

2015 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2015 Election



Name of Committee Friends of Tom Blanton
 Address P.O. Box 1601, Halliesburg, MS 39403 County Forrest
 Telephone 601-544-1234 Fax 601-544-1280
 Treasurer Carey Varnado Email Address cvarnado@mpvlaw.com

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 28, 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 Report **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
 (Independent Candidates report January 1, 2016 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 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			Calendar
Itemized +	Non-itemized	This Period	Year-To-Date
Total amount of contributions	\$26,950.00 +\$	\$26,950.00	\$ 27,150.00
Total amount of disbursements	\$10,777.44 +\$	\$10,777.44	\$ 10,876.44
Total amount of cash on hand		\$ 5,702.20	

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

Carey R Varnado
 Signature of Director of Treasurer

October 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. §§ 23-15-811 and 893 (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. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Friends of Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Galle's On Dock and Ice House</u>	<u>09</u> / <u>22</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1458</u>		\$ _____
City, State, Zip Code <u>Biloxi, MS 39533</u>		\$ _____
Name of Employer (Required) <u>Galle's On Dock and Ice House</u>		\$ _____
Occupation (Required) <u>Business</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Golden Gulf Coast Packing Co., Inc.</u>	<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1458</u>		\$ _____
City, State, Zip Code <u>Biloxi, MS 39533</u>		\$ _____
Name of Employer (Required) <u>Golden Gulf Coast Packing Co., Inc.</u>		\$ _____
Occupation (Required) <u>Business</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. 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 <u>Arlin Ragon</u>	<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>1208 Old Bay Springs Road</u>		\$ _____
City, State, Zip Code <u>Laurel, MS 39440</u>		\$ _____
Name of Employer (Required) <u>Retired</u>		\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</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 <u>Dr. Steve L. Syber, Jr.</u>	<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>400.00</u>
Mailing Address <u>401 Highway 11 South</u>		\$ _____
City, State, Zip Code <u>Ellaville, MS 39437</u>		\$ _____
Name of Employer (Required) <u>Self</u>		\$ _____
Occupation (Required) <u>Dentist</u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Friends of Tom Henton
 Reporting period July 1, 2015 through September 30, 2015

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>Dr. Chris Lamoureaux</u>		<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>103 South 39th Avenue</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39401</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Psychiatrist</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. 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>J. J. Carter, Sr.</u>		<u>08</u> / <u>25</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. Box 5600</u>			\$ _____
City, State, Zip Code <u>Oak Grove, MS 39007-1600</u>			\$ _____
Name of Employer (Required) <u>Island View</u>			\$ _____
Occupation (Required) <u>Casino Owner</u>		Aggregate year-to-date	\$ <u>2,500.00</u>
C. 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>Bilan Gubot</u>		<u>09</u> / <u>03</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1191</u>			\$ _____
City, State, Zip Code <u>Oxford, MS 39533-1191</u>			\$ _____
Name of Employer (Required) <u>Retired</u>			\$ _____
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. 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>Ferry W. Green</u>		<u>08</u> / <u>25</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. Box 2788</u>			\$ _____
City, State, Zip Code <u>Sugarland, TX 77467-2788</u>			\$ _____
Name of Employer (Required) <u>Island View</u>			\$ _____
Occupation (Required) <u>Casino Co. Owner</u>		Aggregate year-to-date	\$ <u>2,500.00</u>

Name of Candidate or Committee Friends of Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

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>J. Kelley Williams</u>		<u>08</u> / <u>10</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>2030 Essarye Drive</u>			\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>			\$ _____
Name of Employer (Required) <u>Retired</u>			\$ _____
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>Highway 49 & 59, LLC</u>		<u>08</u> / <u>10</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1267</u>			\$ _____
City, State, Zip Code <u>Fatheyburg, MS 39403-1267</u>			\$ _____
Name of Employer (Required) <u>Business</u>			\$ _____
Occupation (Required) <u>Farming</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>Connett Group</u>		<u>08</u> / <u>14</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 18440</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39404-8440</u>			\$ _____
Name of Employer (Required) <u>Business</u>			\$ _____
Occupation (Required) <u>Insurance Group</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>South Bound Bagel</u>		<u>08</u> / <u>12</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>213 Front Street</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39401</u>			\$ _____
Name of Employer (Required) <u>Business</u>			\$ _____
Occupation (Required) <u>Restaurant</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

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>James R. Polk</u>	<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Box 1253</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Rattlesburg, MS 39403</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Architect</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. 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>Victor V. Meyer, Jr.</u>	<u>09</u> / <u>02</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1910</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gilox, MS 39533</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Investor</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. 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>Robert Morita</u>	<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>2303 West 4th Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hattiesburg, MS 39401</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self - University Realty Co.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. 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>Feld Electric</u>	<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>2107 25th Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39501</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Business</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Electric Repair</u>	Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee Friends of Tom Barton

