

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

**FILED**  
PIKE COUNTY, MISS.  
OCT 08 2015  
BY *[Signature]*  
ROGER A. GRAVES  
CIRCUIT CLERK

Name of Candidate Gwendolyn J Nunnery  
Address 12147 Hwy 570 E Ruth, MS 39262 County Pike  
Telephone (Work) 601-783-5511 (Home) 601-684-1908 (Fax) \_\_\_\_\_  
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 \$	500.00	\$ 200.00	\$ 700.00	\$ 4,800.00
Total amount of disbursements \$	192.60	\$ 300.00	\$ 492.60	\$ 3,935.49
Total amount of cash on hand			\$ 864.51	

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 10/8/15

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:**
- 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 7-26-2015 through 9-30-2015

## 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>Gwendolyn J Nunnery</u>	<u>8/10/15</u>	\$ <u>500.00</u>
Mailing Address <u>12147 Hwy 570 E</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ruth, MS 39062</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Pike County Tax Collector</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Tax Collector</u>	Aggregate year-to-date	\$ <u>4,000.00</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>	\$ <u>  </u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <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"/>		
Other (please specify) _____		
Full name	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <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"/>		
Other (please specify) _____		
Full name	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Gwendolyn J. Hunnery  
 Reporting period 7-26-2015 through 9-30-2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Stewart Signs</u>	Date (Mo., Day, Year) <u>8/14/15</u>	Amount of each disbursement this period \$
Mailing Address <u>2147 Hwy 48 W</u>		\$
City, State, Zip Code <u>McComb MS 39648</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Advertisement/Signs</u>	Aggregate Year-to-date	\$ <u>2,064.89</u>
B. 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	\$
C. 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	\$
D. 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	\$
E. 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	\$
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	\$