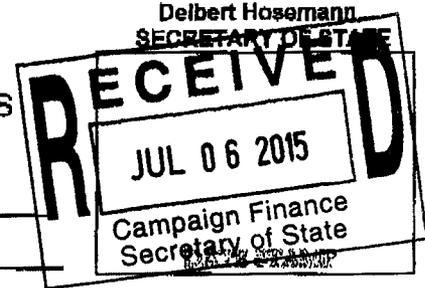


2015 ELECTION CYCLE

**REPORT OF RECEIPTS AND DISBURSEMENTS**



Name of Candidate Samuel F. (Sam) Britton  
 Address P O Box 1963, Laurel, MS 39441 County Jones  
 Telephone (Work) 601.426.9696 (Home) 601.410.0734 (Fax) \_\_\_\_\_  
 Contact Name Sam Britton Email Address sam@sambritton.com  
 Office Sought Public Service Commissioner-Souther 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  
*(Primary Election Winners report October 1, 2015, through October 24, 2015) All Candidates and Political Committees*  
*(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	\$ 252,000.00	+ \$ 440.68	\$ 252,440.68	\$ 371,340.68
Total amount of disbursements	\$ 56,315.12	+ \$	\$ 56,315.12	\$ 88,780.30
Total amount of cash on hand			\$ 282,560.38	

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

Samuel F. Britton  
Signature of Candidate

07-03-15  
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 Samuel F. (Sam) Britton  
 Reporting period June 1, 2015 through June 30, 2015

# 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	06 / 12 / 15	\$ 500.00
Dewey H. Lane		
Mailing Address		
P O Box 1245		
City, State, Zip Code		
Pascagoula, MS 39568		
Name of Employer (Required)		
Retired		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name	06 / 22 / 15	\$ 1,000.00
Oliver & Carol Brown		
Mailing Address		
33 Canebrake Blvd		
City, State, Zip Code		
Hattiesburg, MS 39402		
Name of Employer (Required)		
Retired		
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name	06 / 27 / 15	\$ 500.00
Victor Mavar		
Mailing Address		
P O Box 1910		
City, State, Zip Code		
Biloxi, MS 39533		
Name of Employer (Required)		
Retired		
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name	06 / 30 / 15	\$ 250,000.00
Samuel F. (Sam) Britton		
Mailing Address		
P O Box 1963		
City, State, Zip Code		
Laurel, MS 39441		
Name of Employer (Required)		
The McLean Group		
Occupation (Required)	Aggregate year-to-date	\$ 320,000.00
Managing Director		

Name of Candidate or Committee Samuel F. (Sam) BrittonReporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sophie Nord		
<b>Mailing Address</b> 2326 Pine Avenue	06 / 01 / 15	\$ 6,500.00
<b>City, State, Zip Code</b> Gulfport, MS 39501	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 26,000.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Impact Management Group, Inc.		
<b>Mailing Address</b> 124 W. Capitol Ave, Suite 1886	06 / 14 / 15	\$ 16,087.15
<b>City, State, Zip Code</b> Little Rock, AR 72201	06 / 24 / 15	\$ 22,272.34
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 45,120.76
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson Williams		
<b>Mailing Address</b> 690 Spring Lake Dr	06 / 04 / 15	\$ 237.05
<b>City, State, Zip Code</b> Pearl, MS 39208	06 / 04 / 15	\$ 237.05
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson Williams		
<b>Mailing Address</b> 690 Spring Lake Dr	06 / 22 / 15	\$ 320.00
<b>City, State, Zip Code</b> Pearl, MS 39208	06 / 22 / 15	\$ 118.53
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 1,739.52
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TeleSouth Communications		
<b>Mailing Address</b> 6311 Ridgewood Rd	06 / 15 / 15	\$ 600.00
<b>City, State, Zip Code</b> Jackson, MS 39211	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 600.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Embroidery Shop		
<b>Mailing Address</b> P O Box 398	06 / 02 / 15	\$ 568.00
<b>City, State, Zip Code</b> Meadville, MS 39653	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 568.00

Name of Candidate or Committee Samuel F. (Sam) Britton  
 Reporting period June 1, 2015 through June 30, 2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b>	<b>Amount of each</b>
Busby Companies	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	06 / 05 / 15	\$ 9,375.00,
P O Box 6439		
City, State, Zip Code	_ / _ / _	\$
Laurel, MS 39441		
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$ 9,375.00</b>
	<b>Year-to-date</b>	
<b>B. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$</b>
	<b>Year-to-date</b>	
<b>C. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$</b>
	<b>Year-to-date</b>	
<b>D. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$</b>
	<b>Year-to-date</b>	
<b>E. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$</b>
	<b>Year-to-date</b>	
<b>F. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	<b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b>	<b>\$</b>
	<b>Year-to-date</b>	