


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

Delbert Hosemann  
**SECRETARY OF STATE**  
**FILED**  
 PIKE COUNTY, MISS.  
 MAY 05 2015  
 BY  ROGER A. GRAVES  
 CIRCUIT CLERK

Name of Candidate TIMOTHY VANDERSLICE  
 Address 1040 POLLING OAKS DR County PIKE  
MEADOWS MS 391648  
 Telephone (Work) 601-248-0232 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Timothy Vanderslice Email Address tomyaofaustepa.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) ..... **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, 2016 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. § 23-15-307 (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	\$ 25,450.00	+\$	\$ 25,450.00	\$ 25,450.00
Total amount of disbursements	\$ 10,601.73	+\$	\$ 10,601.73	\$ 10,601.73
Total amount of cash on hand			\$ 14,848.27	

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

5-5-15  
 Date

Authority: Refer to Miss. Code Ann. §23-15-901 (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

Timothy Vanderslice

Reporting period

1-1-15

through

4-30-15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
STEWART SIGNS SCREENGRAPHICS		
Mailing Address		
2147 Hwy 48 W	<u>1/19/15</u>	\$ 2128.30
City, State, Zip Code		
McComb MS 39648	<u>3/30/15</u>	\$ 1744.11
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3872.41
Campaign signs		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McComb PRINTING INC		
Mailing Address		
P O BOX 805	<u>1/22/15</u>	\$ 210.12
City, State, Zip Code		
McComb MS 39649	<u>1/1/15</u>	\$ —
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 210.21
Campaign cards		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TRUSTMARK		
Mailing Address		
133 N BROADWAY	<u>1/21/15</u>	\$ 16.25
City, State, Zip Code		
McComb MS 39648	<u>1/1/15</u>	\$ —
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 16.25
PRINTED CHECKS		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
G & M DESIGNS		
Mailing Address		
205 CANAL ST	<u>2/25/15</u>	\$ 206.62
City, State, Zip Code		
McComb MS 39648	<u>3/12/15</u>	\$ 749.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 955.62
MAGNETS   STICKERS   SIGNS		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McComb PRINTING INC		
Mailing Address		
P O BOX 805	<u>3/4/15</u>	\$ 184.20
City, State, Zip Code		
McComb MS 39649	<u>1/1/15</u>	\$ —
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 394.32
Campaign cards		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McComb WELDING MACHINE		
Mailing Address		
P O BOX 989	<u>3/6/15</u>	\$ 107.00
City, State, Zip Code		
McComb MS 39649	<u>1/1/15</u>	\$ —
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 107.00
SIGN POSTS		

Name of Candidate or Committee Timothy Vanderslice  
 Reporting period 1-1-15 through 4-30-15

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> SOUTHWEST BROADCASTING	<b>Date</b> (Mo., Day, Year) 3/9/15	<b>Amount of each</b> disbursement this period \$ 575.00
<b>Mailing Address</b> P O BOX 1649		
<b>City, State, Zip Code</b> McComb MS 39649	1-1-	\$ -
<b>Purpose of Disbursement (Optional)</b> RADIO ADS	<b>Aggregate</b> Year-to-date	\$ 575.00
<b>B. Full name</b> PARKLANE PRO PODEO	<b>Date</b> (Mo., Day, Year) 3/17/15	<b>Amount of each</b> disbursement this period \$ 50.00
<b>Mailing Address</b> 1115 PARKLANE RD		
<b>City, State, Zip Code</b> McComb MS 39648	1-1-	\$ -
<b>Purpose of Disbursement (Optional)</b> TICKET RAFFLE	<b>Aggregate</b> Year-to-date	\$ 50.00
<b>C. Full name</b> ENTERPRISE - JOURNAL	<b>Date</b> (Mo., Day, Year) 3/18/15	<b>Amount of each</b> disbursement this period \$ 2,920.00
<b>Mailing Address</b> P O BOX 2009		
<b>City, State, Zip Code</b> McComb MS 39649	3/20/15	\$ 590.00
<b>Purpose of Disbursement (Optional)</b> Campaign Ads   PULSE MAG	<b>Aggregate</b> Year-to-date	\$ 3510.00
<b>D. Full name</b> FRIENDS OF PIKE COUNTY	<b>Date</b> (Mo., Day, Year) 3/26/15	<b>Amount of each</b> disbursement this period \$ 225.00
<b>Mailing Address</b> P O BOX 1302		
<b>City, State, Zip Code</b> SUMMIT MS 39666	1-1-	\$ -
<b>Purpose of Disbursement (Optional)</b> SMOKIN' ON THE TRACKS	<b>Aggregate</b> Year-to-date	\$ 225.00
<b>E. Full name</b> G & M DESIGNS	<b>Date</b> (Mo., Day, Year) 3/25/15	<b>Amount of each</b> disbursement this period \$ 256.80
<b>Mailing Address</b> 205 CANAL STREET		
<b>City, State, Zip Code</b> McComb MS 39648	4/14/15	\$ 447.80
<b>Purpose of Disbursement (Optional)</b> MAGNETS   T-SHIRTS	<b>Aggregate</b> Year-to-date	\$ 704.60
<b>F. Full name</b> BREAKPOINT	<b>Date</b> (Mo., Day, Year) 4/10/15	<b>Amount of each</b> disbursement this period \$ 191.53
<b>Mailing Address</b> 203 EDGEWOOD DR		
<b>City, State, Zip Code</b> McComb MS 39648	1-1-	\$ -
<b>Purpose of Disbursement (Optional)</b> SMOKIN' ON THE TRACKS	<b>Aggregate</b> Year-to-date	\$ 191.53

Name of Candidate or Committee Timothy VandersliceReporting period 1-1-15 through 4-30-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ben Craddock</u>	<u>1/12/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>202 Third St</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>What A Combo Inc</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Executive</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Taylor Forestry Inc</u>	<u>1/12/15</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P O Box 328</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Taylor Forestry Inc</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Forester</u>	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MICHAEL C. FAUST</u>	<u>1/12/15</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P O Box 222</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>FAUST &amp; ASSOCIATES CPA'S PA</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MRS MRS MARVIN HAVARD</u>	<u>1/12/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>6006 COUNTY LINE RD</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Retired</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

Name of Candidate or Committee Timothy Vanderslice  
Reporting period 1-1-15 through 4-30-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lance Varnado</u>	<u>1/12/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>2107 WOODLANDS DRIVE</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Lance Varnado Insurance Agency Inc</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Insurance sales</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Goodwin</u>	<u>1/12/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P O Box 1364</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>William Goodwin, Attorney At Law</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LOTT FURNITURE CO of McComb</u>	<u>1/28/15</u>	\$ <u>2500<sup>00</sup></u>
Mailing Address <u>P O Box 414</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>Lott Furniture Co of McComb</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>2500<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>OSYKA INDUSTRIES LLC</u>	<u>1/28/15</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P O DRAWER 1907</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>McComb MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>OSYKA INDUSTRIES LLC</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Rentals</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee Timothy VandersliceReporting period 1-1-15 through 4-30-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORMAN GULLS</u>	<u>1/28/15</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>PO DRAWER 1907</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>MEADOWS MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>GULLS MANAGEMENT INC</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>EXECUTIVE</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GRIFFIN DRUGS INC</u>	<u>1/28/15</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>119 W PRESLEY BLVD STE B</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>MEADOWS MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>GRIFFIN DRUGS INC</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Pharmacy</u>	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HENNINGTON CHIROPRACTIC PLLC</u>	<u>1/28/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>220 SCOTT DR</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>MEADOWS MS 39648</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>HENNINGTON CHIROPRACTIC PLLC</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Chiropractor</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PIKE MART LLC</u>	<u>1/28/15</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>PO DRAWER 1907</u>	<u>1/1/15</u>	\$ _____
City, State, Zip Code <u>MEADOWS MS 39649</u>	<u>1/1/15</u>	\$ _____
Name of Employer (Required) <u>PIKE MART LLC</u>	<u>1/1/15</u>	\$ _____
Occupation (Required) <u>Executive</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee Timothy Vanderlice  
 Reporting period 1-15 through 4-30-15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ali HOMAYUNI</u>	<u>2/11/15</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>303 MARION AVE</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>SmPMC</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Sanders Eye Clinic PUC</u>	<u>2/11/15</u>	\$ <u>100<sup>00</sup></u>
Mailing Address <u>822 Delaware Ave</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>The Sanders Eye Clinic PUC</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Eye doctor</u>	Aggregate year-to-date	\$ <u>100<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UPPER HOUSE PRODUCTIONS LLC</u>	<u>2/17/15</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>515 SOUTH RAILROAD Blvd</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>UPPER HOUSE PRODUCTIONS LLC</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Restaurant / Bar</u>	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Goldenstar Restaurant Inc</u>	<u>2/17/15</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>200 Anna Dr</u>	<u>1/1/1</u>	\$ _____
City, State, Zip Code <u>McComb MS 39648</u>	<u>1/1/1</u>	\$ _____
Name of Employer (Required) <u>GOLDENSTAR RESTAURANT INC</u>	<u>1/1/1</u>	\$ _____
Occupation (Required) <u>Restaurant</u>	Aggregate year-to-date	\$ <u>1,000<sup>00</sup></u>

