

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MISS.
MAY 07 2015
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Robert McNabb
Address 2030 Dykes Walthall Co. Rd. McComb MS 39648 County Pike
Telephone (Work) 601-810-1336 (Home) 601-783-5893 (Fax) N/A

Contact Name _____ Email Address montanahill2030@yahoo.com
Office Sought Sheriff Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT		
<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 \$	2,500. ⁰⁰	+	\$ 2,500.00	\$ 2,500.00
Total amount of disbursements \$	9,755. ⁸⁶	+	\$ 9,755.86	\$ 9,755.86
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.
Robert McNabb Signature of Candidate Date 5-7-15

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 Robert McNabb
 Reporting period 1-15 through 4-30-15

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>Bernie Turner</u>	<u>2/15/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1081</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Monticello MS 39654</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>real estate investor</u>	Aggregate year-to-date	\$ <u>500.00</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>PSS, Process Service Specialists</u>	<u>3/01/15</u>	\$ <u>500.00</u>
Mailing Address <u>1219 S. Purpera Street</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Gonzales, LA 70737</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>owner of PSS</u>	Aggregate year-to-date	\$ <u>1,000.00</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>Angie McNabb</u>	<u>3/1/15</u>	\$ <u>1,000.00</u>
Mailing Address <u>2030 Dukes Walthall Rd.</u>	<u>4/1/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McCumb MS 39648</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Robison + Holmes, PLLC</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>real estate assistant</u>	Aggregate year-to-date	\$ <u>2,500.00</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 _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Robert McNabb

Reporting period

1-1-15

through

4-30-15

ITEMIZED DISBURSEMENTS

A. Full name <u>McComb Printing</u>	Date (Mo., Day, Year) <u>2/12/15</u>	Amount of each disbursement this period \$ <u>149.06</u>
Mailing Address <u>P.O. Box 805</u>	<u>2/13/15</u>	\$ <u>231.68</u>
City, State, Zip Code <u>McComb MS 39649</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>380.74</u>
B. Full name <u>ll ll</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/24/15</u>	\$ <u>207.60</u>
City, State, Zip Code	<u>2/27/15</u>	\$ <u>138.14</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>726.48</u>
C. Full name <u>ll ll</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/12/15</u>	\$ <u>606.98</u>
City, State, Zip Code	<u>3/23/15</u>	\$ <u>205.68</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,539.14</u>
D. Full name <u>Stewart Signs</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2109 Highway 48 W</u>	<u>3/23/15</u>	\$ <u>282.23</u>
City, State, Zip Code <u>McComb MS 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,821.37</u>
E. Full name <u>Screen Graphics</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2147 Highway 48 W</u>	<u>1/9/15</u>	\$ <u>1,340.17</u>
City, State, Zip Code <u>McComb MS 39648</u>	<u>2/20/15</u>	\$ <u>1,289.35</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,450.89</u>
F. Full name <u>ll ll</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4/21/15</u>	\$ <u>309.97</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,760.86</u>

Name of Candidate or Committee Robert McNabb
 Reporting period 1-15 through 4-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>3/31/15</u>	\$ <u>400.00</u>
Mailing Address <u>112 Oliver Emmerich Drive</u>	<u>4/2/15</u>	\$ <u>145.00</u>
City, State, Zip Code <u>McComb MS 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5,305.86</u>
B. Full name <u>Southwest Broadcasting</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1649</u>	<u>4/10/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>McComb MS 39648</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5,605.86</u>
C. Full name <u>Lamar Advertising</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 96030</u>	<u>12/19/14</u>	\$ <u>850.00</u>
City, State, Zip Code <u>Baton Rouge LA 70896</u>	<u>1/30/15</u>	\$ <u>1,400.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>7,855.86</u>
D. Full name <u> </u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u> </u>	<u>3/31/15</u>	\$ <u>700.00</u>
City, State, Zip Code	<u>4/28/15</u>	\$ <u>700.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9,255.86</u>
E. Full name <u> </u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u> </u>	<u>3/3/15</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9,755.86</u>
F. 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	\$