

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MS
MAY 10 2015
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate FRANK L. LEE
Address 1027 JEANETTE LN County PIKE BY [Signature]
Telephone (Work) 601-249-9847 (Home) SAME (Fax) _____
Contact Name FRANK LEE Email Address _____
Office Sought TAX-ASSESSOR Political Party DEM.

Check here if above is different from previous report

TYPE OF REPORT

- TURN IN** ✓
- 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 \$	+	\$	0	\$	0
Total amount of disbursements \$	+	\$	0	\$	0
Total amount of cash on hand				\$	0

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

Frank L. Lee
Signature of Candidate

05-18-15
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:

- 1. 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
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

STATE EMPLOY ECOM 601-359-1633
EIN

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. 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) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
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) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
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) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
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) <input type="text"/>			
Full name <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

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