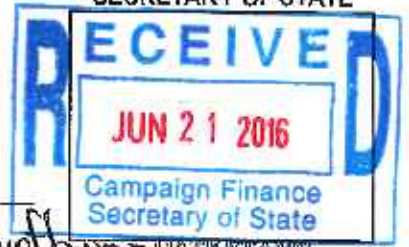


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
House of Representatives District 29
2016 State Election



Name of Committee Friends of Abe M. Hudson, Jr.
 Address P.O. Box 564, Shelby, MS County Bolivar & Sunflower
 Telephone 662-344-1400 Fax _____
 Treasurer Lucretia Johnson Email Address lucretia@gmail.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	\$ 3800 +\$	0	\$ 3800	\$ 3800
Total amount of disbursements	\$ 3557 +\$	0	\$ 3557	\$ 3557
Total amount of cash on hand			\$ 627	

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

Lucretia R. Johnson
Signature of Director or Treasurer

6/21/16
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 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 601-616-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of AMHSReporting period May 29, 2016 through June 18, 2016

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>Abe Hudson</u>		<u>5</u> / <u>29</u> / <u>16</u>	\$ <u>400.00</u>
Mailing Address <u>207 Dr. RT Hollingsworth Avenue</u>		<u>6</u> / <u>7</u> / <u>16</u>	\$ <u>400.00</u>
City, State, Zip Code <u>Shelby, MS 38774</u>		<u>6</u> / <u>16</u> / <u>16</u>	\$ <u>600.00</u>
Name of Employer (Required) <u>Delta State University</u>		<u>6</u> / <u>17</u> / <u>16</u>	\$ <u>500.00</u>
Occupation (Required) <u>Program Director</u>		Aggregate year-to-date	\$ <u>1,900.00</u>
B. 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>Derrick Cannon</u>		<u>6</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>126 Amite Street</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Integrated Management System</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Operations Manager</u>		Aggregate year-to-date	\$ <u>250.00</u>
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 <u>Adnan Brown</u>		<u>6</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>617 East Baker St. / PO Box 1009</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Indianola, MS 38751</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Brown & Associates, Inc.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>250.00</u>
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 <u>Kelly Cross</u>		<u>6</u> / <u>13</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>502 Heatherstone Ct.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>B&I consultant</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Lobbyist</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Friends of AMHS
 Reporting period May 29, 2016 through June 19, 2016

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>Steve Simmons</u>	<u>10</u> / <u>17</u> / <u>16</u>	\$ <u>1,000.90</u>
Mailing Address <u>P.O. Box 9385</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Brandon, MS 39047</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>MS Behavioral Health Services</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Lobbyist</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. 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>Deborah Moore</u>	<u>5</u> / <u>13</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>1702 North Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Cleveland, MS 38732</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Delta Health Alliance</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Director</u>	Aggregate year-to-date	\$ <u>200.00</u>
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	□ / □ / □	\$ _____
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 Friends of AMHS
 Reporting period May 29, 2016 through June 18, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Tiffany Williams</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>110 South Court Street</u>		<u>6/17/16</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Cleveland, MS 38732</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>R.T. Fitzpatrick</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>DSU Box 154</u>		<u>6/10/16</u>	\$ <u>75.00</u>
City, State, Zip Code <u>Cleveland, MS 38769</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>75.00</u>
C. Full name <u>Subway</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>302 S. Davis Ave.</u>		<u>6/9/16</u>	\$ <u>185.30</u>
City, State, Zip Code <u>Cleveland, MS 38732</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>185.30</u>
D. Full name <u>Senator's Place</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1028 S. Davis Ave.</u>		<u>6/7/16</u>	\$ <u>52.00</u>
City, State, Zip Code <u>Cleveland, MS 38732</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>52.00</u>
E. Full name <u>Sign By Haynes</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>114 Belvedere Court</u>		<u>6/2/16</u>	\$ <u>383.80</u>
City, State, Zip Code <u>Cleveland, MS 38732</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>383.80</u>
F. Full name <u>Tom Thumbs</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>100 N. Edwards</u>		<u>5/31/16</u>	\$ <u>42.79</u>
City, State, Zip Code <u>Mound Bayou, MS 38762</u>		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>42.79</u>

Name of Candidate or Committee Friends of AMHJ
 Reporting period May 29, 2016 through June 18, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1301 S. Broadway</u>	<u>6/17/16</u>	\$ <u>20.02</u>
City, State, Zip Code <u>Shelby MS 38774</u>	<u>6/16/16</u>	\$ <u>20.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>40.02</u>
B. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>	<u>6/16/16</u>	\$ <u>20.00</u>
City, State, Zip Code	<u>6/13/16</u>	\$ <u>24.04</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>44.04</u>
C. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>	<u>6/13/16</u>	\$ <u>23.08</u>
City, State, Zip Code	<u>6/10/16</u>	\$ <u>43.98</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>67.06</u>
D. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>	<u>6/10/16</u>	\$ <u>15.00</u>
City, State, Zip Code	<u>6/17/16</u>	\$ <u>25.35</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>40.35</u>
E. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>	<u>6/6/16</u>	\$ <u>29.02</u>
City, State, Zip Code	<u>5/31/16</u>	\$ <u>31.80</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>60.82</u>
F. Full name <u>Double Quick</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>	<u>5/31/16</u>	\$ <u>43.18</u>
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>43.18</u>

Name of Candidate or Committee Friends of AMHS
 Reporting period May 29, 2016 through June 18, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Emanuel Williams</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>263 Anne Drive Inn Road</u>		<u>6/17/16</u>	\$ 50.00
City, State, Zip Code <u>Leland, MS 38756</u>		<u>6/2/16</u>	\$ 200.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
B. Full name <u>Canvassers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/13/16</u>	\$ 160.00
City, State, Zip Code		<u>6/7/16</u>	\$ 400.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 560.00
C. Full name <u>Canvassers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/6/16</u>	\$ 100.00
City, State, Zip Code		<u>5/31/16</u>	\$ 100.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 200.00
D. Full name <u>Canvassers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/6/16</u>	\$ 1200.00
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1200.00
E. Full name <u>Facebook</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1 Hacker Way</u>		<u>6/7/16</u>	\$ 50.04
City, State, Zip Code <u>Menlo Park, CA 94025</u>		<u>6/1/16</u>	\$ 12.13
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 62.17
F. Full name <u>Facebook</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Same as above</u>		<u>5/13/16</u>	\$ 50.00
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 50.00