Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Annual Report

Name of Candidate Senator Lee

Address 108 Tiger Drive Mendenhall 39114

Telephone (601) 847-1178 Fax

Office Sought Senate-35 Email lee@senate.ms.gov

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ January 31, 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	$ 3150	+$ 440	$ 3550	$ 3550.00
Total amount of disbursements	$ 454.50	+$ 1258.66	$ 543.16	$ 543.16
Total amount of cash on hand			$ 55262.84	

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

Lee Lee
Signature of Candidate

1/30/15
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.

Name of Candidate or Committee: Senator Tom Lee

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Koch Foods Mailing Address: 450 Laurel St Suite 1450 City, State, Zip Code: Baton Rouge 70801 Name of Employer (Required) Occupation (Required)	12/15/14	$ 500
		$
		$
		$
	Aggregate year-to-date	$
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Grand Trunk Co. Mailing Address: 2800 Livernois Suite 300 City, State, Zip Code: Troy MI 48083 Name of Employer (Required) Occupation (Required)	8/15/14	$ 400
		$
		$
		$
	Aggregate year-to-date	$
C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Sutton Pine Electric Mailing Address: 110 Risher St P.O. Box 60 City, State, Zip Code: Taylorsville MS 39168 Name of Employer (Required) Occupation (Required)	9/15/14	$ 500
		$
		$
		$
	Aggregate year-to-date	$
D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Chevron Mailing Address: P.O. Box 1300 City, State, Zip Code: Pascagoula MS 39568 Name of Employer (Required) Occupation (Required)	11/15/14	$ 500
		$
		$
		$
	Aggregate year-to-date	$

Name of Candidate or Committee: Perry Lee

Reporting period: 01/01/14 through 12/31/14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF	11/15/14	$ 280
Mailing Address: 2500 Lou Menk Drive	/ /	$
City, State, Zip Code: Fort Worth 76131	/ /	$
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: MAE PAC	11/15/14	$ 500
Mailing Address: 600 Hogan St	/ /	$
City, State, Zip Code: Starkville 39701	/ /	$
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: General Electric	11/15/14	$ 500
Mailing Address: Region Plaza St 1262 210 E Capitol St	/ /	$
City, State, Zip Code: Jackson 39201	/ /	$
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: [illegible]	/ /	$
Mailing Address: [illegible]	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Senator Perry Lee

Reporting period 01/01/14 through 12/31/14

ITEMIZED DISBURSEMENTS

A. Full name C Spire Wireless Mailing Address 1018 Highland Colony Pkwy City, State, Zip Code Jackson 39157 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 6/30/14 12/30/14 Aggregate Year-to-date	Amount of each disbursement this period $ 870.00 $ 870.00 $ 1740.00
B. Full name Discover Card Mailing Address P.O. Box 6103 City, State, Zip Code Carol Stream IL 60197-6103 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 6/30/14 12/30/14 Aggregate Year-to-date	Amount of each disbursement this period $ 1259.07 $ 1155.43 $
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $