2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 10 2016
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Election

Name of Committee: Friends of Steve Crampton

Address: PO Box 2214 County: Lee

Telephone: 662-538-3422 Fax:

Treasurer: Phillip Morris Email Address: psahl@icloud.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 29, 2016) ..... **Mandatory**

All General and Special Election Candidates and Political Committees

____ **November 22, 2016 Pre-Runoff Report** (October 30, 2016, through November 19, 2016) ..... **Runoff Candidates Only**

All Candidates and Political Committees in a Runoff Election

____ **January 10, 2017 Periodic Report** (October 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	$ 9440.00	+ $ 5834.00	$ 15274.00	$ 30635.34
Total amount of disbursements	$ 15042.33	+ $ 423.78	$ 15466.11	$ 20919.67
Total amount of cash on hand			$ 9715.67	

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 Director or Treasurer

10/10/2016
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 601-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 08-04

Name of Candidate or Committee Friends of Steve Crampton

Reporting period June 1 through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name Right Side Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 438 Upper Kingston Rd.	7 / 6 / 16	$ 2000.00
City, State, Zip Code Natchez, MS 39120	9 / 1 / 16	$ 2000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ cont. below
B. Full name continued,. Right Side Strategies,	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address same	9 / 1 / 16	$ 2000.00
City, State, Zip Code same	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8000.00
C. Full name War Room Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1057 Baxter St	7 / 8 / 16	$ 3134.25
City, State, Zip Code Athens, GA 30606	8 / 26 / 16	$ 1696.14
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ cont. below
D. Full name cont. War Room Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address same	8 / 31 / 16	$ 216.11
City, State, Zip Code same	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5046.50
E. Full name Master Grafix, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 66 Fenco Dr.	7 / 13 / 16	$ 495.82
City, State, Zip Code Tupelo, MS 38801	8 / 23 / 16	$ 504.68
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ cont. below
F. Full name cont. Master Grafix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address same	9 / 19 / 16	$ 185.54
City, State, Zip Code same	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1186.24

Name of Candidate or Committee Friends of Steve Crampton

Reporting period June 1 through September 30, 2016

ITEMIZED DISBURSEMENTS

A. Full name American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4000 E Sky Harbor Blvd.	7 / 25 / 16	$ 985.49
City, State, Zip Code Phoenix, AZ 85034	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 985.49
B. Full name Melanie Sojourner	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 438 Upper Kingston Rd.	8 / 12 / 16	$ 1000.00
City, State, Zip Code Natchez, MS 39120	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 1000.00
C. Full name Cedar Hill Farm	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 8 Love Rd.	9 / 19 / 16	$ 635.00
City, State, Zip Code Hernando, MS 38632	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 635.00
D. Full name United Airlines	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 900 Grand Plaza Dr.	8 / 24 / 16	$ 289.10
City, State, Zip Code Houston, TX 77067	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 289.10
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**	$

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Misty Snyder	7 / 11 / 16	$ 250.00
Mailing Address: 1012 Jamie Cv	9 / 1 / 16	$ 115.00
City, State, Zip Code: New Albany, MS	/ /	$
Name of Employer (Required): none	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 565.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Peroutka	7 / 18 / 16	$ 500.00
Mailing Address: 8028 Ritchie Hwy, Suite 600	/ /	$
City, State, Zip Code: Pasadena, MD 21122	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Attorney	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: Software Unlimited	7 / 15 / 16	$ 1000.00
Mailing Address: 138 Robins St	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Les Riley	9 / 18 / 16	$ 300.00
Mailing Address: 130 Sotwell Rd 9	/ /	$
City, State, Zip Code: Hernando, MS 38632	/ /	$
Name of Employer (Required): The Morning Center	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Becker Enterprises, LLC	8 / 24 / 16	$ 500.00
Mailing Address: 2601 W. Main St.	/ /	$
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Wilkinson	9 / 7 / 16	$ 300.00
Mailing Address: 2758 Columbino Pl.	/ /	$
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required): retired	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Robinson	9 / 7 / 16	$ 250.00
Mailing Address: PO Box 7294	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
Name of Employer (Required): Renasant Bank	/ /	$
Occupation (Required):	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: Cindy Ballard	9 / 12 / 16	$ 350.00
Mailing Address: 104 Hunter Dr.	/ /	$
City, State, Zip Code: New Albany, MS 38652	/ /	$
Name of Employer (Required): MTD	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 450.00

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Pensey Moellor	9 / 15 / 16	$ 500.00
Mailing Address: 310 C.R. 193	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required): none	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jill Robbins	9 / 17 / 16	$ 250.00
Mailing Address: 2460 Laurelwood Ln	9 / 16 / 16	$ 150.00
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required): Renasant Bank	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Donna Moracio	9 / 19 / 16	$ 500.00
Mailing Address: 865 Fligo Rd.	/ /	$
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required): Gum Tree Fabrics	/ /	$
Occupation (Required):	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: Bud Coley Trucking	9 / 27 / 16	$ 300.00
Mailing Address: PO Box 3081	/ /	$
City, State, Zip Code: Tupelo, MS 38803	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Don Bramlett	9 / 27 / 16	$ 500.00
Mailing Address: PO Box 122	/ /	$
City, State, Zip Code: New Albany, MS 38652	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 650.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Savannah Minnick	8 / 15 / 16	$ 50.00
Mailing Address: 306 Hillcrest Dr	9 / 13 / 16	$ 75.00
City, State, Zip Code: New Albany, MS 38652	7 / 1 / 16	$ 100.00
Name of Employer (Required): New Albany City Schools	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 225.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Holliday	9 / 20 / 16	$ 150.00
Mailing Address: 901 Garfield St	/ /	$
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 350.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Matthew Brady	9 / 20 / 16	$ 200.00
Mailing Address: 1212 Brandywine Dr	9 / 8 / 16	$ 100.00
City, State, Zip Code: Southaven, MS 38671	/ /	$
Name of Employer (Required): College Hills Baptist Church	/ /	$
Occupation (Required): pastor	Aggregate year-to-date	$ 800.00

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Grant Fox	9 / 15 / 16	$ 500.00
Mailing Address: PO Box 310	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Fox Law Group, PA	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Hay	9 / 16 / 16	$ 1000.00
Mailing Address: 405 River Rd	/ /	$
City, State, Zip Code: Greenwood, MS 38930	/ /	$
Name of Employer (Required): GMT Corporation	/ /	$
Occupation (Required):	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: Derwil Crowe	9 / 7 / 16	$ 500.00
Mailing Address: 4584 Sunningdale Dr.	/ /	$
City, State, Zip Code: Belden, MS 38826	/ /	$
Name of Employer (Required):	/ /	$
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: Dorsett Abernathy	9 / 2 / 16	$ 250.00
Mailing Address: 3295 Merde Louise Dr	/ /	$
City, State, Zip Code: Southaven, MS 38672	/ /	$
Name of Employer (Required): Smith Doyle Contractors	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Friends of Steve Crampton

Reporting period: June 1 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: Thomas Minyard	8 / 31 / 16	$ 250.00
Mailing Address: 1251 Green T Dr. S	/ /	$
City, State, Zip Code: Hernando, MS 38632	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Paxton	7 / 8 / 16	$ 500.00
Mailing Address: 301 Cedar Hurst Ln	/ /	$
City, State, Zip Code: Austin, TX 78734	/ /	$
Name of Employer (Required): Formulary Productions	/ /	$
Occupation (Required):	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:	/ /	$
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	$