Reporting period July 1, 2015 through September 30, 2015

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>Dennis Baum</u>		<u>08</u> / <u>15</u> / <u>15</u>	\$ <u>100.00</u>
Mailing Address <u>14 Crestwick Circle</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39402</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Realtor</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. 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>Michael Adelman</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>33 Cannella Court</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39402</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. 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>E. R. Gillett</u>		<u>09</u> / <u>01</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1458</u>			\$ _____
City, State, Zip Code <u>Biloxi, MS 39533</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Seafood Processor</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>Gulf Priso Enterprises, Inc.</u>		<u>09</u> / <u>16</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 355</u>			\$ _____
City, State, Zip Code <u>Biloxi, MS 39533</u>			\$ _____
Name of Employer (Required) <u>Business</u>			\$ _____
Occupation (Required) <u>Seafood Processor</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>S. Trout Inc. d/b/a Fayard's Grocery & Deli</u>	<u>08 / 31 / 15</u>	\$ <u>200.00</u>
Mailing Address	<u>2166 Pass Road</u>		\$ _____
City, State, Zip Code	<u>Hickory, MS 39532</u>		\$ _____
Name of Employer (Required)	<u>Business</u>		\$ _____
Occupation (Required)	<u>Grocery Store</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. 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>Merk D. Mavor</u>	<u>08 / 29 / 15</u>	\$ <u>2,500.00</u>
Mailing Address	<u>447 Santenay Ct</u>		\$ _____
City, State, Zip Code	<u>Gilbert, MS 39531-4617</u>		\$ _____
Name of Employer (Required)	<u>Bilcof Freezing</u>		\$ _____
Occupation (Required)	<u>President</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>Omega Protein</u>	<u>02 / 02 / 15</u>	\$ <u>500.00</u>
Mailing Address	<u>2405 City West Blvd, Suite 500</u>		\$ _____
City, State, Zip Code	<u>Houston, TX 77042-2020</u>		\$ _____
Name of Employer (Required)	<u>Business</u>		\$ _____
Occupation (Required)	<u>Sunfood Processor</u>	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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Scott B. Edman</u>	<u>09 / 09 / 15</u>	\$ <u>500.00</u>
Mailing Address	<u>126 Bolcanda Blvd</u>		\$ _____
City, State, Zip Code	<u>Ocean Springs, MS 39564</u>		\$ _____
Name of Employer (Required)	<u>Self</u>		\$ _____
Occupation (Required)	<u>Insurance Agent</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Tom Blanton

Reporting period July 1, 2015 through September 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Kids Rn, LLC</u>		<u>09 / 15 / 15</u>	\$ <u>100.00</u>
Mailing Address <u>6555 Highway 98 W, Suite 25</u>			\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39402</u>			\$ _____
Name of Employer (Required) <u>Business</u>			\$ _____
Occupation (Required) <u>Kids play center</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. 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>Hobin & Hils Corp</u>		<u>09 / 15 / 15</u>	\$ <u>50.00</u>
Mailing Address <u>P.O. Box 434</u>			\$ _____
City, State, Zip Code <u>Wessie, MS 39459</u>			\$ _____
Name of Employer (Required) <u>Retired</u>			\$ _____
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>50.00</u>
C. 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>Henry W. Kinney</u>		<u>09 / 16 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1250 Poydras Street, Suite 2450</u>			\$ _____
City, State, Zip Code <u>New Orleans, LA 70113-1864</u>			\$ _____
Name of Employer (Required) <u>Kinney, Ehringhausen</u>			\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. 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>Dan C. Hughes, Jr.</u>		<u>09 / 22 / 15</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 13587</u>			\$ _____
City, State, Zip Code <u>Jackson, MS 39226</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Geologist</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Tom Denton
 Reporting period July 1, 2015 through December 30, 2015

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>Wayne Eschling</u>	<u>09</u> / <u>26</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 1471</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hattiesburg, MS 39405</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify): _____		
Full name <u>James H. McCoy, Inc.</u>	<u>09</u> / <u>29</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 755</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oshtemo, MS 39203-0155</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Business</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Restaurants</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. 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 <u>John M. Herpatich</u>	<u>09</u> / <u>13</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1003 South 24th Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Hattiesburg Clinic</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ <u>1,000.00</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 <u>Jonathan S. McLendon</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>423 De Joux Ct</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgely, MS 39157-8001</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Shrimp Processor</u>	Aggregate year-to-date	\$ <u>2,500.00</u>

Name of Candidate or Committee Friends of Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

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>Thomas W. Thompson</u>		<u>08</u> / <u>05</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>99 Falway Place</u>			\$ _____
City, State, Zip Code <u>Statlerburg, MS 39440-3605</u>			\$ _____
Name of Employer (Required) <u>Clay Working Equipment Co.</u>			\$ _____
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Cliff M. Roscott</u>		<u>02</u> / <u>23</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>627 Washington Avenue</u>			\$ _____
City, State, Zip Code <u>Ocean Springs, MS 39564</u>			\$ _____
Name of Employer (Required) <u>Quincy Produce & Poultry</u>			\$ _____
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. 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>Jim F. Brasler</u>		<u>02</u> / <u>15</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1302 Beach Blvd</u>			\$ _____
City, State, Zip Code <u>Holly, MS 39530-3527</u>			\$ _____
Name of Employer (Required) <u>Self</u>			\$ _____
Occupation (Required) <u>Insurance Agent</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
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 Tom Blanton
 Reporting period July 1, 2015 through September 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name		
Standard Office Supply & Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 14 / 15	\$ 2,702.74
P.O. Drawer 950	___ / ___ / ___	
City, State, Zip Code	09 / 23 / 15	\$ 1,570.00
Hattiesburg, MS 39409	___ / ___ / ___	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,352.74
Printing / office supplies		
B. Full name		
Son The Sign Men	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 01 / 15	\$ 5,200.00
10016 Highway 98	___ / ___ / ___	
City, State, Zip Code	___ / ___ / ___	\$
Navarre, FL 32566		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,200.00
Printed yard signs		
C. Full name		
Copy-Cats Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 02 / 15	\$ 224.70
905 Hardy Street	___ / ___ / ___	
City, State, Zip Code	___ / ___ / ___	\$
Hattiesburg, MS 39401-4163		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 224.70
Printing cards / note pads		
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	\$