

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2015 Election

FILED  
JUL 29 2015

Name of Candidate Melvin Hollins  
 Address 2170 Van Norman Cr. McComb, MS County Pike  
 Telephone (Work) \_\_\_\_\_ (Home) 601-600-8800 (Fax) same  
 Contact Name Edith Gentry Email Address rangent@bellsouth.net  
 Office Sought Justice Court Judge Political Party Democratic  
central

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 \$	<u>0</u>	+	<u>0</u>	\$ <u>0</u>	\$ <u>9670<sup>00</sup></u>
Total amount of disbursements \$	<u>0</u>	+	<u>622<sup>17</sup></u>	\$ <u>622<sup>17</sup></u>	\$ <u>4622<sup>17</sup></u>
Total amount of cash on hand				\$ <u>4633<sup>90</sup></u>	<u>5,036<sup>10</sup></u>

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

Melvin Hollins  
Signature of Candidate

7/29/2015  
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:**
- 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 Hillins  
 Reporting period July 1, 2015 through July 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	□/□/□	\$ _____
Mailing Address	□/□/□	\$ _____
City, State, Zip Code	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
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) _____		
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) _____		
Full name	□/□/□	\$ _____
Mailing Address	□/□/□	\$ _____
City, State, Zip Code	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Partners to Reelect Melvin Hollins  
 Reporting period July 1, 2015 through July 25, 2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Southwest Broadcast</u>	Date (Mo., Day, Year) <u>7/7/15</u>	Amount of each disbursement this period \$ <u>450.<sup>00</sup></u>
Mailing Address <u>200 N. Front St.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>450.<sup>00</sup></u>
B. Full name <u>Fleetway # 1038</u>	Date (Mo., Day, Year) <u>7/1/15</u>	Amount of each disbursement this period \$ <u>32.<sup>84</sup></u>
Mailing Address <u>1209 Brookway Blvd</u>		
City, State, Zip Code <u>Brookhaven, MS 39681</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>32.<sup>84</sup></u>
C. Full name <u>Subway #15984-0</u>	Date (Mo., Day, Year) <u>7/7/15</u>	Amount of each disbursement this period \$ <u>6.<sup>42</sup></u>
Mailing Address <u>100 W. Presley Blvd</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>7/8/15</u>	\$ <u><del>690.<sup>00</sup></del></u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u><del>1332.<sup>64</sup></del></u>
D. Full name <u>Market Max McComb</u>	Date (Mo., Day, Year) <u>7/4/15</u>	Amount of each disbursement this period \$ <u>22.<sup>06</sup></u>
Mailing Address <u>115 Presley Blvd East</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>22.<sup>06</sup></u>
E. Full name <u>KFC 75043</u>	Date (Mo., Day, Year) <u>7/12/15</u>	Amount of each disbursement this period \$ <u>16.<sup>05</sup></u>
Mailing Address <u>123 Presley Blvd.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16.<sup>05</sup></u>
F. Full name <u>WalMart</u>	Date (Mo., Day, Year) <u>7/17/15</u>	Amount of each disbursement this period \$ <u>199.<sup>92</sup></u>
Mailing Address <u>1608 Veterans Blvd.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>441.<sup>94</sup></u>

Name of Candidate or Committee Partners to Reelect Melvin Hollins  
 Reporting period July 1, 2015 through July 25, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>		
Mailing Address		
<u>1446 Delaware Ave.</u>	<u>7/18/15</u>	\$ <u>4993</u>
City, State, Zip Code		
<u>Mo Comb, Ms. 39648</u>	<u>__/__/__</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4993</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mikes Supermarket</u>		
Mailing Address		
<u>329 S. Locust St.</u>	<u>7/18/15</u>	\$ <u>1805</u>
City, State, Zip Code		
<u>Mo Comb, Ms. 39648</u>	<u>__/__/__</u>	\$ <u>—</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4613</u>
C. Full name	Date (Mo., Day, Year)	Amount of each 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 (Mo., Day, Year)	Amount of each 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 (Mo., Day, Year)	Amount of each 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 (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u>__/__/__</u>	\$
City, State, Zip Code		
	<u>__/__/__</u>	\$