

2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Delbert Hosenmann
SECRETARY OF STATE
AUG 14 2015
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Melvin Hollins
Address 2120 Van Norman Cr. Malcomb, Ms County Pike
Telephone (Work) - (Home) 601-600-8800 (Fax) Same
Contact Name Edith Gentry Email Address vangent@bellsouth
Office Sought Justice Court Judge/century 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 ReportMandatory
*(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 \$	50.00	+	0	\$ 50.00	\$ 9,720.00
Total amount of disbursements \$		+	3,625.65	\$ 3,625.65	
Total amount of cash on hand				\$ 1,008.25	

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

8/13/15
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: State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections

Name of Candidate or Committee Partners to Reelect Melvin Hollins
 Reporting period July 26, 2015 through August 15, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Kroger</u>	<u>7/29/15</u>	\$ <u>36.57</u>
Mailing Address <u>1617 Delaware</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>7/31/15</u>	\$ <u>75.51</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>112.08</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Kroger</u>	<u>7/28/15</u>	\$ <u>36.38</u>
Mailing Address <u>1617 Delaware</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>8/4/15</u>	\$ <u>307.69</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>234.07</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bump & Save</u>	<u>7/21/15</u>	\$ <u>19.92</u>
Mailing Address <u>1218 S. Broadway</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>19.92</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Central Office Supplies</u>	<u>7/28/15</u>	\$ <u>335.87</u>
Mailing Address <u>316 Mich. Ave</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>335.87</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>	<u>8/3/15</u>	\$ <u>35.68</u>
Mailing Address <u>1446 Delaware</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>35.68</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>KFC</u>	<u>8/4/15</u>	\$ <u>79.16</u>
Mailing Address <u>123 Pressler Blvd.</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	<u>8/6/15</u>	\$ <u>19.36</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>98.52</u>

Name of Candidate or Committee Partners to Reelect Melvin Hollins
 Reporting period July 26, 2015 through Aug 15, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Subway</u>	<u>8/4/15</u>	\$ <u>40.66</u>
Mailing Address <u>100 W. Pressler Blvd.</u>	<u>7/7/15</u>	\$ <u>6.42</u>
City, State, Zip Code <u>McComb, MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>47.08</u>
B. Full name <u>Market Max</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Pressler Blvd</u>	<u>7/4/15</u>	\$ <u>100.17</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.17</u>
C. Full name <u>Wal Mart</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1688 Vat Blvd</u>	<u>8/3/15</u>	\$ <u>112.26</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>112.26</u>
D. Full name <u>Neil Mary</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>8/4/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Fernwood, MS</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>Arthur Gentry</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1024 Harper St</u>	<u>8/4/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
F. Full name <u>Edith Gentry</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1024 Harper St</u>	<u>8/4/15</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Partners to Re elect Melvin Hollins
 Reporting period July 26, 2015 through August 15, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
<u>Dennis Singleton</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>8/6/15</u>	\$ <u>240.00</u>
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>240.00</u>
B. Full name	Date	Amount of each
<u>Alpha Center</u>	(Mo., Day, Year)	disbursement this period
Mailing Address	<u>8/4/15</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</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>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Partners to Reelect Melvin Hollins

Reporting period July 26, 2015 through August 15, 2015

ITEMIZED RECEIPTS

A. 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 <u>Mr + Mrs Charles Winding</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>50⁰⁰</u>
Mailing Address <u>1046 Robertson Ln</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>50⁰⁰</u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </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	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>
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	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>