

2015 ELECTION CYCLE  
**FILED**  
 PIKE COUNTY, MS  
**MAY 04 2015**  
 ROGER A. GRAVES  
 CIRCUIT CLERK

Delbert Hosemann  
 SECRETARY OF STATE  
**FILED**  
 PIKE COUNTY, MISS.  
**MAY 05 2015**  
 BY *[Signature]*  
 ROGER A. GRAVES  
 CIRCUIT CLERK

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

BY Name of Candidate John "Johnny" Laird  
 Address 360 S. DREWETT ST County PIKE  
 Telephone (Work) 601-810-9400 (Home) 601-810-9400 (Fax) \_\_\_\_\_  
 Contact Name John Laird Email Address johnlaird2@yahoo.com  
 Office Sought Supervisor District 2 Political Party Republican

Check here if above is different from previous report

<u>TYPE OF REPORT</u>	
<input checked="" type="checkbox"/> May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) .....	Mandatory
<input type="checkbox"/> June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) .....	Mandatory
<input type="checkbox"/> July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) .....	Mandatory
<input type="checkbox"/> July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) .....	Mandatory <i>All Primary Candidates and Political Committees</i>
<input type="checkbox"/> August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) .....	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/> October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) .....	Mandatory
<input type="checkbox"/> October 27, 2015 Pre-Election Report .....	Mandatory <i>All Candidates and Political Committees</i>
<small>(Primary Election Winners report October 1, 2015, through October 24, 2015)  <small>(Independent Candidates report January 1, 2015 through October 24, 2015)</small></small>	
<input type="checkbox"/> November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) .....	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
<input type="checkbox"/> January 8, 2015 Periodic Report (October 1, 2015, through December 31, 2015) .....	Mandatory
<input type="checkbox"/> 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.

<b>REPORTED CONTRIBUTIONS AND DISBURSEMENTS</b>			
	Itemized	+ Non-Itemized	This Period
Total amount of contributions \$		+	\$
Total amount of disbursements \$		+	\$
			<u>15.00</u>
Total amount of cash on hand			\$

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

*[Signature]* Signature of Candidate      5/5/15 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:**

- 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 John Laird  
 Reporting period January 2015 through April 30 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 _____	□ / □ / □	\$ _____
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) _____	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 John Laird  
 Reporting period January 1 2015 through April 30 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> <b>Year-to-date</b>	\$