Name of Candidate or Committee Timothy Vanderslice  
 Reporting period 1-1-15 through 4-30-15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MR &amp; MRS CHRIS MOAK</u>	<u>3/5/15</u>	\$ <u>1000</u>
Mailing Address <u>101 Sara Scott Cove</u>	□/□/□	\$ _____
City, State, Zip Code <u>Madison MS 39110</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Retired</u>	□/□/□	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DEPOT ENTERPRISES LLC</u>	<u>3/5/15</u>	\$ <u>2500</u>
Mailing Address <u>515 WEST AVENUE NORTH</u>	□/□/□	\$ _____
City, State, Zip Code <u>MEMPHIS MS 39648</u>	□/□/□	\$ _____
Name of Employer (Required) <u>DEPOT ENTERPRISES LLC</u>	□/□/□	\$ _____
Occupation (Required) <u>Pawn Shop</u>	Aggregate year-to-date	\$ <u>2500</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SUMMIT HEALTH &amp; REHAB INC</u>	<u>3/5/15</u>	\$ <u>2000</u>
Mailing Address <u>P O Box 579</u>	□/□/□	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>	□/□/□	\$ _____
Name of Employer (Required) <u>SUMMIT HEALTH &amp; REHAB</u>	□/□/□	\$ _____
Occupation (Required) <u>Rehab Facility</u>	Aggregate year-to-date	\$ <u>2000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAM BELL</u>	<u>3/11/15</u>	\$ <u>2000</u>
Mailing Address <u>760 MAGAZINE ST APT 107</u>	□/□/□	\$ _____
City, State, Zip Code <u>NEW ORLEANS LA 70130</u>	□/□/□	\$ _____
Name of Employer (Required) <u>CN Railroad</u>	□/□/□	\$ _____
Occupation (Required) <u>Crew</u>	Aggregate year-to-date	\$ <u>2000</u>



Name of Candidate or Committee Timothy Vanderslice  
 Reporting period 1-1-15 through 4-30-15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CARLENA ROBERTS</u>	<u>3/11/15</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>1685 FREEMAN RD SE</u>	□/□/□	\$ _____
City, State, Zip Code <u>SMITHDALE MS 39664</u>	□/□/□	\$ _____
Name of Employer (Required) <u>SRLMC</u>	□/□/□	\$ _____
Occupation (Required) <u>Radiology Tech</u>	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CIRCLE B CORPORATION</u>	<u>3/11/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>540 PEARL RIVER AVE</u>	□/□/□	\$ _____
City, State, Zip Code <u>MCOMBS MS 39648</u>	□/□/□	\$ _____
Name of Employer (Required) <u>CIRCLE B CORPORATION</u>	□/□/□	\$ _____
Occupation (Required) <u>Convenience Store</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAMUEL ROBERTS</u>	<u>3/11/15</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>P O Box 13</u>	□/□/□	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Roberts Printing</u>	□/□/□	\$ _____
Occupation (Required) <u>Printer</u>	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DOROTHY BOYD</u>	<u>3/20/15</u>	\$ <u>5000<sup>00</sup></u>
Mailing Address <u>5161 River Road S</u>	□/□/□	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Retired</u>	□/□/□	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>5000<sup>00</sup></u>

Name of Candidate or Committee Timothy Vanderslice

Reporting period 1-1-15 through 4-30-15

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MR &amp; MRS BRAD FORTIN BERRY</u>	<u>3/20/15</u>	\$ <u>50<sup>00</sup></u>
Mailing Address <u>1051 EIGHT POINT RD</u>	[ ]/[ ]/[ ]	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	[ ]/[ ]/[ ]	\$ _____
Name of Employer (Required) <u>Smemc</u>	[ ]/[ ]/[ ]	\$ _____
Occupation (Required) <u>Physical Therapist</u>	Aggregate year-to-date	\$ <u>50<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GREG McCaskell</u>	<u>3/20/15</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>1101 Sun Dr</u>	[ ]/[ ]/[ ]	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	[ ]/[ ]/[ ]	\$ _____
Name of Employer (Required) <u>JONES LUMBER CO</u>	[ ]/[ ]/[ ]	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>300<sup>00</sup></u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jimmy Robinson Grading &amp; Contractor</u>	<u>3/26/15</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 917</u>	[ ]/[ ]/[ ]	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	[ ]/[ ]/[ ]	\$ _____
Name of Employer (Required) <u>Jimmy Robinson Grading &amp; Contractor</u>	[ ]/[ ]/[ ]	\$ _____
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald Pierce</u>	<u>3/26/15</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>6121 Enterprise Rd</u>	[ ]/[ ]/[ ]	\$ _____
City, State, Zip Code <u>Summit MS 39666</u>	[ ]/[ ]/[ ]	\$ _____
Name of Employer (Required) <u>PIKE CO STAFF DEPT</u>	[ ]/[ ]/[ ]	\$ _____
Occupation (Required) <u>Deputy</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>