

Delbert H. Hossain
SECRETARY OF STATE
 PIKE COUNTY, MISS.
 JUN 10 2015
 BY *[Signature]*
 ROGER A. GRAVES
 CIRCUIT CLERK

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election

Name of Candidate Gwendolyn J Nunnery
 Address 12147 Hwy 570E Ruth MS 39662 County Pike
 Telephone (Work) 601-783-5511 (Home) 601-684-1908 (Fax) 601-783-3784
 Contact Name Gwen Nunnery Email Address gnunnery85@yahoo.com
 Office Sought Pike County Tax Collector Political Party Democrat

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 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 \$	200.00	+ \$ 150.00	\$ 350.00	\$ 4,050.00
Total amount of disbursements \$	320.79	+ \$ 29.91	\$ 350.70	\$ 3,015.39
Total amount of cash on hand			\$ 1,034.61	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Gwendolyn J Nunnery
 Signature of Candidate _____ Date 6/10/2015

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

Name of Candidate or Committee Gwendolyn J Nunnery
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>James E Jenkins</u>	<u>5 / 29 / 15</u>	\$ <u>200.00</u>
Mailing Address <u>1156 Hwy 570E</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Ruth MS 39662</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>400.00</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) _____		
Full name	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
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) _____		
Full name	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
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) _____		
Full name	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Gwendolyn J Hunnery
 Reporting period May 1, 2015 - through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name <u>Stewart Signs</u>	Date (Mo., Day, Year) <u>5/29/15</u>	Amount of each disbursement this period \$ <u>320.79</u>
Mailing Address <u>2147 Hwy 48W</u>		
City, State, Zip Code <u>McComb, MS 39648</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Advertisement / Signs</u>	Aggregate Year-to-date	\$ <u>1,872.29</u>
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	\$