2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate Haskins Montgomery

Address P.O. Box 611, Bay Springs, MS 39422 **County** Jasper

Telephone 601-764-2700 **Fax**

Office Sought Senate District 34 **Email Address** hmontgomery@senate.ms.gov

☐ **Check here if above is different from previous report**

_X_ **January 30, 2015 Annual Report** (January 1, 2014 through December 31, 2014).....**Mandatory**

All Candidates and Political Committees that received funds or made expenditures in Mississippi during the year 2014. Excludes Judicial Candidates.

_____ **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	$7,150.00	+$	$7,150.00	$7,150.00
Total amount of disbursements	$250.00	+$ 1,050.00	$ 1,300.00	$ 1,300.00
Total amount of cash on hand			$ 50,905.97	

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

Haskins Montgomery
Signature of Candidate

1-8-15
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.***
3. ***Candidates for Municipal office should return forms to the Municipal Clerk.***

Name of Candidate or Committee: Hoskins Montgomery

Reporting period: 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)		
Full name: Electric Power Assn. MS	8 / 8 / 14	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
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: CFSA Capitol Partners	8 / 20 / 14	$ 250.00
Mailing Address: P.O. Box 4385	/ /	$
City, State, Zip Code: Brandon MS 39047	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp.	9 / 1 / 14	$ 200.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk VA 23510	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ATI PAC	8 / 25 / 14	$ 400.00
Mailing Address: 175 E. Capitol St, Suite 702	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Hobbs Montgomery

Reporting period 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MS Power Company State Pac Mailing Address: P.O. Box 4079 City, State, Zip Code: Gulfport MS 39502 Name of Employer (Required): Occupation (Required):	9/10/14	$ 200.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Denbury Mailing Address: 5320 Legacy Drive City, State, Zip Code: Plano TX 75024 Name of Employer (Required): Occupation (Required):	9/29/14	$ 1000.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 1000.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Plains Marketing, LP Mailing Address: P.O. Box 4648 City, State, Zip Code: Houston TX 77210 Name of Employer (Required): Occupation (Required):	9/4/14	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 500.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: EN Pac Mailing Address: P.O. Box 1640 City, State, Zip Code: Jackson MS 39215 Name of Employer (Required): Occupation (Required):	10/23/14	$ 350.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 350.00

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) Full name: Comcast PAC Mailing Address: 1601 Gallerin Parkway, Suite 1100 City, State, Zip Code: Atlanta, GA 30339 Name of Employer (Required): Michael Mitchell Occupation (Required): V.P	11 / 10 / 14	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 500.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: General Electric Company Mailing Address: P.O. Box 9544 City, State, Zip Code: Fort Myers FL 33906 Name of Employer (Required): Occupation (Required):	11 / 10 / 14	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 500.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Gulf States Toyota Inc Mailing Address: 1375 Enclave Parkway City, State, Zip Code: Houston TX 77077 Name of Employer (Required): Occupation (Required):	8 / 21 / 14	$ 250.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 250.00
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Centene Mngemnt Co. LLC (Magnolia Bond PAC) Mailing Address: 111 E Capitol Street, Suite 500 City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required): Occupation (Required):	11 / 10 / 14	$ 500.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Hinkins Montgomery

Reporting period: 1-1-14 through 12-31-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: DenMiss LLC	11 / 6 / 14	$ 1000.00
Mailing Address: P.O. Box 320579	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: R + J Group, Inc	12 / 8 / 14	$ 500.00
Mailing Address: 5266 Old Hwy 11, Suite 70-349	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
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: Koch Industries Inc	12 / 9 / 14	$ 500.00
Mailing Address: 4111 E 37th St. N	/ /	$
City, State, Zip Code: Wichita, KS 67220	/ /	$
Name of Employer (Required)	/ /	$
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	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hoskins Montgomery

Reporting period 1-1-14 through 12-31-14

ITEMIZED DISBURSEMENTS

A. Full name Am Cancer Society (Relay for Life) Mailing Address P.O. Box 507 City, State, Zip Code Taylorsville, MS 39168 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 4/8/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ $ 250.00
B. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $