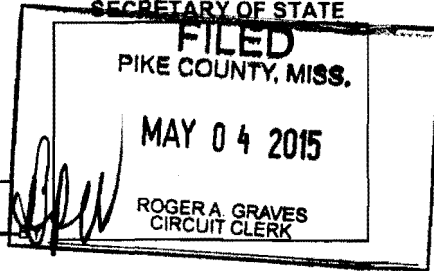


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Candidate Chuck E Lambert  
 Address 1100 Hwy 570 E McComb, MS County Pike  
 Telephone (Work) 601-276-3905 (Home) 601-684-0359 (Fax) \_\_\_\_\_  
 Contact Name Chuck E Lambert Email Address chuck@thesummitrehab.com  
 Office Sought District 3 Supervisor 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 (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
<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.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	2,100	+\$ 200.00	\$ 2,300.00	\$ 2,300.00
Total amount of disbursements \$	900.00	+\$	\$ 900.00	\$ 900.00
Total amount of cash on hand			\$ 1,400.00	

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

Chuck E Lambert  
Signature of Candidate

5/1/15  
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 Chuck E Lambert

Reporting period January 1 through April 30

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Chuck Lambert</u>		<u>2/2/15</u>	\$ <u>300.00</u>
Mailing Address <u>1100 Hwy 570E</u>		<u>3/20/15</u>	\$ <u>1800.00</u>
City, State, Zip Code <u>McComb, MS. 39648</u>		<u>     </u>	\$ <u>     </u>
Name of Employer (Required) <u>Pike County - The Summit Health Rehab</u>		<u>     </u>	\$ <u>     </u>
Occupation (Required) <u>District 3 Supervisor - CFO</u>		Aggregate year-to-date	\$ <u>2100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>     </u>	\$ <u>     </u>
Mailing Address _____		<u>     </u>	\$ <u>     </u>
City, State, Zip Code _____		<u>     </u>	\$ <u>     </u>
Name of Employer (Required) _____		<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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>     </u>	\$ <u>     </u>
Mailing Address _____		<u>     </u>	\$ <u>     </u>
City, State, Zip Code _____		<u>     </u>	\$ <u>     </u>
Name of Employer (Required) _____		<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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>     </u>	\$ <u>     </u>
Mailing Address _____		<u>     </u>	\$ <u>     </u>
City, State, Zip Code _____		<u>     </u>	\$ <u>     </u>
Name of Employer (Required) _____		<u>     </u>	\$ <u>     </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>     </u>

Name of Candidate or Committee Chuck E Lambert  
 Reporting period January 1, 2015 through April 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Enterprise - Journal</u>	Date (Mo., Day, Year) <u>3/20/15</u>	Amount of each disbursement this period \$ <u>900.00</u>
Mailing Address <u>P.O. Box 2009</u>		
City, State, Zip Code <u>McComb, MS. 39649</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Ads + Political Directory</u>	Aggregate Year-to-date	\$ <u>900.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <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> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <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> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <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> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$