

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Addie Green
 Address P.O. Box 249 County Hinds
 Telephone (Work) 601-262-3808 (Home) _____ (Fax) _____
 Contact Name Addie Green Email Address _____
 Office Sought Agriculture Political Party Democrat

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
<input checked="" type="checkbox"/>	July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015)	Mandatory <i>All Primary Candidates and Political Committees</i>
_____	August 18, 2015 Pre-Election Report (July 28, 2015, through August 15, 2015)	Runoff Candidates Only <i>All Primary Candidates and Political Committees in a Runoff Election</i>
_____	October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015)	Mandatory
_____	October 27, 2015 Pre-Election Report (Primary Election Winners report October 1, 2015, through October 24, 2015) (Independent Candidates report January 1, 2015 through October 24, 2015)	Mandatory <i>All Candidates and Political Committees</i>
_____	November 17, 2015 Pre-Runoff Report (October 29, 2015, through November 14, 2015)	Runoff Candidates Only <i>All Candidates and Political Committees in a Runoff Election</i>
_____	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) (i) and (ii).

(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 \$		+	\$ 584.00	\$ 584.00 \$ 7/28/15
Total amount of disbursements \$	534	+	\$	\$ 534.00 \$ 7/28/15
Total amount of cash on hand			\$ 922.00	

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 Candidate Addie Green Date 7/28/15

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) 576-2546
 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 Adrian Muen
 Reporting period July 23 through _____

ITEMIZED RECEIPTS

A. Source: <input 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>7/15/15</u>	\$ <u>584.00</u>
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>584.00</u>
B. Source: <input 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 _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Addee Green
 Reporting period July 28 through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Signs first metro</u>	<u>7/15/15</u>	\$ <u>304.56</u>
Mailing Address <u>4445 Robinson, Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39209</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WHOC 1490 AM</u>	<u>7/24/15</u>	\$ <u>65.00</u>
Mailing Address <u>1016 West Beacon Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>P.h. Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>Broadcast</u>	Aggregate Year-to-date	\$ <u>65.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Merchant: Space Age Marketing</u>	<u>7/30/15</u>	\$ <u>165.00</u>
Mailing Address <u>4125 W. Northside Ph suite B0</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39209</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>Printing</u>	Aggregate Year-to-date	\$ <u> </u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>

Name of Candidate or Committee Addie Green, Agriculture
 Reporting period July 10 through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Merchant's Space Age Marketing</u>	<u>7/3/15</u>	<u>\$ 165.00</u>
Mailing Address <u>1125 W Northside Dr Suite B</u>	<u>7/3/15</u>	<u>\$ 165.00</u>
City, State, Zip Code <u>Jackson MS 39209</u>	<u>7/3/15</u>	<u>\$ 165.00</u>
Purpose of Disbursement (Optional) <u>Membership</u>	Aggregate Year-to-date	<u>\$ 165.00</u>
B. Full name <u>Walton</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>950 Highway 80 E</u>	<u>7/1/15</u>	<u>\$ 30.00</u>
City, State, Zip Code <u>Clinton MS 39056</u>	<u>7/1/15</u>	<u>\$ 30.00</u>
Purpose of Disbursement (Optional) <u>Gas</u>	Aggregate Year-to-date	<u>\$ 65.00</u>
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	\$