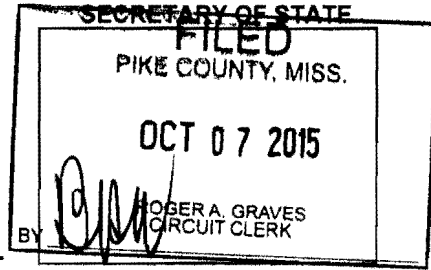


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate TIMOTHY VANDERSUCE
 Address 1040 ROLLING OAKS DR County PIKE
 Telephone (Work) 601-248-0232 (Home) _____ (Fax) _____
 Contact Name TIMOTHY VANDERSUCE Email Address tonya@faustcpa.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) *All Candidates and Political Committees*
 (Independent Candidates report January 1, 2015 through October 24, 2015)
- ___ 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. § 23-15-807 (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 \$	21450.00	+	\$ 17,154.43	\$ 44604.43
Total amount of disbursements \$	13862.81	+	\$ 15355.44	\$ 29,218.25
Total amount of cash on hand			\$ 15,386.18	

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

Timothy Vandersuc
 Signature of Candidate

10-5-15
 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 \$60 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 TIM VANDESLICEReporting period 7-1-15 through 9-30-15

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>DORLA ARMSTREET</u>	<u>7 / 26 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>2061 HWY 98 W</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>SUMMIT MS 39666</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self-employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Bookkeeper</u>	Aggregate year-to-date	\$ <u>500.00</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 K. AUSTIN</u>	<u>8 / 12 / 15</u>	\$ <u>250.00</u>
Mailing Address <u>405 MARION AVE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SW EAR NOSE & THROAT</u>	□ / □ / □	\$ _____
Occupation (Required) <u>MD</u>	Aggregate year-to-date	\$ <u>250.00</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>FAUST RENTALS (MICHAEL FAUST)</u>	<u>8 / 15 / 15</u>	\$ <u>1000.00</u>
Mailing Address <u>P O BOX 222</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MCOMB MS 39649</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>FAUST ASSOCIATES CPA'S - PA</u>	□ / □ / □	\$ _____
Occupation (Required) <u>CPA</u>	Aggregate year-to-date	\$ <u>2000.00</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>CHARLES A. PAULK III</u>	<u>8 / 15 / 15</u>	\$ <u>500.00</u>
Mailing Address <u>124 N BROADWAY</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>CABIN & CREEK REAL ESTATE</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee TIMOTHY VANDERSLICEReporting period 7-1-15 through 9-30-15

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>GREG McCASKELL</u>	<u>8/20/15</u>	\$ <u>500.00</u>
Mailing Address <u>1101 ERIN DRIVE</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>SUMMIT MS 39666</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>JONES INDUSTRIES</u>	[]/[]/[]	\$ []
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>500.00</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>GERRY CRAWFORD</u>	<u>8/20/15</u>	\$ <u>1554.43</u>
Mailing Address <u>P O BOX 402</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>MAGNOLIA MS 39652</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>RETIRED</u>	[]/[]/[]	\$ []
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>1554.43</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>PARTNERSHIP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RUSHING SHOE SHOP</u>	<u>8/20/15</u>	\$ <u>100.00</u>
Mailing Address <u>407 W PRESLEY BLVD</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>MCOMB MS 39648</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>RUSHING SHOE SHOP</u>	[]/[]/[]	\$ []
Occupation (Required) <u>OWNER</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RUSSELL SCHMIDT</u>	<u>8/26/15</u>	\$ <u>300.00</u>
Mailing Address <u>P O BOX 201</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>SUMMIT MS 39666</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>Self-employed</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee TIMOTHY VANDERLICEReporting period 7-15-15 through 9-30-15

ITEMIZED RECEIPTS

A. 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>KEITH WHITE FORD LINCOLN</u>	<u>8/26/15</u>	\$ <u>500.00</u>
Mailing Address <u>2102 VETERANS BLVD</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MEOMB MS 39649</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>KEITH WHITE FORD</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>CAR SALES</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>DUNAWAY FOOD SERVICES INC</u>	<u>8/26/15</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO BOX 1244</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MEOMB MS 39649</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>DUNAWAY FOOD SERVICES INC</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>BURGER KING</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>DUNAWAY FOOD SERVICES LP</u>	<u>8/26/15</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO BOX 1244</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MEOMB MS 39649</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>DUNAWAY FOOD SERVICES LP</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>BURGER KING</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>MARKET MAX LLC</u>	<u>8/31/15</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>PO BOX 229</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MYLERTOWN MS 39667</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>MARKET MAX</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>CONVENIENCE STORE</u>	Aggregate year-to-date	\$ <u>1000⁰⁰</u>

