



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

Name of Committee Earl S. Lucas Election Committee
 Address 204 Grant Street, Mound Bayou County Bolivar
 Telephone 662-402-0607 Fax 662-741-2702
 Treasurer William H. Lucas, Jr. Email Address whljr341@yahoo.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	\$2,000.00 + \$ 50.15	\$ 2,050.13	\$ 9,780.28
Total amount of disbursements	\$ 2,671.07 + \$ 590.01	\$ 3,261.08	\$ 7,531.08
Total amount of cash on hand		\$ 2,249.20	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
William H. Lucas, Jr. 6/20/2016
 Signature of Director or Treasurer 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 §13 (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 601-576-7546. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Earl S. Lucas Election Committee

Reporting period May 29, 2016 through June 18, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Mississippi Medical Political Action Committee</u>	<u>6/13/16</u>	\$ <u>2,000.00</u>
Mailing Address <u>P.O. Box 2548</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>N/A</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2,000.00</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 Earl S. Lucas Election CommitteeReporting period May 29, 2016 through June 18, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Earl S. Lucas</u>	Date (Mo., Day, Year) <u>6 16 16</u>	Amount of each disbursement this period <u>\$1,000.00</u>
Mailing Address <u>P.O. Box 476</u>	<u>6 16 16</u>	<u>\$1,000.00</u>
City, State, Zip Code <u>Mound Bayou, MS 38762</u>	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional) <u>Workers, Food, Gas</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
B. Full name <u>Jimmie Stokes</u>	Date (Mo., Day, Year) <u>6 16 16</u>	Amount of each disbursement this period <u>\$1,000.00</u>
Mailing Address <u>392 East Mound Bayou Road</u>	<u>6 16 16</u>	<u>\$1,000.00</u>
City, State, Zip Code <u>Mound Bayou, MS 38762</u>	<u>6 17 16</u>	<u>\$ 200.00</u>
Purpose of Disbursement (Optional) <u>Workers, Food, Gas</u>	Aggregate Year-to-date	<u>\$1,200.00</u>
C. Full name <u>Bolivar Commerical</u>	Date (Mo., Day, Year) <u>6 1 16</u>	Amount of each disbursement this period <u>\$ 471.67</u>
Mailing Address <u>P.O. Drawer 1050</u>	<u>6 1 16</u>	<u>\$ 471.67</u>
City, State, Zip Code <u>Cleveland, MS 38732</u>	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$ 471.67</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__ / __ / __</u>	\$
City, State, Zip Code	<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>	\$
City, State, Zip Code	<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>	\$
City, State, Zip Code	<u>__ / __ / __</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$