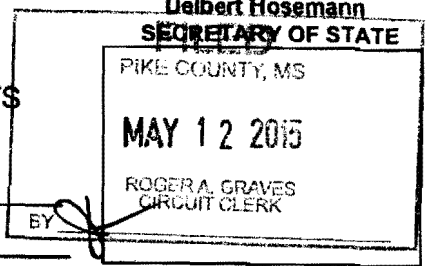


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2015 Election



Name of Candidate THAXTER L. PITTMAN  
 Address 1029 Ridgewood Dr. County PIKE  
 Telephone (Work) 601-250-0469 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Thaxter Pittman Email Address ThaxterPittman64@gmail.com  
 Office Sought District 5 Supervisor Political Party Democratic

Check here if above is different from previous report

| <u>TYPE OF REPORT</u>  |       |   |
|--|-------|---|
| <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<br><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<br><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<br>(Primary Election Winners report October 1, 2015, through October 24, 2015)<br>(Independent Candidates report January 1, 2015 through October 24, 2015) | ..... | Mandatory<br><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<br><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 \$ | 1,255 <sup>00</sup> | + | 450.00       |  | \$ 1,705 <sup>00</sup> | \$ 1,705 <sup>00</sup> |
| Total amount of disbursements \$ | 1,255 <sup>00</sup> | + |              |  | \$ 1,255 <sup>00</sup> | \$ 1,255 <sup>00</sup> |
| Total amount of cash on hand     |                     |   |              |  | \$ 450 <sup>00</sup>   |                        |

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

Thaxter L. Pittman  
 Signature of Candidate

5-12-15  
 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:**

- 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 THAXTER L. PITTMAN  
 Reporting period 01-01-15 through 04-30-15

# ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____ | Date<br>(Mo., Day, Year)   | Amount of each<br>receipt<br>this period |
|--|--|--|
| Full name<br><u>THAXTER PITTMAN</u>  | <u>04/02/15</u>  | \$ <u>400.00</u>                         |
| Mailing Address<br><u>1029 Ridgewood Dr.</u>   | <u>03/31/15</u>  | \$ <u>427.50</u>                         |
| City, State, Zip Code<br><u>SUNNYSIDE, NJ 07066</u>  | <u>03/20/15</u>  | \$ <u>427.50</u>                         |
| Name of Employer (Required)<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Occupation (Required)<br>_____   | Aggregate<br>year-to-date  | \$ <u>1255<sup>00</sup></u>              |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            |  |  |
| Full name<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Mailing Address<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| City, State, Zip Code<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Name of Employer (Required)<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Occupation (Required)<br>_____   | Aggregate<br>year-to-date  | \$ _____                                 |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            |  |  |
| Full name<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Mailing Address<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| City, State, Zip Code<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Name of Employer (Required)<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Occupation (Required)<br>_____   | Aggregate<br>year-to-date  | \$ _____                                 |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/><br>Other (please specify) _____            |  |  |
| Full name<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Mailing Address<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| City, State, Zip Code<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Name of Employer (Required)<br>_____   | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____                                 |
| Occupation (Required)<br>_____   | Aggregate<br>year-to-date  | \$ _____                                 |

Name of Candidate or Committee THAXTER L PITTMAN  
 Reporting period 01-01-15 through 04-30-15

## ITEMIZED DISBURSEMENTS

| A. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
|--|---------------------------|--|
| ENTERPRISE JOURNAL                                       | 04/02/15                  | \$ 400.00                                  |
| Mailing Address<br>OLIVER EMMERICH DR.                   | 03/31/15                  | \$ 427.50                                  |
| City, State, Zip Code<br>MC COMB MS 39648                | 03/20/15                  | \$ 427.50                                  |
| Purpose of Disbursement (Optional)<br>POLITICAL CALENDAR | Aggregate<br>Year-to-date | \$ 1,255.00                                |
| B. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | ___/___/___               | \$   |
| City, State, Zip Code                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| C. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | ___/___/___               | \$   |
| City, State, Zip Code                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| D. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | ___/___/___               | \$   |
| City, State, Zip Code                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| E. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | ___/___/___               | \$   |
| City, State, Zip Code                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |
| F. Full name   | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address  | ___/___/___               | \$   |
| City, State, Zip Code                                    | ___/___/___               | \$   |
| Purpose of Disbursement (Optional)                       | Aggregate<br>Year-to-date | \$   |