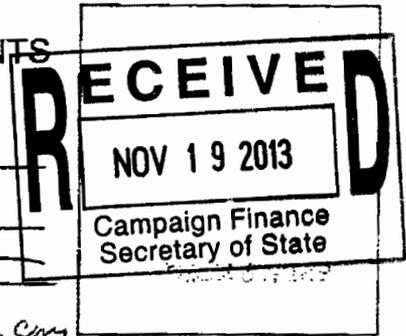


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
General-Special Election



Name of Candidate Anneice R. Liddell  
 Address 3612 Sherlawn Drive  
 Telephone 228-366-0127 Fax 228-474-7665  
 Office Sought State Representative Email arliddell@gmail.com

Check here if above is different from previous report

**TYPE OF REPORT**

- October 29, 2013 Pre-Election Report (January 1, 2013, through October 26, 2013).....Mandatory
- November 19, 2013 Pre-Election Report (October 27, 2013 through November 16, 2013).....Runoff Candidates Only
- January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....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**

- 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.
- 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).
- 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	\$ 800 <sup>ee</sup> + \$ 3500 <sup>ee</sup>	\$ 4300 <sup>ee</sup>	\$ 7218. <sup>ee</sup>
Total amount of disbursements	\$ 3375 <sup>ee</sup> + \$ 130. <sup>62</sup>	\$ 3505. <sup>62</sup>	\$ 6202. <sup>62</sup>
Total amount of cash on hand		\$ 1015.38	

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

Anneice R. Liddell  
Signature of Candidate

11-19-13  
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 \$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 901-576-2545.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Aneice R. Liddell  
 Reporting period October 27, 2013 through November 16, 2013

## ITEMIZED DISBURSEMENTS

A. Full name <u>Brad Chism Strategies</u>	Date (Mo., Day, Year) <u>11/14/13</u>	Amount of each disbursement this period \$ <u>3375<sup>00</sup></u>
Mailing Address <u>603 Duling Avenue Suite 211</u>		
City, State, Zip Code <u>Jackson MS 39216</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>Post cards mailouts</u>	Aggregate Year-to-date	\$ <u>3375<sup>00</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <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> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <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> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Aneice R. Liddell  
 Reporting period October 27, 2013 through November 16, 2013

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Oris Anderson</u>	<u>11/1</u>	\$ <u>500.00</u>
Mailing Address <u>5909 Holbrook Drive</u>	<u>11/1</u>	\$ _____
City, State, Zip Code <u>JACKSON MS 39206</u>	<u>11/1</u>	\$ _____
Name of Employer (Required) _____	<u>11/1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melton Harris</u>	<u>11/1</u>	\$ <u>300.00</u>
Mailing Address <u>3103 Boston Ave</u>	<u>11/1</u>	\$ _____
City, State, Zip Code <u>Pascaoula MS 39567</u>	<u>11/1</u>	\$ _____
Name of Employer (Required) _____	<u>11/1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
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 _____	<u>11/1</u>	\$ _____
Mailing Address _____	<u>11/1</u>	\$ _____
City, State, Zip Code _____	<u>11/1</u>	\$ _____
Name of Employer (Required) _____	<u>11/1</u>	\$ _____
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 _____	<u>11/1</u>	\$ _____
Mailing Address _____	<u>11/1</u>	\$ _____
City, State, Zip Code _____	<u>11/1</u>	\$ _____
Name of Employer (Required) _____	<u>11/1</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____