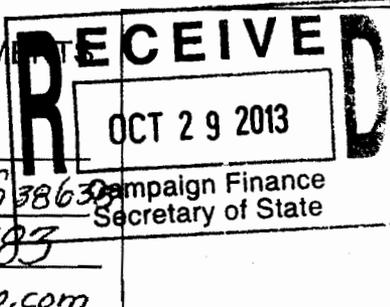


Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
November 5, 2013 Election



Name of Candidate Lee Edward Gill
Address 175 Rust Avenue Holly Springs, MS 38635
Telephone 662-252-1247 Fax 662-252-8883
Office Sought State Representative Email leegill@yahoo.com
District 5

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 | \$ 0 +\$ 0 | \$ 0 | \$ 0 |
| Total amount of disbursements | \$ 926. ⁷⁸ +\$ 600. ⁰⁰ | \$ 1,526. ⁷⁸ | \$ 1,526. ⁷⁸ |
| Total amount of cash on hand | | \$ | |

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

Lee Edward Gill
Signature of Candidate

10/28/13
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 forms 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 Lee Edward Gill
 Reporting period Jan 01, 2013 through Oct. 26, 2013

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---------------------------|--|
| <u>Rust College PrintShop</u> | <u>10.10.13</u> | <u>\$ 228.00</u> |
| Mailing Address <u>150 Rust Avenue</u> | <u>10.14.13</u> | <u>\$ 180.00</u> |
| City, State, Zip Code <u>Holly Springs, MS 38635</u> | | |
| Purpose of Disbursement (Optional) <u>Printing & Supplies (Cards, Flyers, Paper, etc.)</u> | Aggregate Year-to-date | <u>\$ 408.00</u> |
| B. Full name <u>Image Screen Printing</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>2111 Hwy 15 North</u> | <u>10.14.13</u> | <u>\$ 378.78</u> |
| City, State, Zip Code <u>Pontotoc, MS 38863</u> | <u>10.24.13</u> | <u>\$ 140.00</u> |
| Purpose of Disbursement (Optional) <u>Political Signs - Stakes - Gas - Food</u> | Aggregate Year-to-date | <u>\$ 518.78</u> |
| C. Full name <u>Temmie Gill</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>65 McMillan Drive</u> | <u>10.15.13</u> | <u>\$ 100.00</u> < <u>\$75.00 Work</u> < <u>\$25.00 Gas</u> |
| City, State, Zip Code <u>Holly Springs, MS 38635</u> | <u>10.18.13</u> | <u>\$ 100.00</u> < <u>\$75.00 Work</u> < <u>\$25.00 Gas</u> |
| Purpose of Disbursement (Optional) <u>Campaigning Door-to-Door Marshall County</u> | Aggregate Year-to-date | <u>\$ 200.00</u> |
| 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 | \$ |

Name of Candidate or Committee Lee Edward Gill

Reporting period Jan. 1, 2013 through Oct. 26, 2013

ITEMIZED RECEIPTS

| A. 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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| B. 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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| C. 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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| 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 _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Mailing Address _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) _____ | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |