



Political Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 House of Representatives District 29  
 2016 Special Election

Name of Committee Friends of Abe M. Hudson, Jr  
 Address P.O. Box 564, Shelby MS County Belair & Sunflower  
 Telephone 662-344-1400 Fax \_\_\_\_\_  
 Treasurer Lucretia Johnson Email Address lucretia57@gmail.com

Check here if above is different from previous report

**TYPE OF REPORT**

- May 31, 2016 Pre-Election Report** (January 1, 2016, through May 28, 2016) .....Mandatory  
 **June 21, 2016 Pre-Runoff Report** (May 29, 2016, through June 18, 2016).....Runoff Candidates Only  
 All Candidates and Political Committees in a Runoff Election  
 **January 31, 2017 Annual Report** (January 1, 2016, through December 31, 2016).....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	\$6,650	+	0	\$ 6,650	\$ 6,650
Total amount of disbursements	\$7,066	+	0	\$ 7,066	\$ 7,066
Total amount of cash on hand				\$ 355	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Lucretia R. Johnson Date 5/31/2016  
 Signature of Director or Treasurer

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 39206 or fax to 601-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Adams  
 Reporting period 1/1/16 through 3/31/16

# 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>Freddie White Jackson</u>	<u>9/13/16</u>	\$ <u>200.00</u>
Mailing Address <u>Post Office Box 777</u>	□/□/□	\$ _____
City, State, Zip Code <u>Ruleville, MS 38771</u>	□/□/□	\$ _____
Name of Employer (Required) <u>FLH Cancer Foundation</u>	□/□/□	\$ _____
Occupation (Required) <u>Director</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"/>		
Other (please specify) _____		
Full name <u>Hinos Cronin</u>	<u>4/22/16</u>	\$ <u>500.00</u>
Mailing Address <u>403 S. First Avenue</u>	□/□/□	\$ _____
City, State, Zip Code <u>Cleveland, MS 38732</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Retired</u>	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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) _____		
Full name <u>Mike Carr &amp; Arthur Calderon</u>	<u>4/22/16</u>	\$ <u>500.00</u>
Mailing Address <u>802 Cotton Row / P.O. Box 1818</u>	□/□/□	\$ _____
City, State, Zip Code <u>Cleveland, MS 38732</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Carr &amp; Calderon, PLC</u>	□/□/□	\$ _____
Occupation (Required) <u>Attorneys</u>	Aggregate year-to-date	\$ <u>500.00</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) _____		
Full name <u>Boo Hollowell</u>	<u>5/2/16</u>	\$ <u>500.00</u>
Mailing Address <u>3655 Hwy 82 East</u>	□/□/□	\$ _____
City, State, Zip Code <u>Greenville, MS 38701</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Hollowell Law Firm</u>	□/□/□	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Mills  
 Reporting period 11/16 through 11/16

# 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>Felicia Mc Carty</u>	<u>11/17/16</u>	\$ <u>500.00</u>
Mailing Address <u>226 Winter Lane</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Madison, AL 35767</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self-employed</u>	□ / □ / □	\$ _____
Occupation (Required)	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>Al Sage</u>	<u>11/23/16</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 959</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Sage Advice</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input checked="" 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 Hardy</u>	<u>5/12/16</u>	\$ <u>250.00</u>
Mailing Address <u>478 Idlewild Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Greenville, MS 38701</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>Derrick Ferrick Simmons</u>	<u>5/16/17</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1854</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Greenville, MS 38702-1854</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SIMMONS and SIMMONS, PLLC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorneys</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Miller  
 Reporting period 11/16 through 5/31/16

# 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>Billy Moore</u>		<u>5/16/17</u>	\$ <u>200.00</u>
Mailing Address <u>1202 North Street</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Cleveland, MS 38732</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Delta State University</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Dean of College of Business</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input checked="" 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>Stephen + Beth Clay</u>		<u>5/17/17</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 217</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39205-0217</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>The Clay Firm</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorneys</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>Camille Young</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>200.00</u>
Mailing Address <u>556 Twin Cedars Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Carver Stone</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$ <u>200.00</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>Abe Hudson</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>1000.00</u>
Mailing Address <u>207 Dr. RT Hollingsworth Avenue</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>900.00</u>
City, State, Zip Code <u>Shelby, MS 38774</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>1,000.00</u>
Name of Employer (Required) <u>Delta State University</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Program Director</u>		Aggregate year-to-date	\$ <u>2400.00</u>

Name of Candidate or Committee

Reporting period

through

## ITEMIZED DISBURSEMENTS

A. Full name Valentine Mason	Date (Mo., Day, Year) 3/30/16	Amount of each disbursement this period \$ 532.29
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 532.29
R. Full name DR-I Printing	Date (Mo., Day, Year) 4/4/16	Amount of each disbursement this period \$ 292.86
Mailing Address 8000 Maskell Avenue		
City, State, Zip Code Van Nuys, CA 91406	5/17/16	\$ 280.06
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 572.92
C. Full name Walmart	Date (Mo., Day, Year) 4/8/16	Amount of each disbursement this period \$ 21.29
Mailing Address 710 N Davis Ave		
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 21.29
D. Full name Image Specialist	Date (Mo., Day, Year) 4/7/16	Amount of each disbursement this period \$ 80.25
Mailing Address 213 E. Sunflower Rd		
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 80.25
E. Full name Cro Daddy	Date (Mo., Day, Year) 4/13/16	Amount of each disbursement this period \$ 134.23
Mailing Address 14455 N Hayden Rd Ste 226		
City, State, Zip Code Scottsdale, AZ 85260		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 134.23
F. Full name Emanuel Williams	Date (Mo., Day, Year) 4/20/16	Amount of each disbursement this period \$ 300.00
Mailing Address 253 Anne Drive Inn Road		
City, State, Zip Code Beland, MS 38756	5/27/16	\$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00

