2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 27 2014
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
November Regular Special Election

Name of Candidate Robert A. Patrick Jr (Bobby)

Address PO Box 412 Columbus, MS. 39703 County Lowndes

Telephone 662-327-3992 Fax

Office Sought Senate Dist 17 Email Address bobbypatrick4@gmail.com

X ☐ Check here if above is different from previous report

X October 28, 2014 Pre-Election Report (January 1, 2014 through October 25, 2014).....Mandatory

____ November 18, 2014 Pre-Runoff Report (October 26, 2014 through November 15, 2014).....Runoff Candidates Only

____ January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....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	$ 13,665.00 + $ —	$ 13,665.00	$ 13,665.00
Total amount of disbursements	$ 7,102.98 + $ —	$ 7,102.98	$ 7,102.98
Total amount of cash on hand		$ 6,562.02	

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

Robert A Patrick Jr
Signature of Candidate

10/27/14
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, mutil-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.

Robert A. Patrick Jr

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Name of Candidate or Committee (Bobby Patrick)

Reporting period 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☒ Other (please specify) Full name: ROBERT A. PATRICK JR (LOAN to SELF) Mailing Address: PO Box 1412 City, State, Zip Code: COLUMBUS MS. 39703 Name of Employer (Required): RETIRED Occupation (Required): RETIRED	9/22/14 / / / / / / Aggregate year-to-date	$ 1,000.00 $ $ $ $ 1,000.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☒ Other (please specify) Full name: JAMES R. HARRISON Mailing Address: 338 HIDDEN LAKE DR. City, State, Zip Code: COLUMBUS, MS. 39702 Name of Employer (Required): RETIRED Occupation (Required): RETIRED	9/23/14 10/20/14 / / / / Aggregate year-to-date	$ 200.00 $ 200.00 $ $ $ 400.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: JUSTIN Y. SHELTON Mailing Address: PO BOX 53 City, State, Zip Code: COLUMBUS MS. 39703 Name of Employer (Required): THE PACKET Occupation (Required): NEWSPAPER PUBLISHER	9/25/14 / / / / / / Aggregate year-to-date	$ 200.00 $ $ $ $ 200.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: DAVID C. SHELTON Mailing Address: PO BOX 53 City, State, Zip Code: COLUMBUS, MS. 39703 Name of Employer (Required): RETIRED Occupation (Required): INVESTMENTS	9/25/14 / / / / / / Aggregate year-to-date	$ 200.00 $ $ $ $ 200.00

[redacted]

Name of Candidate or Committee Robert A. Patrick Jr (Bobby Patrick)

Reporting period 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sue Shelton	9/25/14	$ 100.00
Mailing Address: P.O. Box 53	/ /	$
City, State, Zip Code: Columbus, MS. 39703	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Housewife	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy Galloway	9/25/14	$ 500.00
Mailing Address: 1700 Bramblewood Dr.	/ /	$
City, State, Zip Code: Columbus, MS. 39703	/ /	$
Name of Employer (Required): Galloway, Chandler, McKinney Ins.	/ /	$
Occupation (Required): President	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: M&W Properties c/o Jay McCrary	9/27/14	$ 500.00
Mailing Address: 720 Lehmberg Rd	/ /	$
City, State, Zip Code: Columbus, MS. 39702	/ /	$
Name of Employer (Required): McCrary-West Construction Co.	/ /	$
Occupation (Required): President	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: Robert Taylor	9/28/14	$ 100.00
Mailing Address: 83 E. Plymouth Rd	/ /	$
City, State, Zip Code: Columbus, MS. 39701	/ /	$
Name of Employer (Required): Bob's Towing & Auto Body	/ /	$
Occupation (Required): Investor	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee: Robert A. Patrick Jr (Bobby Patrick)

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Reporting period: 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)		
Full name: Exceed Technologies c/o Jeremy Sandre	9/29/14	$ 5,000.00
Mailing Address: Po Box 8947	/ /	$
City, State, Zip Code: Columbus, MS. 39705	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): Computer	Aggregate year-to-date	$ 5,000.00
B. Source: [ ] Corporation [X] PAC [ ] Individual [X] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Nuesch	9/30/14	$ 200.00
Mailing Address: 2206 Short Main St.	/ /	$
City, State, Zip Code: Columbus, MS. 39701	/ /	$
Name of Employer (Required): Columbus Glass Co.	/ /	$
Occupation (Required): Owner/Operating CEO	Aggregate year-to-date	$ 200.00
C. Source [ ] Corporation [ ] PAC [ ] Individual [X] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Gerhart	10/1/14	$ 150.00
Mailing Address:	/ /	$
City, State, Zip Code: Columbus, MS. 39701	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 150.00
D. Source: [ ] Corporation [ ] PAC [ ] Individual [X] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John and Gerry Sumrall	10/7/14	$ 200.00
Mailing Address: 1706 Brambleswood Dr.	/ /	$
City, State, Zip Code: Columbus, MS. 39701	/ /	$
Name of Employer (Required): Waters Truck and Tractor	/ /	$
Occupation (Required): Sales	Aggregate year-to-date	$ 200.00

~~Individuals~~

Name of Candidate or Committee: Robert A. Patrick Jr (Bobby Patrick)

Reporting period: 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bill & Barbara Conner	10/7/14	$ 200.00
Mailing Address: 2482 New Hope Rd.	/ /	$
City, State, Zip Code: Columbus, MS. 39702	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Terry Robertson	10/8/14	$ 150.00
Mailing Address: 271 Hidden Lake Dr.	/ /	$
City, State, Zip Code: Columbus, MS. 39702	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Sales	Aggregate year-to-date	$ 150.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Diane Platt	10/12/14	$ 50.00
Mailing Address: 1021 7th St. N.	/ /	$
City, State, Zip Code: Columbus MS 39701	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 50.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Lucy B and Allen R. Harpole	10/12/14	$ 300.00
Mailing Address: 16 Phillwood Dr	/ /	$
City, State, Zip Code: Columbus MS. 39705	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

[illegible]

Robert A. Patrick Jr

Name of Candidate or Committee (Bobby Patrick)

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Reporting period 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Willie James Carter Jr Mailing Address: 1523 26th St. N. City, State, Zip Code: Columbus MS. 39701 Name of Employer (Required): RETIRED Occupation (Required): N/A	10/13/14	$ 100.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Coggins Mailing Address: 189 Fondren Dr City, State, Zip Code: Columbus, MS. 39702 Name of Employer (Required): Retired Occupation (Required): N/A	10/14/14	$ 20.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 20.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard S. Brown Mailing Address: 403 9th St. Co. City, State, Zip Code: Columbus, MS. 39701 Name of Employer (Required): Occupation (Required):	10/14/14	$ 100.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wanda Crossley Mailing Address: 1423 Oswalt Rd. City, State, Zip Code: Columbus, MS. 39702 Name of Employer (Required): Retired Occupation (Required): N/A	10/14/14	$ 50.00
	/ /	$
	/ /	$
	/ /	$
	Aggregate year-to-date	$ 50.00

(Dobby Patrick)

Name of Candidate or Committee Robert A. Patrick Jr.

Reporting period 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Ralph McLain	10 / 16 / 14	$ 200.00
Mailing Address: 302 Showey DR.	/ /	$
City, State, Zip Code: Columbus, Ms. 39705	/ /	$
Name of Employer (Required): Teletec	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mike Waters	10 / 17 / 14	$ 300.00
Mailing Address: 96 East Plymouth Rd	/ /	$
City, State, Zip Code: Columbus, Ms. 39701	/ /	$
Name of Employer (Required): Waters Truck & Tractor	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 300.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Chiles	10 / 17 / 14	$ 400.00
Mailing Address: 12 Tally Ho Rd.	/ /	$
City, State, Zip Code: Starkville Ms. 39759	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Insurance Agency Owner	Aggregate year-to-date	$ 400.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Partridge	10 / 20 / 14	$ 45.00
Mailing Address: 323 Pritchard Lane	/ /	$
City, State, Zip Code: Columbus Ms. 39702	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 45.00

(Bobby PATRICK)

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Name of Candidate or Committee: Robert A. PATRICK JR

Reporting period: 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: ANONYMOUS DONOR	10/20/14	$ 100.00
Mailing Address: UNKNOWN	/ /	$
City, State, Zip Code: UNKNOWN	/ /	$
Name of Employer (Required): UNKNOWN - Simply Left Cash in a box	/ /	$
Occupation (Required): AT A FUNDRAISER	Aggregate year-to-date	$ 100.00
N/A		
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RONNY WEST	10/20/14	$ 250.00
Mailing Address: 5716 Hwy 182 E.	/ /	$
City, State, Zip Code: COLUMBUS, MS. 39702	/ /	$
Name of Employer (Required): WEST BROTHERS CONSTRUCTION	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 250.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: STEVE WEST	10/20/14	$ 250.00
Mailing Address: 5716 HWY 182 E	/ /	$
City, State, Zip Code: COLUMBUS, MS. 39702	/ /	$
Name of Employer (Required): WEST BROTHERS CONSTRUCTION	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 250.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EARL WEEKS	10/20/14	$ 100.00
Mailing Address: 962 KIMBERLY DR.	/ /	$
City, State, Zip Code: COLUMBUS, MS. 39702	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 100.00

(Bobby Patrick)

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Name of Candidate or Committee: Robert A. Patrick Jr

Reporting period: 9-22-14 through: 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Twin River Transportation Inc.	10/20/14	$ 200.00
Mailing Address: 1444 Hwy 69 South	/ /	$
City, State, Zip Code: Columbus, Ms. 39702	/ /	$
Name of Employer (Required): S/A	/ /	$
Occupation (Required): Freight Haulers	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James D. Graham	10/20/14	$ 100.00
Mailing Address: 100 Rosecrest Lane	/ /	$
City, State, Zip Code: Columbus, Ms. 39701	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 100.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walkaway Distributors Inc	10/15/14	$ 1,000.00
Mailing Address: 400 College St	/ /	$
City, State, Zip Code: Columbus, Ms. 39701	/ /	$
Name of Employer (Required): S/A	/ /	$
Occupation (Required): Bottled Water and Labeling (In Kind Donation)	Aggregate year-to-date	$ 1,000.00
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): ~~In Kind Donation (Water)~~	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Milton Thomas	10/23/14	$ 200.00
Mailing Address: 2546 Ridge Road	/ /	$
City, State, Zip Code: Columbus, Ms. 39705	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Investor in Rental Property	Aggregate year-to-date	$ 200.00

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Name of Candidate or Committee (Bobby Patrick) Robert A. Patrick Jr

Reporting period 9-22-14 through 10-27-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Danny Sprouse	10 / 23 / 14	$ 200.00
Mailing Address: 193 Tabernacle Rd.	/ /	$
City, State, Zip Code: Columbus, Ms. 39702	/ /	$
Name of Employer (Required): Sprouse Construction Co.	/ /	$
Occupation (Required): owner	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gary Chism	10 / 23 / 14	$ 200.00
Mailing Address: 2610 Main St.	/ /	$
City, State, Zip Code: Columbus, Ms. 39701	/ /	$
Name of Employer (Required): Partner - Columbus Insurance Services	/ /	$
Occupation (Required): Insurance 2nd State Representative	Aggregate year-to-date	$ 200.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ralph and Katherine Dollar	10 / 23 / 14	$ 200.00
Mailing Address: 510 4th St. South	/ /	$
City, State, Zip Code: Columbus, Ms. 39701	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Investor in Rental Property	Aggregate year-to-date	$ 200.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hal H McClanahan	10 / 23 / 14	$ 100.00
Mailing Address: 518 2nd Ave North	/ /	$
City, State, Zip Code: Columbus, Ms. 3970	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 100.00

(Dobby PATRICK)

Name of Candidate or Committee Robert A. PATRICK JR

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Reporting period 9-22-14 through 10-21-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: S. DALE BROWN	10 / 19 / 14	$ 200.00
Mailing Address: 326 MILITARY RD.	/ /	$
City, State, Zip Code: COLUMBUS, MS 39701	/ /	$
Name of Employer (Required): THOMAS, KERLEY AND BROWN	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: CECIL R. VAUGHN	10 / 20 / 14	$ 100.00
Mailing Address: 241 OLD YORKVILLE RD S.	/ /	$
City, State, Zip Code: COLUMBUS, MS. 39702	/ /	$
Name of Employer (Required): GALLOWAY, CHANDLER, MCKINNEY INS	/ /	$
Occupation (Required): AGENT	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	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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	$

Bobby Patrick

Name of Candidate or Committee Robert A. Patrick Jr

Reporting period 9-22-2014 through 10-27-14

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mahala Salazar, Lowndes Co Circuit Court Clerk 505 2nd Ave N Columbus, MS. 39701 Voters List	9/23/14 __/__/__ Aggregate Year-to-date	$ 150.00 $ $ 150.00
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Town of Caledonia 754 Main St. Caledonia, MS. Booth Rental - Caledonia Days	10/2/14 __/__/__ Aggregate Year-to-date	$ 100.00 $ $ 100.00
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
The Sign Shop 1835 Hwy 45 N. Columbus, MS. 39705 Signs, Pens	10/2/14 __/__/__ Aggregate Year-to-date	$ 884.09 $ $ 884.09
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
The Packet PO Box 53 Columbus, MS. 39703 Ads	10/2/14 10/7/14 Aggregate Year-to-date	$ 192.00 $ 96.00 $ 288.00
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mid South Signs 8643 Hwy 182 E Columbus, MS. 39702 Car Signs	10/3/14 __/__/__ Aggregate Year-to-date	$ 300.00 $ $ 300.00
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Pro Graphics 1112 Main St. Columbus, MS. 39701 Banner	10/8/14 10/14/14 Aggregate Year-to-date	$ 136.96 $ 122.93 $ 259.89