Name of Candidate or Committee TIMOTHY VANDERLICE

Reporting period 7-1-15 through 7-30-15

ITEMIZED RECEIPTS

A. 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>PIGOTT OIL</u>	<u>8/31/15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO BOX 229</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>TYLER TOWN MS 39667</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>PIGOTT OIL</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>FIELD DISTRIBUTOR</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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>FORTENBERRY DIESEL SER LLC</u>	<u>09/10/15</u>	\$ <u>1000.00</u>
Mailing Address <u>1165 HWY 98 E</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>FORTENBERRY DIESEL SER LLC</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>TRUCK REPAIR</u>	Aggregate year-to-date	\$ <u>1000.00</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>J W RAWLINGS</u>	<u>9/10/15</u>	\$ <u>150.00</u>
Mailing Address <u>521 LOUISIANA AVE</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>MCOMB MS 39648</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>CITY OF MCOMB</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>MAJOR</u>	Aggregate year-to-date	\$ <u>150.00</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>SASSONE TIMBER LLC</u>	<u>09/25/15</u>	\$ <u>1000.00</u>
Mailing Address <u>505 LIBERTY ST EAST</u>	[]/[]/[]	\$ _____
City, State, Zip Code <u>OSIKA MS 39657</u>	[]/[]/[]	\$ _____
Name of Employer (Required) <u>SASSONE TIMBER</u>	[]/[]/[]	\$ _____
Occupation (Required) <u>TIMBER</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee TIMOTHY VANDERLICE

Reporting period 7-1-15 through 9-30-15

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>JANET SMITH</u>	<u>09/25/15</u>	\$ <u>100.00</u>
Mailing Address <u>1225 PARK DRIVE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MEMPHIS MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>RETIRED</u>	□ / □ / □	\$ _____
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>100.00</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>MARK SHEPHERD</u>	<u>9/25/15</u>	\$ <u>100.00</u>
Mailing Address <u>1201 PARK DRIVE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MEMPHIS MS 39648</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>PIKE CO SHERIFF DEPT</u>	□ / □ / □	\$ _____
Occupation (Required) <u>SHERIFF</u>	Aggregate year-to-date	\$ <u>100.00</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>DANNY SMITH (LOTT FURNITURE)</u>	<u>9/30/15</u>	\$ <u>2000.00</u>
Mailing Address <u>PO BOX 414</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>MEMPHIS MS 39649</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>LOTT FURNITURE</u>	□ / □ / □	\$ _____
Occupation (Required) <u>SALES</u>	Aggregate year-to-date	\$ <u>4500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee TIMOTHY VANDERSLICEReporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name <u>DICKS COUNTY DATA PROCESSING</u>	Date (Mo., Day, Year) <u>7/7/15</u>	Amount of each disbursement this period \$ <u>37.65</u>
Mailing Address <u>PO BOX 431</u>	<u>7/7/15</u>	\$ <u>37.65</u>
City, State, Zip Code <u>MAGNOLIA MS 39652</u>	<u>7/7/15</u>	\$ <u>37.65</u>
Purpose of Disbursement (Optional) <u>Electronic Records</u>	Aggregate Year-to-date	\$ <u>37.65</u>
B. Full name <u>SOUTHWEST BROADCASTING</u>	Date (Mo., Day, Year) <u>7/15/15</u>	Amount of each disbursement this period \$ <u>762.00</u>
Mailing Address <u>206 N FRONT ST</u>	<u>7/15/15</u>	\$ <u>762.00</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>7/15/15</u>	\$ <u>762.00</u>
Purpose of Disbursement (Optional) <u>Political Ads</u>	Aggregate Year-to-date	\$ <u>1462.00</u>
C. Full name <u>Days Inn</u>	Date (Mo., Day, Year) <u>7/21/15</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>2298 Delaware Ave</u>	<u>7/21/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>MC COMB MS 39648</u>	<u>7/21/15</u>	\$ <u>500.00</u>
Purpose of Disbursement (Optional) <u>Event- food</u>	Aggregate Year-to-date	\$ <u>1061.75</u>
D. Full name <u>MC COMB PRINTING</u>	Date (Mo., Day, Year) <u>7/24/15</u>	Amount of each disbursement this period \$ <u>- 26.54</u>
Mailing Address <u>PO BOX 805</u>	<u>7/24/15</u>	\$ <u>- 26.54</u>
City, State, Zip Code <u>MC COMB MS 39649</u>	<u>7/24/15</u>	\$ <u>- 26.54</u>
Purpose of Disbursement (Optional) <u>ERROR CORRECTION ON 6-30-15 report</u>	Aggregate Year-to-date	\$ <u>1140.06</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>7/7/15</u>	\$
City, State, Zip Code	<u>7/7/15</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>7/7/15</u>	\$
City, State, Zip Code	<u>7/7/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee TIMOTHY VANDERSLICE
 Reporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McCOMB PRINTING	7/29/15	\$ 678.94
Mailing Address P O BOX 805		
City, State, Zip Code McComb MS 39649	9/25/15	\$ 481.50
Purpose of Disbursement (Optional) CARD MAILING PREP, DOOR HANGERS	Aggregate Year-to-date	\$ 2300.50
B. Full name U.S. POST OFFICE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Delaware Ave	7/29/15	\$ 1401.57
City, State, Zip Code McComb MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) MAILING	Aggregate Year-to-date	\$ 1401.57
C. Full name ENTERPRISE-JOURNAL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O BOX 2009	7/29/15	\$ 430.00
City, State, Zip Code McComb MS 39649	8/15/15	\$ 230.00
Purpose of Disbursement (Optional) ADVERTISING	Aggregate Year-to-date	\$ 5055.00
D. Full name SOUTHWEST BROADCASTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O BOX 1649	7/29/15	\$ 528.00
City, State, Zip Code McComb MS 39649	—/—/—	\$
Purpose of Disbursement (Optional) ADVERTISING - RADIO	Aggregate Year-to-date	\$ 1990.00
E. Full name PIKE COUNTY ARTS COUNCIL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 222 STATE ST	7/29/15	\$ 50.00
City, State, Zip Code McComb MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) ADVERTISING	Aggregate Year-to-date	\$ 50.00
F. Full name B & M DESIGNS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205 CANAL ST	8/2/15	\$ 800.00
City, State, Zip Code McComb MS 39648	—/—/—	\$
Purpose of Disbursement (Optional) T-shirts	Aggregate Year-to-date	\$ 2667.27

