2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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OCT 10 2016
Campaign Finance
Secretary of State

DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Judicial Election

Name of Committee Friends of Dow Yoder

Address PO Box 1682 Ridgeland, MS 39158 County Madison

Telephone 601-850-8488 (Fax)

Treasurer's Name Chad Hughes Email Address chughes@friendsofdowyoder.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 10, 2016 Periodic Report** (January 1, 2016 through April 30, 2016) ..... **Mandatory**

____ **June 10, 2016 Periodic Report** (May 1, 2016 through May 31, 2016) ..... **Mandatory**

____ **July 8, 2016 Periodic Report** (June 1, 2016 through June 30, 2016) ..... **Mandatory**

X **October 10, 2016 Periodic Report** (July 1, 2016 through September 30, 2016) ..... **Mandatory**

____ **November 1, 2016 Pre-Election Report** (October 1, 2016 through October 22, 2016) ..... **Mandatory**

____ **November 22, 2016 Pre-Runoff Report** (October 23, 2016 through November 19, 2016) ..... **Runoff Candidates**

____ **January 10, 2017 Periodic Report** (October 1, 2016 through December 31, 2016) ..... **Mandatory**

____ **Termination Report** (Committee 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 committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**

(2) **Until a committee 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.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	$ 8050.00 + 150.00	$ 8200.00	$ 12,399.00
Total amount of disbursements	$ 9151.76 + 0.00	$ 9151.76	$ 9678.94
Total amount of cash on hand		$ 3590.86	

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

Signature of Director or Treasurer

Date 10/10/2016

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).

FILE WITH the Mississippi Secretary of State's Office by hand delivery to 401 Mississippi Street, Jackson, MS; mail to P. O. Box 136, Jackson, Mississippi 39205; fax to (601) 576-2545; or email to Kenneth.Jones@sos.ms.gov

Name of Candidate or Committee: Friends of Dow Yoder

Reporting period: July 1 2016 through September 30 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gail Graves	7 / 15 / 16	$ 500.00
Mailing Address: 214 Morningstar Road	9 / 19 / 16	$ 500.00
City, State, Zip Code: Soso, MS 39480	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 2000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barry Rhoe	8 / 21 / 16	$ 1000.00
Mailing Address: 1102 Grand Oaks Dr	/ /	$
City, State, Zip Code: Bessemer, AL 35022	/ /	$
Name of Employer (Required): Sunburst	/ /	$
Occupation (Required): Planance	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lew Yoder	8 / 1 / 16	$ 500.00
Mailing Address: PO Box 1842	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): Gilcrest, Sumerall, Thaxton & Yoder	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Yoder	8 / 1 / 16	$ 500.00
Mailing Address: 1642 Lake Park Dr	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Gilcrest, Sumerall, Thaxton & Yoder	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Friends of Dow Yoder

Reporting period: July 1 2016 through September 30 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ryan Hood	7 / 15 / 16	$ 300.00
Mailing Address: 110 Concord Dr	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lawrence Clark	8 / 1 / 16	$ 500.00
Mailing Address: 3 Huckabee Ln	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Clark Engineers	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joff Graves	8 / 1 / 16	$ 250.00
Mailing Address: 230 Morningstar Rd	/ /	$
City, State, Zip Code: Laurel, MS 39440	/ /	$
Name of Employer (Required): Clark Engineers	/ /	$
Occupation (Required): Engineers	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Pickering	8 / 1 / 16	$ 250.00
Mailing Address: 117 Dixon Dr	/ /	$
City, State, Zip Code: Taylorsville, MS 39166	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Friends of Dow Yoder

Reporting period: July 1 2016 through September 30 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Corbitt	7 / 5 / 16	$ 250.00
Mailing Address: PO Box 14225	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): The Corbitt Company, LLC	/ /	$
Occupation (Required): Lobbyist	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dennis Coleman	7 / 15 / 16	$ 500.00
Mailing Address: 2411 US-45	/ /	$
City, State, Zip Code: Columbus, MS 39705	/ /	$
Name of Employer (Required): Coleman Realty	/ /	$
Occupation (Required): Realtor	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jeff Graves	8 / 1 / 16	$ 250.00
Mailing Address: 230 Morningstar Rd	/ /	$
City, State, Zip Code: Laurel, MS 39440	/ /	$
Name of Employer (Required): Clark Engineers	/ /	$
Occupation (Required): Engineers	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kellie Parker	7 / 20 / 16	$ 500.00
Mailing Address: 826 Lake County Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Friends of Dow Yoder

Reporting period: July 1 2016 through September 30 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Rhue	7 / 5 / 16	$ 1000.00
Mailing Address: 670 Leigh Dr	/ /	$
City, State, Zip Code: Columbus, MS 39705	/ /	$
Name of Employer (Required): Columbus Orthopedic	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cheryl Gladney	7 / 15 / 16	$ 1000.00
Mailing Address: 2159 Hayley Rd	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chip Mills	8 / 1 / 16	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Box	7 / 15 / 16	$ 200.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: Friends of Dow Yoder

Reporting period: July 1 2016 through September 30 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nancy Johnson	8 / 1 / 16	$ 300.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

Name of Candidate or Committee Friends of Dow Yoder

Reporting period July 1 2016 **through** September 30 2016

ITEMIZED DISBURSEMENTS

A. Full name GirSth Media LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1822 Howard Street	07 / 5 / 16	$ 750.00
City, State, Zip Code Jackson, MS 39202	07 / 5 / 16	$ 525
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	$
B. Full name as above	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7 / 22 / 16	$ 750.00
City, State, Zip Code	8 / 22 / 16	$ 1530.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3555.00
C. Full name Victory Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5200 30th St	7 / 6 / 16	$ 1847.43
City, State, Zip Code Davenport, IA 52802	/ /	$
Purpose of Disbursement (Optional) Signage	Aggregate Year-to-date	$ 1847.43
D. Full name CPC Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1001 Commercial Court	8 / 1 / 16	$ 2986.37
City, State, Zip Code Onalaska, WS 54650	/ /	$
Purpose of Disbursement (Optional) Signage	Aggregate Year-to-date	$ 2986.37
E. Full name Boylington Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1318 N Flowood Dr	8 / 1 / 16	$ 762.96
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional) Flyers	Aggregate Year-to-date	$ 762.96
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	$