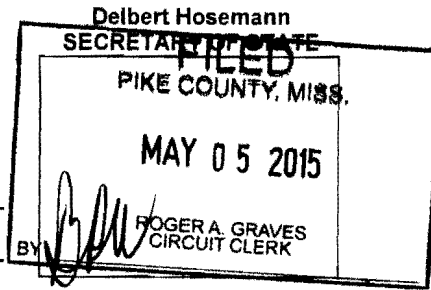


**Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**



Name of Committee Tim White for Chancery Clerk
 Address 1054 Murray Rd McComb, MS 39648 County Pike
 Telephone 601-551-2017 Fax _____
 Treasurer Charles Stringer Email Address stringersecurity@cableone.net

Check here if above is different from previous report

TYPE OF REPORT

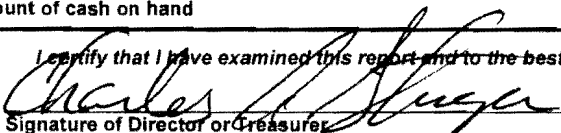
- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) **Mandatory**
- _____ **June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) **Mandatory**
- _____ **July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) **Mandatory**
- _____ **July 28, 2015 Pre-Election 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. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority 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	\$ 1,100.00	+	\$ 910.00	\$ 2,010.00	\$ 2,010.00
Total amount of disbursements	\$ 877.68	+	\$ 522.32	\$ 1,400.00	\$ 1,400.00
Total amount of cash on hand				\$ 610.00	

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 Director or Treasurer _____ Date May 5, 2015

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 office should return forms to the Municipal Clerk

Name of Candidate or Committee Tim White for Chancery Clerk

Reporting period 01/01/2015 through 04/30/2015

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 Tim White		1 / 20 / 15	\$ 1,100
Mailing Address 1054 Murray Rd		/ /	\$
City, State, Zip Code McComb, MS 39648		/ /	\$
Name of Employer (Required) AB-Appraisal & Realty Services		/ /	\$
Occupation (Required) Appraisal Services		Aggregate year-to-date	\$ 1,100
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) _____		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	\$
C. 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	\$
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	\$

Tim White for Chancery Clerk

Name of Candidate or Committee

Reporting period 01/01/2015

through 04/30/2015

ITEMIZED DISBURSEMENTS

A. Full name Creative Genie	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 20241 Central Avenue West	2 / 9 / 15	\$ 250.00
City, State, Zip Code Blountstown, FL 32424	__ / __ / __	\$
Purpose of Disbursement (Optional) Create Website	Aggregate Year-to-date	\$ 250.00
B. Full name Enterprise-Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2009	4 / 16 / 15	\$ 400.00
City, State, Zip Code McComb, MS 39649	__ / __ / __	\$
Purpose of Disbursement (Optional) Political Guide	Aggregate Year-to-date	\$ 400.00
C. Full name Tim White	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1054 Murray Rd	04 / 20 / 15	\$ 227.68
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional) Reimburse Cr Genie toward loan	Aggregate Year-to-date	\$ 227.68
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	\$