



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Delbert Hosemann
SECRETARY OF STATE



Name of Candidate Brent Bailey
 Address 107 Cedar Ridge Drive, Canton, MS 39046 County Madison
 Telephone (Work) 601-573-4815 (Home) 601-859-0638 (Fax) 601-859-0638
 Contact Name Brent Bailey Email Address brent@brentbailey4psc.com
 Office Sought MS Public Service Commissioner 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)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 ReportMandatory
(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) Pro-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 \$16,251.00	+ \$ 4250.00	\$ 20,501.00	\$ 63,496.00
Total amount of disbursements \$24,918.54	+ \$619.96	\$25,538.50	\$ 58,631.88
Total amount of cash on hand		\$ 4,864.12	

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

Brent Bailey
Signature of Candidate

10/08/2015
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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-911 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 Brent Bailey for MPSC

Reporting period 07/01/2015

through 09/30/2015

ITEMIZED DISBURSEMENTS

A. Full name Raborn Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1000 Highland Colony Parkway, Suite 5203	07 / 01 / 15	\$ 1000.00
City, State, Zip Code Ridgeland, MS 39157	09 / 01 / 15	\$ 650.00
Purpose of Disbursement (Optional) Digital Marketing Package & Social Services	Aggregate Year-to-date	\$ 6650.00
B. Full name Warren Multimedia	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2614 Southerland Street, Suite 5, Mailbox #A13	07 / 02 / 15	\$ 400.00
City, State, Zip Code Jackson, MS 39215	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Video Shoot	Aggregate Year-to-date	\$ 400.00
C. Full name Uncle Bucks Grill	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 Bass Pro Drive	07 / 02 / 15	\$ 346.53
City, State, Zip Code Pearl, MS 39204	___ / ___ / ___	\$
Purpose of Disbursement (Optional) District Tour Lunch	Aggregate Year-to-date	\$ 346.53
D. Full name The Republic Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 975 North Street, Suite 206	07 / 14 / 15	\$ 6050.00
City, State, Zip Code Jackson, MS 39202	07 / 16 / 15	\$ 1500.00
Purpose of Disbursement (Optional) Radio/TV Ads	Aggregate Year-to-date	\$ 19995.85
E. Full name Droad Street	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4465 N Hwy 55, #101	07 / 10 / 15	\$ 653.60
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) District Tour Coffee	Aggregate Year-to-date	\$ 653.60
F. Full name Lamar of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 405 Country Place Parkway	07 / 15 / 15	\$ 1000.00
City, State, Zip Code Pearl, MS 39208	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Digital Billboards	Aggregate Year-to-date	\$ 1000.00

Name of Candidate or Committee Brent Balloy for MPSC
 Reporting period 07/01/2015 through 09/30/2015

ITEMIZED DISBURSEMENTS

A. Full name The Republic Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 975 North Street, Suite 206	07 / 31 / 15	\$ 4805.31
City, State, Zip Code Jackson, MS 39202	___ / ___ / ___	\$
Purpose of Disbursement (Optional) GDTV mailer	Aggregate Year-to-date	\$ 24800.96
B. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	07 / 31 / 15	\$ 250.00
City, State, Zip Code Jackson, MS 39204	08 / 31 / 15	\$ 180.00
Purpose of Disbursement (Optional) Yard Signs & Lapel Stickers	Aggregate Year-to-date	\$ 570.40
C. Full name Jackson Jambalaya	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5106 Old Canton Road	01 / 06 / 15	\$ 1500.00
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Advertising on JJ Facebook Page	Aggregate Year-to-date	\$ 3300.00
D. Full name Jump Worldwide, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 99	08 / 10 / 15	\$ 300.00
City, State, Zip Code Center Cross, VA 22437	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Radio Voiceover Recording	Aggregate Year-to-date	\$ 300.00
E. Full name JM Hughes Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 147 Highland Circle	09 / 01 / 15	\$ 2500.00
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consulting Services	Aggregate Year-to-date	\$ 2500.00
F. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	08 / 14 / 15	\$ 140.40
City, State, Zip Code Jackson, MS 39204	08 / 31 / 15	\$ 1542.30
Purpose of Disbursement (Optional) Business Cards, Fundraising Invitations, Reply Cards, & Envelopes	Aggregate Year-to-date	\$ 2253.10

Name of Candidate or Committee Brent Bailey for MPSC
 Reporting period 07/01/2015 through 09/30/2015

