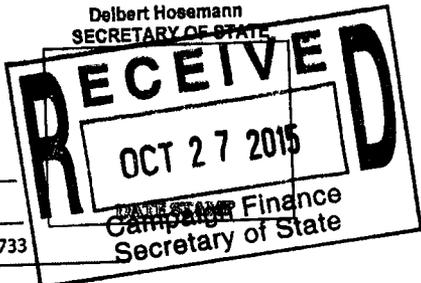


2015 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate LYNN FITCH FOR MISSISSIPPI TREASURER
 Address P. O. BOX 698 MADISON, MS 39130 County MADISON
 Telephone (Work) (601) 605-0722 (Home) _____ (Fax) (601) 605-0733
 Contact Name CECIL HARPER Email Address charper@hrkcpa.com
 Office Sought TREASURER Political Party REPUBLICAN

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 26, 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
All Candidates and Political Committees
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
- ____ 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 Secretary of State 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 \$5,000.00	+ \$ 100.00	\$ 5,100.00	\$ 304,233.75
Total amount of disbursements \$3,000.00	+ \$ 0.00	\$ 3,000.00	\$ 395,156.31
Total amount of cash on hand		\$ 5,656.54	

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 [Signature] Date 10/27/15

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 138, Jackson, MS 39205 or fax to (601) 576-2845
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 LYNN FITCH FOR MISSISSIPPI TREASURER

Reporting period 10/01/2015 through 10/24/2015

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>MS COALITION FOR PROGRESS DBA BULLY BLOC</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>P. O. BOX 1591</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39215</u>		<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	\$ <u>1000.00</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>PROSPERITY PAC, LLC</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>2000.00</u>
Mailing Address <u>P. O. BOX 1869</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>BRANDON, MS 1869</u>		<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	\$ <u>2000.00</u>
C. Source <input checked="" 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 <u>MEYER & ROSENBAUM, INC.</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>2405 EIGHTH STREET/ P. O. BOX 1729</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>MERIDIAN, MS 39302</u>		<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	\$ <u>1000.00</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) <u>LLC</u>			
Full name <u>CENTENE MANAGEMENT COMPANY, LLC</u>		<u>10</u> / <u>08</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>CENTENE CORPORATION</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>ST. LOUIS, MO 63105</u>		<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	\$ <u>1000.00</u>

Name of Candidate or Committee LYNN FITCH FOR MISSISSIPPI TREASURER
 Reporting period 10/01/2015 through 10/24/2015

ITEMIZED DISBURSEMENTS

A. Full name CREDIT CARD PROCESSING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. BOX 143	10 / 08 / 15	\$ 3000.00
City, State, Zip Code JACKSON, MS 39205-0143	__ / __ / __	\$
Purpose of Disbursement (Optional) ADVERTISING, CAMPAIGN MEALS, TRAVEL AND OFFICE SUPPLIES	Aggregate Year-to-date	\$ 9386.36
B. 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	\$
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	\$