Bobby Patrick

Name of Candidate or Committee Robert A. Patrick Jr

Reporting period 9-22-14 through 10-27-14

ITEMIZED DISBURSEMENTS

A. Full name MPS Store Mailing Address 1835 Hwy 45 N. City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Signs	Date (Mo., Day, Year) 10/9/14 10/13/14 Aggregate Year-to-date	Amount of each disbursement this period $ 616.82 $ 166.71 $ 783.53
B. Full name Party 2nd Paper Mailing Address 216 5th St. South City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Cards	Date (Mo., Day, Year) 10/9/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 29.43 $ $ 29.43
C. Full name Wayne Beard Mailing Address 875 Plymouth Road City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Barbeque Dinner Meet and Greet	Date (Mo., Day, Year) 10/14/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 975.00 $ $ 975.00
D. Full name Tommy Smith Mailing Address 1502 7th St. North City, State, Zip Code Columbus, MS. Purpose of Disbursement (Optional) Hand out Cards, Put up Signs	Date (Mo., Day, Year) 10/11/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ $ 100.00
E. Full name ~~Programics~~ Mailing Address ~~112 Main St Suite 2~~ SEE PAGE #1 City, State, Zip Code ~~Columbus MS.~~ Purpose of Disbursement (Optional) ~~Stickers for Campaign~~	Date (Mo., Day, Year) ~~10/14/14~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period ~~$ 122.93~~ $ $ —
F. Full name Lake Norris Fishing Club Mailing Address 450 Lake Norris Rd. City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Rental/Clean up after Barbeque Dinner	Date (Mo., Day, Year) 10/14/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 50.00 $ $ 50.00

Bobby Patrick

Name of Candidate or Committee Robert A. Patrick Jr.

Reporting period 9-22-14 through 10-27-14

ITEMIZED DISBURSEMENTS

A. Full name Tim Wilson Mailing Address 940 Truman Creek Rd. City, State, Zip Code West Point, MS. 39773 Purpose of Disbursement (Optional) Music for Barbeque	Date (Mo., Day, Year) 10/4/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 100.00 $ $ 100.00
B. Full name Young Radiator Mailing Address 215 N 23rd St. City, State, Zip Code Columbus MS. 39704 Purpose of Disbursement (Optional) Helium Tanks (2) and Balloon Nozzles	Date (Mo., Day, Year) 10/17/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 224.70 $ $ 224.70
C. Full name Renasant Bank Mailing Address 905 Main St. City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Checks	Date (Mo., Day, Year) 10/15/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 31.05 $ $ 31.05
D. Full name ~~Young Radiator~~ Mailing Address ~~215 23rd St. N.~~ (Duplicate) City, State, Zip Code ~~Columbus, MS. 39701~~ Purpose of Disbursement (Optional) ~~Helium Filled Mylar Tanks (2)~~	Date (Mo., Day, Year) ~~10/17/14~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ ~~224.70~~ $ $
E. Full name The Commercial Dispatch Mailing Address 516 Main St. City, State, Zip Code Columbus, MS. 39701 Purpose of Disbursement (Optional) Newspaper Ads	Date (Mo., Day, Year) 10/23/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 471.60 $ $ 471.60
F. Full name Bobby Patrick Mailing Address PO Box 1412 City, State, Zip Code Columbus, MS. 39703 Purpose of Disbursement (Optional) Repay Personal Loan to Election Open Account	Date (Mo., Day, Year) 10/24/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1,000.00 $ $ 1,600.00

Dobby PATRICK

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Name of Candidate or Committee ROBERT A. PATRICK JR

Reporting period 9-22-14 through 10-27-14

ITEMIZED DISBURSEMENTS

A. Full name STATE FARM BANK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 23025	__/__/__	$ 300.77 39.07
City, State, Zip Code COLUMBUS, GA. 31902-3025	__/__/__	$ 19.85
Purpose of Disbursement (Optional) PENS, FLAGS, TABLE DECORATIONS	Aggregate Year-to-date	$ 259.69
B. Full name THE PACKET	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO BOX 53	10/24/14	$ 96.00
City, State, Zip Code COLUMBUS, MS. 39703	__/__/__	$
Purpose of Disbursement (Optional) ADS	Aggregate Year-to-date	$ 96.00
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	$