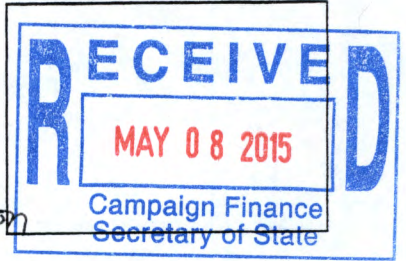


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Candidate MARY HAWKINS BUTLER  
Address P.O. Box 353 MADISON MS 39110 County MADISON  
Phone (Work) 601-856-7116 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Name MARY HAWKINS BUTLER Email Address \_\_\_\_\_  
Sought STATE AUDITOR 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**

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 \$	142944.38	—	\$ 142944.38	\$ 142944.38
Total amount of disbursements \$	29567.47	51.84	\$ 29567.47	\$ 29567.47
Total amount of cash on hand			\$ 112825.01	

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

Mary Hawkins Butler  
Signature of Candidate

MAY 8, 2015  
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

Mary Hawkins Butler

Reporting period

January 1, 2015 through April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Swinehart Consulting	03/09/15	\$ 5000 <sup>00</sup>
Mailing Address 6 Manor Drive		
City, State, Zip Code Pensacola, Florida 32507	__/__/__	\$
Purpose of Disbursement (Optional) Consulting Fee	Aggregate Year-to-date	\$ CONTINUED ON P. 2
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southaven Rotary Club	03/23/15	\$ 500 <sup>00</sup>
Mailing Address 5976 South Bend Lane		
City, State, Zip Code Olive Branch, Mississippi 38654	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Swinehart Consulting	03/23/15	\$ 380 <sup>65</sup>
Mailing Address 6 Manor Drive		
City, State, Zip Code Pensacola, Florida 32507	__/__/__	\$
Purpose of Disbursement (Optional) Bill Travel Expense	Aggregate Year-to-date	\$ CONTINUED ON P. 2
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robert Potts Research	04/01/15	\$ 6,000 <sup>00</sup>
Mailing Address 17131 Four Seasons Drive		
City, State, Zip Code Dumfries, Virginia 22025	__/__/__	\$
Purpose of Disbursement (Optional) Research	Aggregate Year-to-date	\$ 6,000. <sup>00</sup>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Market Research Insight	04/01/15	\$ 15,500 <sup>00</sup>
Mailing Address 362 Gulf Breeze Parkway		
City, State, Zip Code Gulf Breeze, Florida 32561	__/__/__	\$
Purpose of Disbursement (Optional) Consulting Research	Aggregate Year-to-date	\$ 15,500 <sup>00</sup>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Liz Ann Parrish	04/08/15	\$ 534 <sup>98</sup>
Mailing Address PO Box 8155		
City, State, Zip Code Laurel, Mississippi 39441	__/__/__	\$
Purpose of Disbursement (Optional) Consulting And Travel	Aggregate Year-to-date	\$ 534 <sup>98</sup>

Name of Candidate or Committee Mary Hawkins Butler  
 Reporting period January 1, 2015 through April 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name <u>Swinehart Consulting</u>	Date (Mo., Day, Year) <u>04/17/15</u>	Amount of each disbursement this period <u>\$ 1500<sup>00</sup></u>
Mailing Address <u>6 Manor Drive</u>		
City, State, Zip Code <u>Pensacola, Florida 32507</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>6880.68</u>
B. Full name <u>Hanklin County Republican Women</u>	Date (Mo., Day, Year) <u>04/22/15</u>	Amount of each disbursement this period <u>\$ 100<sup>00</sup></u>
Mailing Address <u>P.O. Box 5883</u>		
City, State, Zip Code <u>Brandon, Mississippi</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Mary Hawkins Butler  
 Reporting period 01/01/15 through 4/30/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lynn Wirtz</u> Mailing Address _____ <u>149 Dunbar Road</u> City, State, Zip Code _____ <u>Natchez, Mississippi</u> Name of Employer (Required) _____ Occupation (Required) <u>Retired Engineer</u>	<u>2/12/15</u> _____ _____ _____	\$ <u>500.00</u> _____ _____ _____ Aggregate year-to-date \$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>Heath Hau</u> Mailing Address _____ <u>P.O. Box 2223</u> City, State, Zip Code _____ <u>Madison, Mississippi 39130</u> Name of Employer (Required) _____ <u>Strategic Marketing Group</u> Occupation (Required) <u>President Strategic Marketing Group</u>	<u>2/18/15</u> _____ _____ _____	\$ <u>250.00</u> _____ _____ _____ Aggregate year-to-date \$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>Lauren McGraw</u> Mailing Address _____ <u>P.O. Box 2267</u> City, State, Zip Code _____ <u>Flora, Mississippi 39071</u> Name of Employer (Required) _____ <u>McGraw Gotta Go - E-mail And Consulting</u> Occupation (Required) <u>McGraw Gotta Go owner</u>	<u>2/26/15</u> _____ _____ _____	\$ <u>500.00</u> _____ _____ _____ Aggregate year-to-date \$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>Kenneth F. Pritchard</u> Mailing Address _____ <u>6932 Ridgewood Drive</u> City, State, Zip Code _____ <u>Fort Worth, Texas 76132</u> Name of Employer (Required) _____ Occupation (Required) <u>Retired</u>	<u>3/16/15</u> _____ _____ _____	\$ <u>5000.00</u> _____ _____ _____ Aggregate year-to-date \$ <u>5,000.00</u>

