

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

Delbert Hosemann  
 SECRETARY OF STATE  
 PIKE COUNTY, MISS.  
 OCT 26 2015  
 BY *RAG* 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 tonya@faustepa.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  
All Primary Candidates and Political Committee
- \_\_\_\_ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates On  
All Primary Candidates and Political Committees in a Runoff Electi
- \_\_\_\_ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandato
- ✓ October 27, 2015 Pre-Election Report ..... Mandato  
(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 Committee
- \_\_\_\_ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates On  
All Candidates and Political Committees in a Runoff Electi
- \_\_\_\_ 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**

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	44604.43	+		\$ 750.00	\$ 45,354.43
Total amount of disbursements \$	29,218.25	+		\$ 4,690.39	\$ 33,908.64
Total amount of cash on hand				\$ 11,445.19	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Timothy Vanderslice \_\_\_\_\_ Date 10-23-15  
 Signature of Candidate

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 offices should return forms to the Municipal Clerk

Name of Candidate or Committee TIMOTHY VANDERSICEReporting period 10-1-15 through 10-24-15

## 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>GLYNN E. ESTESS JR</u>	<u>10/6/15</u>	\$ <u>150.00</u>
Mailing Address <u>P O BOX 181</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>OSYKA MS 39657</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>SANDERS EYE CLINIC</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>RN</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TROY ALFORD</u>	<u>10/8/15</u>	\$ <u>300.00</u>
Mailing Address <u>P O BOX 888</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>McComb MS 39649</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>RETIROD</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>RETIROD</u>	Aggregate year-to-date	\$ <u>300.00</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>JEFF STOKES</u>	<u>10/8/15</u>	\$ <u>100.00</u>
Mailing Address <u>1034 POLING OAKS DR</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>McComb MS 39648</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	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>BRYAN AGUILARD</u>	<u>10/15/15</u>	\$ <u>200.00</u>
Mailing Address <u>P O BOX 267</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>OSYKA MS 39657</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee TIMOTHY VANOGERSLICE  
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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> SOUTHWEST MEN'S BASKETBALL	<b>Date</b> (Mo., Day, Year) 10/1/15	<b>Amount of each</b> disbursement this period \$ 100.00
<b>Mailing Address</b> 1156 COLLEGE DRIVE	10/1/15	\$ 100.00
<b>City, State, Zip Code</b> SUMMIT MS 39666	1/1/	\$
<b>Purpose of Disbursement (Optional)</b> SPONSORSHIP	<b>Aggregate</b> Year-to-date	\$ 100.00
<b>B. Full name</b> FRIENDS OF TATE REEVES	<b>Date</b> (Mo., Day, Year) 10/1/15	<b>Amount of each</b> disbursement this period \$ 150.00
<b>Mailing Address</b> P O BOX 1018	10/1/15	\$ 150.00
<b>City, State, Zip Code</b> JACKSON MS 39215	1/1/	\$
<b>Purpose of Disbursement (Optional)</b> CONTRIBUTION	<b>Aggregate</b> Year-to-date	\$ 150.00
<b>C. Full name</b> FERWOOD COUNTRY CLUB	<b>Date</b> (Mo., Day, Year) 10/1/15	<b>Amount of each</b> disbursement this period \$ 2025.00
<b>Mailing Address</b> P O BOX 120	10/1/15	\$ 2025.00
<b>City, State, Zip Code</b> FERWOOD MS 39635	1/1/	\$
<b>Purpose of Disbursement (Optional)</b> FOOD- ELECTION NIGHT EVENT	<b>Aggregate</b> Year-to-date	\$ 2025.00
<b>D. Full name</b> PIKE COUNTY REPUBLICAN VICTORY	<b>Date</b> (Mo., Day, Year) 10/1/15	<b>Amount of each</b> disbursement this period \$ 150.00
<b>Mailing Address</b> 422 S BROADWAY AVE	10/1/15	\$ 150.00
<b>City, State, Zip Code</b> MCOMB MS 39648	1/1/	\$
<b>Purpose of Disbursement (Optional)</b> CONTRIBUTION	<b>Aggregate</b> Year-to-date	\$ 150.00
<b>E. Full name</b> PAUL RESCUE	<b>Date</b> (Mo., Day, Year) 10/1/15	<b>Amount of each</b> disbursement this period \$ 200.00
<b>Mailing Address</b> P O BOX 167	10/1/15	\$ 200.00
<b>City, State, Zip Code</b> MCOMB MS 39649	1/1/	\$
<b>Purpose of Disbursement (Optional)</b> DONATION- ADOPTION	<b>Aggregate</b> Year-to-date	\$ 200.00
<b>F. Full name</b> MCOMB PRINTING	<b>Date</b> (Mo., Day, Year) 10/19/15	<b>Amount of each</b> disbursement this period \$ 159.59
<b>Mailing Address</b> P O BOX 805	10/19/15	\$ 159.59
<b>City, State, Zip Code</b> MCOMB MS 39649	10/19/15	\$ 1607.57
<b>Purpose of Disbursement (Optional)</b> BANNER / MAILER	<b>Aggregate</b> Year-to-date	\$ 4972.55

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## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
PIKE CO CO-OP	10/1/15	\$ 98.23
Mailing Address P O BOX 937		
City, State, Zip Code McCOMB MS 39649	__/__/__	\$
Purpose of Disbursement (Optional) T-POSTS FOR SIGNS	Aggregate Year-to-date	\$ 98.23
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ENTERPRISE - JOURNAL	10/1/15	\$ 200.00
Mailing Address P O BOX 2009		
City, State, Zip Code McCOMB MS 39649	__/__/__	\$
Purpose of Disbursement (Optional) PROMOTIONAL AD	Aggregate Year-to-date	\$ 813.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$