

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 ReportMandatory
(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"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
| 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"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
| 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"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
| 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. Nunery
 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 | \$ |