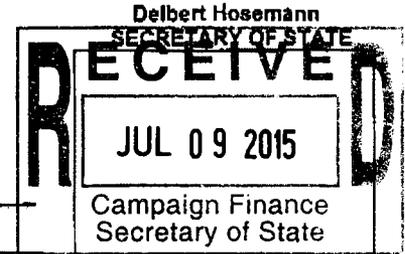


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Curtis Moroney
 Address 208 Winchester Rd, Natchez, MS 39120 County Adams
 Telephone (Work) 601-392-9007 (Home) 601-392-9007 (Fax) _____
 Contact Name Curtis Moroney Email Address _____
 Office Sought State Senate - 37th District 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) 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	\$3,750.00	+\$ 300.00	\$ 1,950.00	\$ 4,050.00
Total amount of disbursements	\$0.00	+\$ 120.48	\$0.00	\$ 120.48
Total amount of cash on hand			\$ 3,929.52	

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

7/9/2015
 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 \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 and 813 (1972).

SEND TO:

- Candidates for Statowide, 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
- Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Curtis Moroney
 Reporting period 6/1/2015 through 6/30/2015

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 Joe Stedman	□ / □ / □	\$ _____
Mailing Address 114 Main Street	□ / □ / □	\$ _____
City, State, Zip Code Natchez, MS 39120	□ / □ / □	\$ _____
Name of Employer (Required) Crye-Leike Stedman Realtors	□ / □ / □	\$ _____
Occupation (Required) Realtor	Aggregate year-to-date	\$ <u>1,000.00</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) _____		
Full name Charles Moroney	□ / □ / □	\$ _____
Mailing Address 79 Sedgefield Rd	□ / □ / □	\$ _____
City, State, Zip Code Natchez, MS 39120	□ / □ / □	\$ _____
Name of Employer (Required) Retired	□ / □ / □	\$ _____
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Feltus Brothers Ltd	<u>06</u> / <u>26</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address 509 Franklin Street	□ / □ / □	\$ _____
City, State, Zip Code Natchez, MS 39120	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Page Ogden	<u>06</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address 100 Old Plantation Rd	□ / □ / □	\$ _____
City, State, Zip Code Natchez, MS 39120	□ / □ / □	\$ _____
Name of Employer (Required) Retired	□ / □ / □	\$ _____
Occupation (Required) Retired	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Curtis Moroney
 Reporting period 06/01/15 through 06/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>06</u> / <u>16</u> / <u>15</u>	\$ <u>1,000.00</u>
Bobby Meason		
Mailing Address	____ / ____ / ____	\$ _____
103 Overton Rd		
City, State, Zip Code	____ / ____ / ____	\$ _____
Natchez, MS 39120		
Name of Employer (Required)	____ / ____ / ____	\$ _____
Meason Operating Company		
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
Oil Producer		
B. 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	____ / ____ / ____	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	____ / ____ / ____	\$ _____
Mailing Address	____ / ____ / ____	\$ _____
City, State, Zip Code	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____