ITEMIZED DISBURSEMENTS

A. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2F25 TV Road	09 / 30 / 15	\$ 1971.00
City, State, Zip Code Jackson, MS 39204	09 / 30 / 15	\$ 129.60
Purpose of Disbursement (Optional) Coroplast Printing, & Sticker Printing	Aggregate Year-to-date	\$ 4353.70
B. 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	\$
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	\$

Name of Candidate or Committee Brent Bailey for MPSC

Reporting period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Bruce Breland	07 / 02 / 15	\$ 300.00
Mailing Address 326 Southwind Drive	□ / □ / □	\$ _____
City, State, Zip Code Richland, MS 39218	□ / □ / □	\$ _____
Name of Employer (Required) Retired	□ / □ / □	\$ _____
Occupation (Required) Retired	Aggregate year-to-date	\$ 300.00
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 North State Animal & Ulrd Hospital	07 / 02 / 15	\$ 250.00
Mailing Address 5208 N State Street	□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS 39206	□ / □ / □	\$ _____
Name of Employer (Required) Business	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 John Nichols	07 / 02 / 15	\$ 2500.00
Mailing Address PO Box 539	□ / □ / □	\$ _____
City, State, Zip Code Greenville, MS 38702	□ / □ / □	\$ _____
Name of Employer (Required) MS Marine Corporation	□ / □ / □	\$ _____
Occupation (Required) CEO	Aggregate year-to-date	\$ 2500.00
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 Frank Baird	07 / 21 / 15	\$ 500.00
Mailing Address 500 Cypress Lane	□ / □ / □	\$ _____
City, State, Zip Code Greenville, MS 38701	□ / □ / □	\$ _____
Name of Employer (Required) Retired	□ / □ / □	\$ _____
Occupation (Required) Retired	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent Bailey for MPSCReporting period 07/01/2015 through 09/30/2015

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 Clarke Reed	07 / 21 / 15	\$ 1000.00
Mailing Address 139 Bayou Road	□ / □ / □	\$ _____
City, State, Zip Code Greenville, MS 38701	□ / □ / □	\$ _____
Name of Employer (Required) Reed-Joseph	□ / □ / □	\$ _____
Occupation (Required) Self Employed	Aggregate year-to-date	\$ 2000.00
B. 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 Southern Alliance for Clean Energy Action Fund	07 / 31 / 15	\$ 1000.00
Mailing Address PO Box 1842	□ / □ / □	\$ _____
City, State, Zip Code Knoxville, TN 37901	□ / □ / □	\$ _____
Name of Employer (Required) Business	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 J Kelley Williams	08 / 10 / 15	\$ 500.00
Mailing Address 2030 Eastover Drive	□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS 39211	□ / □ / □	\$ _____
Name of Employer (Required) Greenerover Managers	□ / □ / □	\$ _____
Occupation (Required) Operator	Aggregate year-to-date	\$ 1000.00
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 Leslie Ellington	08 / 14 / 15	\$ 201.00
Mailing Address 7020 Jackson Raymond Road	□ / □ / □	\$ _____
City, State, Zip Code Raymond, MS 39154	□ / □ / □	\$ _____
Name of Employer (Required) Not Employed	□ / □ / □	\$ _____
Occupation (Required) Not Employed	Aggregate year-to-date	\$ 201.00

Name of Candidate or Committee Brent Bailey for MPSC
 Reporting period 07/01/2015 through 09/30/2015

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 <u>Forrest Rhermann</u>	<u>08</u> / <u>28</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1781 Cleary Road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Foronice, MS 39073</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Petroleum Equipment Company</u>	□ / □ / □	\$ _____
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Plum Creek Administrative Corp.</u>	<u>09</u> / <u>01</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1990</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Columbia Fall, MT 59912</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Business</u>	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Phil Bryant</u>	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 321226</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>State Of MS</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Governor</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Madison County Republican Party</u>	<u>09</u> / <u>14</u> / <u>15</u>	\$ <u>2000.00</u>
Mailing Address <u>613 Kingslton Court</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Organization</u>	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2000.00</u>

Name of Candidate or Committee Brent Halley for MPSC

Reporting period 07/01/2015 through 09/30/2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Neshoba County Republican Party</u>	<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>303 Strbling Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Organization</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brent Halley</u>	<u>09</u> / <u>22</u> / <u>15</u>	\$ <u>5000.00</u>
Mailing Address <u>107 Cedar Ridge Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Facilitator</u>	Aggregate year-to-date	\$ <u>5000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hinds County Republican Women</u>	<u>09</u> / <u>22</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 12813</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39236</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Organization</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<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>
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>