

2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Delbert H. ... SECRETARY OF STATE
PIKE COUNTY, MISS.
JAN 07 2016
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate TIMOTHY VANDERSLICE
Address 1040 ROLLING OAKS DR County PIKE
Telephone (Work) 601-248-0232 (Home) (Fax)
Contact Name TIMOTHY VANDERSLICE Email Address tonyv@faustpa.com
Office Sought PIKE COUNTY SHERIFF Political Party REPUBLICAN

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) Mandato
June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) Mandato
July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) Mandato
July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) Mandato
August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) Runoff Candidates On
October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) Mandato
October 27, 2015 Pre-Election Report Mandato
November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) Runoff Candidates On
January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) Mandato
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

Table with 4 columns: Itemized, Non-Itemized, This Period, Calendar year-to-date. Rows include Total amount of contributions, Total amount of disbursements, and 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.
Signature of Candidate: Timothy Vanderslice
Date: 1-7-16

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, Election Division, P. O. Box 736, 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 TIMOTHY VANDELSICE

Reporting period 10-1-15 through 12-31-15

# 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>Glynn &amp; Barbara Estess</u>		<u>10/16/15</u>	\$ <u>150.00</u>
Mailing Address <u>P O BOX 18</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>OSIKA MS 39657</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SANDEES EYE CLINIC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>OFFICE MANAGER</u>		Aggregate year-to-date	\$ <u>150.00</u>
B. 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>TROY ALFORD</u>		<u>10/18/15</u>	\$ <u>200.00</u>
Mailing Address <u>P O BOX 888</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>ALFORD HOLLOWAY SMITH CPAS PA</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>CPA (Retired)</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. 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>JEFF STOKES</u>		<u>10/18/15</u>	\$ <u>100.00</u>
Mailing Address <u>1034 ROLLING OAKS DR</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>OSIKO MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>100.00</u>
D. 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>DEYAN AGUILLAR</u>		<u>10/15/15</u>	\$ <u>200.00</u>
Mailing Address <u>P O BOX 267</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>OSIKA MS 39657</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>  </u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>  </u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee TIMOTHY VANDEGRULLEReporting period 10-1-15 through 12-31-15

## 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>FRAN HOLLOWAY</u>		<u>10/28/15</u>	\$ <u>200.00</u>
Mailing Address <u>P O BOX 238</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>FRAN HOLLOWAY SMITH CPAs</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. 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>DANIEL PUSTING</u>		<u>11/3/15</u>	\$ <u>100.00</u>
Mailing Address <u>1105 AVE F LOT A</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MEADOWS MS 39648</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>PUSTING SHOE SHOP</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. 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>NIKKI SMITH</u>		<u>11/3/15</u>	\$ <u>250.00</u>
Mailing Address <u>4039 CENTREVILLE RD</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MAGNOLIA MS 39652</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>ALL STATES SALES &amp; SUPPLY</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. 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>C V GLENNS</u>		<u>11/23/15</u>	\$ <u>100.00</u>
Mailing Address <u>1026 FRANKIE LANE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>REGURGO</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>REGURGO</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee TIMOTHY VANDERSUCE

Reporting period 10-1-15 through 12-31-15

# 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>KEITH SANDERS</u>		<u>11/13/15</u>	\$ <u>1000.00</u>
Mailing Address <u>1074 OAKLEIGH DR</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>PLS SUPPLY CO INC</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>1000.00</u>
B. 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>ROBERT HENSARLING</u>		<u>11/11/15</u>	\$ <u>30.00</u>
Mailing Address <u>1018 PINEHURST W</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>REURGO</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>REURGO</u>		Aggregate year-to-date	\$ <u>30.00</u>
C. 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>ERIC LEWIS DMD</u>		<u>10/19/15</u>	\$ <u>500.00</u>
Mailing Address <u>1006 LEWIS LANE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>SW MS ORAL &amp; MAXILLOFACIAL</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>ORAL SURGEON</u>		Aggregate year-to-date	\$ <u>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		<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 TIMOTHY VANDERLICE  
 Reporting period 10-1-15 through 12-31-15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>SOUTHWEST MEN'S BASKETBALL</b>		
Mailing Address <u>1156 COLLEGE DRIVE</u>	<u>10/1/15</u>	\$ <u>100.00</u>
City, State, Zip Code <u>SUMMIT MS 39606</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>SPONSORSHIP</u>	Aggregate Year-to-date	\$ <u>100.00</u>
<b>FRIENDS OF TATE REEVES</b>		
Mailing Address <u>P O BOX 1018</u>	<u>10/1/15</u>	\$ <u>150.00</u>
City, State, Zip Code <u>JACKSON MS 39215</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>CONTRIBUTION</u>	Aggregate Year-to-date	\$ <u>150.00</u>
<b>FERNWOOD COUNTRY CLUB</b>		
Mailing Address <u>P O BOX 120</u>	<u>10/1/15</u>	\$ <u>2025.00</u>
City, State, Zip Code <u>FERNWOOD MS 39635</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>FOOD-ELECTION NIGHT EVENT</u>	Aggregate Year-to-date	\$ <u>2025.00</u>
<b>PIKE COUNTY REPUBLICAN VICTORY</b>		
Mailing Address <u>422 S BROADWAY AVE</u>	<u>10/1/15</u>	\$ <u>150.00</u>
City, State, Zip Code <u>MEADOWS MS 39648</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>CONTRIBUTION</u>	Aggregate Year-to-date	\$ <u>150.00</u>
<b>PALS RESCUE</b>		
Mailing Address <u>P O BOX 167</u>	<u>10/1/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>MEADOWS MS 39649</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Donation-adoption</u>	Aggregate Year-to-date	\$ <u>200.00</u>
<b>MEADOWS PRINTING</b>		
Mailing Address <u>P O BOX 805</u>	<u>10/1/15</u>	\$ <u>159.59</u>
City, State, Zip Code <u>MEADOWS MS 39649</u>	<u>10/9/15</u>	\$ <u>1607.57</u>
Purpose of Disbursement (Optional) <u>Banner/Mailer</u>	Aggregate Year-to-date	\$ <u>4972.55</u>

Name of Candidate or Committee TIMOTHY V ANDRUSIUC  
 Reporting period 10-1-15 through 12-31-15

## ITEMIZED DISBURSEMENTS

A. Full name <u>PIKE CO CO-OP</u>	Date (Mo., Day, Year) <u>10/1/15</u>	Amount of each disbursement this period \$ <u>98.23</u>
Mailing Address <u>P O BOX 937</u>	<u>10/1/15</u>	\$ <u>98.23</u>
City, State, Zip Code <u>MC COMB MS 39649</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>T-POSTS - SIGNS</u>	Aggregate Year-to-date	\$ <u>98.23</u>
B. Full name <u>G &amp; M DESIGNS</u>	Date (Mo., Day, Year) <u>3/16/15</u>	Amount of each disbursement this period \$ <u>1264.03</u>
Mailing Address <u>205 CANAL ST</u>	<u>3/16/15</u>	\$ <u>1264.03</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>SIGNS, T-Shirts, Promotional</u>	Aggregate Year-to-date	\$ <u>3931.30</u>
C. Full name <u>US POST OFFICE</u>	Date (Mo., Day, Year) <u>10/15/15</u>	Amount of each disbursement this period \$ <u>3213.59</u>
Mailing Address <u>Delaware Avenue</u>	<u>10/15/15</u>	\$ <u>3213.59</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>MAILING</u>	Aggregate Year-to-date	\$ <u>4615.14</u>
D. Full name <u>SUPER TALK</u>	Date (Mo., Day, Year) <u>11/1/15</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>DELAWARE AVE</u>	<u>11/1/15</u>	\$ <u>300.00</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>MC COMB MARKET</u>	Date (Mo., Day, Year) <u>11/3/15</u>	Amount of each disbursement this period \$ <u>127.12</u>
Mailing Address <u>1211 DELAWARE AVE</u>	<u>11/3/15</u>	\$ <u>127.12</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>EVENT FOOD</u>	Aggregate Year-to-date	\$ <u>127.12</u>
F. Full name <u>ENTERPRISE JOURNAL</u>	Date (Mo., Day, Year) <u>11/12/15</u>	Amount of each disbursement this period \$ <u>115.00</u>
Mailing Address <u>P O BOX 2009</u>	<u>11/12/15</u>	\$ <u>115.00</u>
City, State, Zip Code <u>MC COMB MS 39649</u>	<u>1/1</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$ <u>8028.00</u>