Name of Candidate or Committee

Friends of AMHS

Reporting period

11/16

through

6/20/16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mia's Shoe Box	4/18/16	\$ 153.40
Mailing Address		
115 North Street		
City, State, Zip Code		
Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 153.40
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook	4/11/16	\$ 25.06
Mailing Address		
1 Hacker Way		
City, State, Zip Code		
Menlo Park, CA 94025	4/26/16	\$ 50.01
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 75.06
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook	5/2/16	\$ 32.75
Mailing Address		
Same address above		
City, State, Zip Code		
	5/16/16	\$ 50.09
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 82.84
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook	5/16/16	\$ 50.16
Mailing Address		
Same address above		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.16
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Emanuel Williams	3/25/16	\$ 500.00
Mailing Address		
253 Anne Drive Inn Road		
City, State, Zip Code		
Leland, MS 38756		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Signs by Haynes	4/20/16	\$ 450.00
Mailing Address		
119 Belvedere Court		
City, State, Zip Code		
Cleveland, MS 38732	5/13/16	\$ 459.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 909.50

Name of Candidate or Committee

James J. Williams

Reporting period

1/1/16

through

5/28/16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
T. Flang Williams	4/12/16	\$ 400.00
Mailing Address		
110 South Court Street	6/25/16	\$ 400.00
City, State, Zip Code		
Cleveland, MS 38732	Aggregate Year-to-date	\$ 800.00
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
T. Flang Williams	3/25/16	\$ 400.00
Mailing Address		
City, State, Zip Code		
	Aggregate Year-to-date	\$ 400.00
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Petes Grill	4/29/16	\$ 130.00
Mailing Address		
550 Sunflower Ave		
City, State, Zip Code		
Clarksdale, MS 38614	Aggregate Year-to-date	\$ 130.00
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Theodore Douglas Haywood	5/2/16	\$ 75.00
Mailing Address		
243 South Walnut Street		
City, State, Zip Code		
Greenville, MS 38701	Aggregate Year-to-date	\$ 75.00
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lampard's Wholesale Meat	5/2/16	\$ 70.07
Mailing Address		
4146 MS-8		
City, State, Zip Code		
Cleveland, MS 38732	Aggregate Year-to-date	\$ 70.07
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ware Wine and Spirits	5/2/16	\$ 94.31
Mailing Address		
600-3 N Davis Ave		
City, State, Zip Code		
Cleveland, MS 38	Aggregate Year-to-date	\$ 94.31
Purpose of Disbursement (Optional)		

Name of Candidate or Committee

Friends of AMFIS

Reporting period

11/16

through

5/16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harland Clarke Checks	5/20/16	\$ 49.99
Mailing Address		
15955 La Canterra Parkway		
City, State, Zip Code		
San Antonio, TX 78256		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 49.99
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Abe Hudson	4/27/16	\$ 500.00
Mailing Address		
207 Dr. RT Hollingsworth Avenue		
City, State, Zip Code		
Shelby, MS 38774		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 900.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Delta Radio	5/5/16	\$ 252.00
Mailing Address		
3965 Old Hwy 61		
City, State, Zip Code		
Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 252.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Double Quick	4/25/16	\$ 10.01
Mailing Address		
1301 S Broadway		
City, State, Zip Code		
Shelby, MS 38774		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 45.92
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Double Quick	4/29/16	\$ 39.37
Mailing Address		
same as above		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50.07
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Double Quick	5/2/16	\$ 21.02
Mailing Address		
same as above		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 56.97



Name of Candidate or Committee

Friends of AMHS

Reporting period

1/5/16

through

5/28/16

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Double Quick</u>	<u>5/5/16</u>	\$ <u>24.15</u>
Mailing Address	<u>5/9/16</u>	\$ <u>25.21</u>
<u>1301 S. Broadway</u>		
City, State, Zip Code		
<u>Shelby, MS 38774</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>49.36</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Double Quick</u>	<u>5/13/16</u>	\$ <u>20.02</u>
Mailing Address	<u>5/16/16</u>	\$ <u>29.91</u>
<u>same as above</u>		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>49.93</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Double Quick</u>	<u>5/19/16</u>	\$ <u>18.39</u>
Mailing Address	<u>5/20/16</u>	\$ <u>33.14</u>
<u>Same as above</u>		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>51.53</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Double Quick</u>	<u>5/23/16</u>	\$ <u>28.23</u>
Mailing Address	<u>5/26/16</u>	\$ <u>20.00</u>
<u>Same as above</u>		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>48.23</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Double Quick</u>	<u>5/27/16</u>	\$ <u>31.89</u>
Mailing Address	<u>1/1/16</u>	\$
<u>same as above</u>		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>31.89</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Canvassers</u>	<u>5/12/16</u>	\$ <u>100.00</u>
Mailing Address	<u>5/16/16</u>	\$ <u>100.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>