Delbert Hosemann
SECRETARY OF STATE

RECEIVED
NOV 19 2013
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
November 5, 2013 Election

Name of Candidate Jeramey D. Anderson

Address PO Box 311 Escatawpa, MS 39562

Telephone 228-217-4324 Fax —

Office Sought State Representative 110 Email jeramey anderson 110 gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ October 29, 2013 Pre-Election Report (January 1, 2013, through October 26, 2013).....Mandatory

✓ November 19, 2013 Pre-Election Report (October 27, 2013 through November 16, 2013).....Runoff Candidates Only

_____ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....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	$1300.00 + $475.00	$ 1775.00	$ 7884.74
Total amount of disbursements	$366.69 + $735.59	$ 1102.28	$ 5908.44
Total amount of cash on hand		$ 1546.30	

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 Candidate

November 19, 2013
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 their forms to the Municipal Clerk.

Name of Candidate or Committee Jeremy Anderson

Reporting period 10-27-13 through 11-14-13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norma J Henry Myles	11 / 12 / 13	$ 300.00
Mailing Address: 4013 Hillview Dr.	/ /	$
City, State, Zip Code: Moss Point, MS 39563	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	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: Terrell Buckley	11 / 12 / 13	$ 500.00
Mailing Address: 10097 Cleary Blvd 500	/ /	$
City, State, Zip Code: Plantation, FL 33324	/ /	$
Name of Employer (Required): Retired NFL Player	/ /	$
Occupation (Required): Former NFL Player	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: MS Association of Educators	11 / 12 / 13	$ 500.00
Mailing Address: 775 N State St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Education	/ /	$
Occupation (Required): Unknown	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 Jeramey D. Anderson
Reporting period 10-27-13 through 11-16-13

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Voice Broadcasting	11/4/13	$ 126.45
Mailing Address: 1527 South Cooper St.	11/6/13	$ 119.98
City, State, Zip Code: Arlington, TX 76010		
Purpose of Disbursement (Optional): Robo-Calls	Aggregate Year-to-date	$ 246.43
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Voice Broadcasting	11/7/13	$ 120.26
Mailing Address: 1527 South Cooper St.		
City, State, Zip Code: Arlington, TX 76010	__/__/__	$
Purpose of Disbursement (Optional): Robo-Calls	Aggregate Year-to-date	$ 120.26
C. 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	$
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	$