

2016 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE



**Candidate**  
REPORT OF RECEIPTS AND DISBURSEMENTS  
House of Representatives District 29  
2016 Special Election

Name of Candidate Earl S. Lucas  
Address 204 Grant Street County Bolivar  
Telephone (Work) 662-402-0607 (Home) 662-741-2702 (Fax) 662-741-2702  
Contact Name William H. Lucas, Jr. Email Address wlucjr34@yahoo.com  
Office Sought Representative Dist 29 Political Party N/A

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
- 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 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 \$	6,700.00	1,030.00	\$ 7,730.30	\$ 7,730.00
Total amount of disbursements \$	4,230.00	40	\$ 4,270.00	\$ 4,270.00
Total amount of cash on hand			\$ 3,460.00	

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

Earl S. Lucas by William H. Lucas, Jr. Date 5/31/2016  
Signature of Candidate

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. Municipal candidates return forms to the Municipal Clerk.

Name of Candidate or Committee Candidate Earl S. Lucas  
 Reporting period April 11, 2016 through May 31, 2016

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Lucas Family Medical Clinic</u>		<u>4/22/16</u>	\$ <u>3,000.00</u>
Mailing Address <u>2361 Highway 1 South</u>		<u>4/25/16</u>	\$ <u>3,000.00</u>
City, State, Zip Code <u>Greenville, MS 38701</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self-employed</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Medical Doctor</u>		Aggregate year-to-date	\$ <u>6,000.00</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 <u>Mark S. Lucas</u>		<u>4/17/16</u>	\$ <u>200.00</u>
Mailing Address <u>2059 Fairway Crossing Dr</u>		<u>4/25/16</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Woodstock, GA 30188</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Delta Airline</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Security</u>		Aggregate year-to-date	\$ <u>700.00</u>
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	\$ <u>6,700.00</u>

Name of Candidate or Committee Candidate Earl S. Lucas  
 Reporting period 04/11/2016 through 05/31/2016

# ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
John Signs & Company, Inc.	04 / 25 / 20	\$ 3,000.00
Mailing Address		
4139 Highway 8		
City, State, Zip Code		\$
Cleveland, MS 38732		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,000.00
Earl campaign Yard Signs		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Redmond Design	04 / 26 / 20	\$ 1,230.00
Mailing Address		
1460 Madison Ave.		
City, State, Zip Code		\$
Memphis, TN 38104		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,230.00
Earl Business Cards, Panel Cards, 4[4' x 8'] campaign Signs		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<del>Espresso Bar</del>	<del>04 / 26 / 20</del>	<del>\$ 400.00</del>
Mailing Address		
<del>4139 Highway 8</del>		
City, State, Zip Code		\$
<del>Cleveland, MS 38732</del>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<del>\$ 400.00</del>
Church Announcements		
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	\$ 4,230.00