Name of Candidate or Committee TIMOTHY VANDERSICE
 Reporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name <u>STEWART SIGNS</u>	Date (Mo., Day, Year) <u>8/2/15</u>	Amount of each disbursement this period \$ <u>1653.15</u>
Mailing Address <u>2147 HWY 48 W</u>	<u>8/2/15</u>	\$ <u>1653.15</u>
City, State, Zip Code <u>MCOMB MS 39648</u>	<u>8/2/15</u>	\$ <u>1653.15</u>
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>5525.56</u>
B. Full name <u>NORTH PIKE BASEBALL</u>	Date (Mo., Day, Year) <u>8/8/15</u>	Amount of each disbursement this period \$ <u>100.00</u>
Mailing Address <u>P O BOX 711</u>	<u>8/8/15</u>	\$ <u>100.00</u>
City, State, Zip Code <u>MCOMB MS 39649</u>	<u>8/8/15</u>	\$ <u>100.00</u>
Purpose of Disbursement (Optional) <u>Golf sponsorship</u>	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name <u>MCOMB HIGH SCHOOL FOOTBALL</u>	Date (Mo., Day, Year) <u>8/11/15</u>	Amount of each disbursement this period \$ <u>50.00</u>
Mailing Address <u>310 7th ST</u>	<u>8/11/15</u>	\$ <u>50.00</u>
City, State, Zip Code <u>MCOMB MS 39648</u>	<u>8/11/15</u>	\$ <u>50.00</u>
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>50.00</u>
D. Full name <u>SOUTH PIKE HS TOUCHDOWN</u>	Date (Mo., Day, Year) <u>8/11/15</u>	Amount of each disbursement this period \$ <u>50.00</u>
Mailing Address <u>205 W MYRTLE ST</u>	<u>8/11/15</u>	\$ <u>50.00</u>
City, State, Zip Code <u>MAGNOLIA MS 39652</u>	<u>8/11/15</u>	\$ <u>50.00</u>
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>50.00</u>
E. Full name <u>NORTH PIKE ATHLETIC BOOSTERS</u>	Date (Mo., Day, Year) <u>8/11/15</u>	Amount of each disbursement this period \$ <u>125.00</u>
Mailing Address <u>P O BOX 711</u>	<u>8/11/15</u>	\$ <u>125.00</u>
City, State, Zip Code <u>MCOMB MS 39649</u>	<u>8/11/15</u>	\$ <u>125.00</u>
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>125.00</u>
F. Full name <u>SOUTHWEST BROADCASTING</u>	Date (Mo., Day, Year) <u>8/21/15</u>	Amount of each disbursement this period \$ <u>2800.00</u>
Mailing Address <u>P O BOX 1649</u>	<u>8/21/15</u>	\$ <u>2800.00</u>
City, State, Zip Code <u>MCOMB MS 39649</u>	<u>8/21/15</u>	\$ <u>2800.00</u>
Purpose of Disbursement (Optional) <u>Ads - radio</u>	Aggregate Year-to-date	\$ <u>4790.00</u>

Name of Candidate or Committee TIMOTHY VANDERLICE
 Reporting period 7-1-15 through 9-30-15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ENTERPRISE JOURNAL</u>	<u>9/4/15</u>	\$ <u>2658.00</u>
Mailing Address <u>PO BOX 2009</u>	<u>9/29/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>MOBILE MS 39649</u>		
Purpose of Disbursement (Optional) <u>Ads</u>	Aggregate Year-to-date	\$ <u>7913.00</u>
B. Full name <u>MC COMB PRINTING</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 805</u>	<u>9/25/15</u>	\$ <u>54.08</u>
City, State, Zip Code <u>MOBILE MS 39649</u>	<u>9/25/15</u>	\$ <u>121.66</u>
Purpose of Disbursement (Optional) <u>CARDS & MAILING</u>	Aggregate Year-to-date	\$ <u>3205.39</u>
C. Full name <u>MS NURSING FDN</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>31 WOODGREEN PLACE</u>	<u>9/1/15</u>	\$ <u>500.00</u>
City, State, Zip Code <u>MADISON MS 39110</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>EVENT SPONSORSHIP</u>	Aggregate Year-to-date	\$ <u>500.00</u>
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	\$