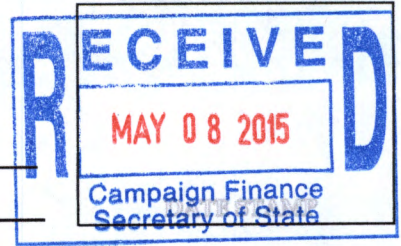


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Candidate Committee to Re-Elect SAM CMims, V  
 Address 605 Lakeshore Dr. McComb MS County Pike  
 Telephone (Work) \_\_\_\_\_ (Home) 601-684-0781 (Fax) \_\_\_\_\_  
 Contact Name SAM CMims, V Email Address SMims@house.ms.gov  
 Office Sought State Representative 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 Report** .....Mandatory  
*All Candidates and Political Committees*  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015)
- 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) 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 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 \$		4,000	+	\$ 650	\$ 4,650	\$ 4,650.00
Total amount of disbursements \$		10,668.54	+	\$ 4,453.78	\$ 15,122.32	\$ 15,122.32
Total amount of cash on hand				\$ 252,038.87		

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 [Signature]

Date 5/8/15

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) 576-2545
- 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 Committee to Re-Elect Sam C. Mills  
 Reporting period 1/1/15 through ~~12/31/15~~ April 30, 2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>MS Assoc. For Home Care State PAC</u>	<u>4/16/15</u>	\$ <u>1,000</u>
Mailing Address <u>134 FAIRMONT ST. Suite B</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Clinton MS 39056</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Wicker Building Supply, Inc.</u>	<u>4/16/15</u>	\$ <u>1,000</u>
Mailing Address <u>1014 Highway 570 West</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Sumit MS 39666</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input checked="" 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>TOWER LOAN OF MS</u>	<u>4/16/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 320001</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>Mississippi Realtors PAC</u>	<u>4/23/15</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 321000</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect SANC MMS, U  
 Reporting period 1/1/15 through 4/30/15

# 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>Buddy Nichols</u>	<u>4/30/15</u>	\$ <u>500.00</u>
Mailing Address <u>2103 Woodlands Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>McCoy MS 39048</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$ _____
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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Committee to Re-Elect Sam Collins V  
 Reporting period 1/1/15 through ~~10/20/15~~ 4/20/15

## ITEMIZED DISBURSEMENTS

A. Full name <u>MS Republican Party</u>	Date (Mo., Day, Year) <u>3/11/15</u>	Amount of each disbursement this period \$ <u>240.00</u>
Mailing Address <u>P.O. Box 60</u>	<u>3/11/15</u>	\$ <u>240.00</u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>1/2/15</u>	\$ <u>15.00</u>
Purpose of Disbursement (Optional) <u>United Republican Fund / Qualifying</u>	Aggregate Year-to-date	\$
B. Full name <u>Target</u>	Date (Mo., Day, Year) <u>3/14/15</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>3/14/15</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>Office / Campaign supplies</u>	Aggregate Year-to-date	\$
C. Full name <u>Enterprise-Journal</u>	Date (Mo., Day, Year) <u>3/17/15</u>	Amount of each disbursement this period \$ <u>400.00</u>
Mailing Address <u>112 Oliver Emmerich Drive</u>	<u>3/17/15</u>	\$ <u>400.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>Political column</u>	Aggregate Year-to-date	\$
D. Full name <u>A2Z Printing</u>	Date (Mo., Day, Year) <u>3/26/15</u>	Amount of each disbursement this period \$ <u>3,213.00</u>
Mailing Address <u>5468 N. State St.</u>	<u>3/26/15</u>	\$ <u>3,213.00</u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>4/17/15</u>	\$ <u>999.53</u>
Purpose of Disbursement (Optional) <u>Political signs / Campaign Material</u>	Aggregate Year-to-date	\$
E. Full name <u>Miss Mattie Foundation</u>	Date (Mo., Day, Year) <u>4/2/15</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address <u>P.O. Box 445</u>	<u>4/2/15</u>	\$ <u>250.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>fundraiser for foundation</u>	Aggregate Year-to-date	\$
F. Full name <u>Image Maker</u>	Date (Mo., Day, Year) <u>4/10/15</u>	Amount of each disbursement this period \$ <u>1,218.20</u>
Mailing Address <u>811 Delaware Ave #c</u>	<u>4/10/15</u>	\$ <u>1,218.20</u>
City, State, Zip Code <u>McComb, MS</u>	<u>1/1/15</u>	\$
Purpose of Disbursement (Optional) <u>Campaign pictures</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Re-Elect Sen. C. Mills, D  
 Reporting period 1/1/15 through 4/30/15

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Natchez Democrat</u>	<u>4/15/15</u>	\$ <u>233.60</u>
Mailing Address <u>P.O. Box 2080</u>		
City, State, Zip Code <u>Selma, AL 36702</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Subscription</u>	Aggregate Year-to-date	\$
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Stoneridge Group</u>	<u>4/17/15</u>	\$ <u>500.00</u>
Mailing Address <u>4400 North Point Parkway</u>		
City, State, Zip Code <u>Alpharetta, GA 30022</u>	<u>4/21/15</u>	\$ <u>1,497.48</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Stoneridge Group</u>	<u>4/23/15</u>	\$ <u>1,650.00</u>
Mailing Address <u>4400 North Point Parkway</u>		
City, State, Zip Code <u>Alpharetta, GA 30022</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>WALMART, INC</u>	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN &amp; FESTIVAL MATERIALS</u>	Aggregate Year-to-date	\$ <u>201.73</u>
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$