Name of Candidate or Committee Mary Hawkins Butler  
 Reporting period 01/01/2015 through 04/30/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jonathan Eric Elam</u> Mailing Address _____ <u>11218 Mannsdale Road</u> City, State, Zip Code _____ <u>Madison, Mississippi 39110</u> Name of Employer (Required) _____ <u>Self</u> Occupation (Required) _____ <u>Contractor</u>	<u>3/12/15</u> _____ _____ _____	\$ <u>500.00</u> \$ _____ \$ _____ \$ _____ \$ _____ Aggregate year-to-date \$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>John McKee</u> Mailing Address _____ <u>1224 Oak Park Drive</u> City, State, Zip Code _____ <u>Madison, Mississippi 39110</u> Name of Employer (Required) _____ <u>Stantec Consulting</u> Occupation (Required) _____ <u>Engineer</u>	_____ _____ _____ _____ _____	\$ <u>500.00</u> \$ _____ \$ _____ \$ _____ \$ _____ Aggregate year-to-date \$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>William Cook</u> Mailing Address _____ <u>6 Pecan Hollow Drive</u> City, State, Zip Code _____ <u>Jackson, Mississippi 39211</u> Name of Employer (Required) _____ Occupation (Required) _____ <u>Physician</u>	<u>4/14/15</u> _____ _____ _____	\$ <u>400.00</u> \$ _____ \$ _____ \$ _____ \$ _____ Aggregate year-to-date \$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ Full name <u>Lucille Nichols</u> Mailing Address _____ <u>P.O. Box 720</u> City, State, Zip Code _____ <u>Madison, Mississippi 39130</u> Name of Employer (Required) _____ Occupation (Required) _____ <u>Administrator Bond Home</u>	<u>4/21/15</u> _____ _____ _____	\$ <u>500.00</u> \$ _____ \$ _____ \$ _____ \$ _____ Aggregate year-to-date \$ <u>500.00</u>

Name of Candidate or Committee MARY HAWKINS BUTLER  
 Reporting period 1/1/15 through 4/30/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>3/29/15</u>	\$ <u>7,794.38</u>
<u>MARY HAWKINS BUTLER</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>PO Box 353</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>MADISON MS 39110</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>CITY OF MADISON</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>7,794.38</u>
_____			
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		<u>4/12/15</u>	\$ <u>25,000.00</u>
<u>TIM AND MARY HAWKINS-BUTLER</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address		<u>4/30/15</u>	\$ <u>100,000.00</u>
<u>PO Box 353</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>MADISON, MS 39110</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>RETIRED / CITY OF MADISON</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>125,000.00</u>
<u>RETIRED / MAYOR</u>			
_____			
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<u>4/30/15</u>	\$ <u>500.00</u>
<u>HAROLD CHEVROLET, INC</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>HIGHTWAY 51</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
<u>OSHTO MS 39046</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>500.00</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) _____			
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	\$ _____
_____			

Name of Candidate or Committee Mary Hawkins Butler

Reporting period 01-01-2015 through 4-30-2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>04/30/15</u>	\$ <u>500.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>04/30/15</u>	\$ <u>1000.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____