2013 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 29 2014
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Annual Report

Name of Candidate LYNN POSEY

Address 1976 Posey Rd. Union Church, MS 39668 County Jefferson

Telephone (Work) 601-961-5430 (Home) _____ (Fax) _____

Contact Name LYNN POSEY Email Address pscregulator10@gmail.com

Office Sought PSC - Central

☐ Check here if above is different from previous report

X 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	$ 48,000 + $ 8,470	$ 56,470	$ 56,470
Total amount of disbursements	$ 11,561 +$ 2,672	$ 14,233	$ 14,233
Total amount of cash on hand		$ 73,246	

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 _____ Date 1/28/14

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 LYNN Posey

Reporting period 1/1/13 through 12/31/13

ITEMIZED DISBURSEMENTS

A. Full name Melissa Hudemon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 5,921 —
City, State, Zip Code Jackson, MS.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name U.S Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 790 —
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

C. Full name LYNN Posey - Reimbursement for	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address expenses.	__/__/__	$ 4050 —
City, State, Zip Code U.C. MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name Madison Co. Rep. Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 800 —
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 LYNN POSEY

Reporting period 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Luke & Assoc.	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Souri	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source [X] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nucor Steel PAC	/ /	$ 1000 —
Mailing Address	/ /	$
City, State, Zip Code: Flowood, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Kelly	/ /	$ 1000 —
Mailing Address	/ /	$
City, State, Zip Code: Hattiesburg, MS	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN Posey

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hans Pittet	/ /	$ 750
Mailing Address	/ /	$
City, State, Zip Code: Madison.	/ /	$
Name of Employer (Required): Hans	/ /	$
Occupation (Required): CPA.	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denny Egnot	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mary Margaret Pittet	/ /	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Brandon, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marty Dawson	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Pharmacist	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mark McWhorter	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required): Hattiesburg Muldrow	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JOE Lum	/ /	$ 300
Mailing Address	/ /	$
City, State, Zip Code: Brandon	/ /	$
Name of Employer (Required): Home	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Performance Contractors	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Baton Rouge	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TOMY Dulaney	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): United Steel	/ /	$
Occupation (Required): Business	Aggregate year-to-date	$

Name of Candidate or Committee LYNN

Reporting period 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cynthia Parker	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Ridgeland, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ralph Hogan	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Lauderdale, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required):	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clay Holladay	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required): Meridian, MS.	/ /	$
Occupation (Required): Self.	Aggregate year-to-date	$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dewey Brothers	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Tchula, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee LYNN POSEY

Reporting period 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chris Crow	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): Magnolia Steel	/ /	$
Occupation (Required): Mgr.	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomasson Co.	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Philadelphia, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robin Hill Rash	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Scott	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Redland,	/ /	$
Name of Employer (Required): Hemm	/ /	$
Occupation (Required): CPA.	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lonal Welch Properties	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Homer, La.	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Magnolia Steel	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carl Roger Eckford	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Ridgeland, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W.D. Mayer	/ /	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Oil & Gas.	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$ 1000
Mailing Address: Stay Steel	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Covington Coal & Smelt LLC	/ /	$ 2000
Mailing Address	/ /	$
City, State, Zip Code: Gulfport	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Pudt	/ /	$ 2000
Mailing Address	/ /	$
City, State, Zip Code: Flowood, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James Barbi	/ /	$ 750
Mailing Address	/ /	$
City, State, Zip Code: Olive Branch	/ /	$
Name of Employer (Required): Horne	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jordan & White Attorneys, PLLC	/ /	$ 250 —
Mailing Address	/ /	$
City, State, Zip Code: Philadelphia, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year–to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Providence Planting	/ /	$ 500 —
Mailing Address	/ /	$
City, State, Zip Code: Yazoo City, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year–to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: [illegible]	/ /	$ 5000 —
Mailing Address	/ /	$
City, State, Zip Code: Baton Rouge, LA.	/ /	$
Name of Employer (Required): [illegible]	/ /	$
Occupation (Required): Contractor.	Aggregate year–to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Clay	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Medical Preferred	Aggregate year–to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Assoc. of P+P PAC	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Vicksburg, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Spence Dye	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS.	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Drew St. Jean	/ /	$ 500
Mailing Address	/ /	$
City, State, Zip Code: Madison, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gaston Barnett	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Philadelphia, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$

Name of Candidate or Committee LYNN Posey

Reporting period 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Band of Choctaw Indians	/ /	$ 2500
Mailing Address	/ /	$
City, State, Zip Code: Choctaw, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Meyer & Rosenbaum	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Attorneys	Aggregate year-to-date	$

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Burner Letters	/ /	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Redland, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carroll Hood	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Hazlehurst, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Petroleum Mkt.	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN POSEY

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Duckett Madison	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy Alexander	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Business - Supply	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnny Mey	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Oxford, MS.	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Ins/	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mark Bounds	/ /	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Madison, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN Posey

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joy Havens	/ /	$ 750
Mailing Address	/ /	$
City, State, Zip Code: Madison, MS	/ /	$
Name of Employer (Required): Home	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norman, Moore	/ /	$ 750
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required): Home	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: [illegible] Baldwin	/ /	$ 250
Mailing Address	/ /	$
City, State, Zip Code: Fairhope AL.	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Sales	Aggregate year-to-date	$

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Engineering Plus	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Meridian, MS.	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee: LYNN Posey

Reporting period: 1/1/13 through 12/31/13

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas Elmore	/ /	$ 500.-
Mailing Address	/ /	$
City, State, Zip Code: Aberdeen, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Contractor	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elmore Elmore LLC	/ /	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: Madison, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entau Construct	/ /	$ 1000.-
Mailing Address	/ /	$
City, State, Zip Code: Aberdeen, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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	$