u>  |
| City, State, Zip Code<br><u>Mc Comb, MS. 39648</u>               |  |  |
| Purpose of Disbursement (Optional)<br><u>Fuel</u>                | Aggregate<br>Year-to-date                  | \$ <u>58.25</u>  |
| C. Full name<br><u>KFC</u>                                       | Date<br>(Mo., Day, Year)<br><u>6/23/15</u> | Amount of each<br>disbursement this period<br>\$ <u>16.05</u>    |
| Mailing Address<br><u>115 Presley Blvd. E.</u>                   | <u>6/30/15</u>                             | \$ <u>12.83</u>  |
| City, State, Zip Code<br><u>Mc Comb, MS 39648</u>                |  |  |
| Purpose of Disbursement (Optional)<br><u>—</u>                   | Aggregate<br>Year-to-date                  | \$ <u>28.88</u>  |
| D. Full name<br><u>Mike's Supermarket</u>                        | Date<br>(Mo., Day, Year)<br><u>6/25/15</u> | Amount of each<br>disbursement this period<br>\$ <u>24.91</u>    |
| Mailing Address<br><u>329 Locust St</u>                          | <u>6/23/15</u>                             | \$ <u>52.31</u>  |
| City, State, Zip Code<br><u>Mc Comb, MS 39648</u>                |  |  |
| Purpose of Disbursement (Optional)<br><u>Fuel</u>                | Aggregate<br>Year-to-date                  | \$ <u>76.40</u>  |
| E. Full name<br><u>McDonald's</u>                                | Date<br>(Mo., Day, Year)<br><u>—/—/—</u>   | Amount of each<br>disbursement this period<br>\$ <u>6.12</u>     |
| Mailing Address<br><u>323 Parkview Ave</u>                       | <u>—/—/—</u>                               | \$ <u>—</u>  |
| City, State, Zip Code<br><u>Mc Comb, MS 39648</u>                |  |  |
| Purpose of Disbursement (Optional)<br><u>—</u>                   | Aggregate<br>Year-to-date                  | \$ <u>6.12</u>   |
| F. Full name<br><u>Credit Card Carter</u>                        | Date<br>(Mo., Day, Year)<br><u>6/18/15</u> | Amount of each<br>disbursement this period<br>\$ <u>2,079.16</u> |
| Mailing Address<br><u>P.O. Box 114</u>                           | <u>—/—/—</u>                               | \$ <u>—</u>  |
| City, State, Zip Code<br><u>Jackson, MS. 39209</u>               |  |  |
| Purpose of Disbursement (Optional)<br><u>Signs + Cards, etc.</u> | Aggregate<br>Year-to-date                  | \$ <u>2,079.16</u>   |

Name of Candidate or Committee Partners to a Better Mobile Police 308  
 Reporting period JUNE 1, 2015 through JUNE 30, 2015

## ITEMIZED DISBURSEMENTS

|                                    |                    |                          |
|------------------------------------|--------------------|--------------------------|
| A. Full name                       | Date               | Amount of each           |
| <u>Pike Co Data Processing</u>     | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>6/12/15</u>     | \$ <u>67.85</u>          |
| <u>P.O. Box 431</u>                |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$ <u>   </u>            |
| <u>Macedonia, MS 39052</u>         |                    |                          |
| Purpose of Disbursement (Optional) | Aggregate          | \$                       |
| <u>Vote Call</u>                   | Year-to-date       | <u>77.85</u>             |
| B. Full name                       | Date               | Amount of each           |
| <u>Southwest Broadcasting</u>      | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>6/17/15</u>     | \$ <u>275.00</u>         |
| <u>206 N. Front St</u>             |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$ <u>   </u>            |
| <u>Meridian, MS 39067</u>          |                    |                          |
| Purpose of Disbursement (Optional) | Aggregate          | \$                       |
| <u>Radio Ad</u>                    | Year-to-date       | <u>275.00</u>            |
| C. Full name                       | Date               | Amount of each           |
|                                    | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| Purpose of Disbursement (Optional) | Aggregate          | \$                       |
|                                    | Year-to-date       |                          |
| D. Full name                       | Date               | Amount of each           |
|                                    | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| Purpose of Disbursement (Optional) | Aggregate          | \$                       |
|                                    | Year-to-date       |                          |
| E. Full name                       | Date               | Amount of each           |
|                                    | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| Purpose of Disbursement (Optional) | Aggregate          | \$                       |
|                                    | Year-to-date       |                          |
| F. Full name                       | Date               | Amount of each           |
|                                    | (Mo., Day, Year)   | disbursement this period |
| Mailing Address                    | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |
| City, State, Zip Code              | <u>   /   /   </u> | \$                       |
|                                    |                    |                          |