

2015 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Committee Taxpayers for Alisha Nelson McElhenny
Address J.D. Parth, 924 St Stephens Rd, Jefferson
Prentiss, MS
Telephone 601-577-3938
Treasurer Linda Pennington Email Address Lpennington61@gmail.com

Check here if above is different from previous report

TYPE OF REPORT

- May 3, 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
(Mandatory Runoff Winners report October 1, 2015, through October 26, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- 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

NOTICE

(1) Pre-Election reports are mandatory, even if no contributions or expenditures were received. In such cases, 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. § 23-15-207 (a) (1) and (2).

(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.

	Itemized	Non-Itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$500. ⁰⁰	\$210. ⁰⁰	\$710. ⁰⁰	\$7,715. ⁰⁰
Total amount of disbursements	\$1,338. ⁰⁰	-0-	\$1,338. ⁰⁰	\$1,338. ⁰⁰
Total amount of cash on hand			\$6,377. ⁰⁰	

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 Director or Treasurer: [Signature] Date: 6/10/15

Authority: Refer to Miss. Code Ann. § 23-15-207 (b) for the statutory requirements.
Penalties: Failure to submit required reports or failure to examine reports in accordance with statutory deadline, or failure to examine valid reports shall result in fines of \$50 per day unless prosecution in accordance with Miss. Code Ann. §§ 23-15-217 and 215 (1)(7).

SEND TO:

- Candidates for Statewide, State-Charter, Multi-County and all Legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 124, Jackson, MS 39202 or fax to (601) 578-3540
- Candidates for Countywide and County-Charter offices should return forms to their County Circuit Clerk
- Candidates for Municipal offices should return forms to the Municipal Clerk

Name of Candidate or Committee Alisha Nelson McElhenney
Reporting period May 1, 2015 through May 31, 2015

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>Jim White (James White)</u>		<u>5/23/15</u>	\$ <u>250.00</u>
Mailing Address: <u>32 CR 24145</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code: <u>Newton MS 39345</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required): <u>Retired (Self)</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required): <u>Retired (Farmer)</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. 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>Frederick J. Macko</u>		<u>5/23/15</u>	\$ <u>250.00</u>
Mailing Address: <u>131 Whippoorwill Rd.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code: <u>Scotton MS 39047</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required): <u>MS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required): <u>Sub. Rep.</u>		Aggregate year-to-date	\$ <u>250.00</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: _____		<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	\$ _____
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 Alisha Nelson McElhenny
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Campaign Sidekick LLC</u>	<u>5/1/15</u>	<u>\$ 1198.00</u> <small>Check # 1001</small>
Shipping Address <u>1550 Old Annetta Road</u>		
City, State, Zip Code <u>Aledo, TX 76008</u>		\$ - 0 -
Purpose of Disbursement (Optional) <u>Services Payment</u>	Aggregate Year-to-date	\$ 1198.00
B. Full name <u>Alisha Nelson McElhenny (self)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Shipping Address <u>2014 Boggsdale River Rd.</u>	<u>5/23/15</u>	<u>\$ 100.00</u>
City, State, Zip Code <u>Miss Point, MS 39562</u>	<u>5/30/15</u>	<u>\$ 40.00</u>
Purpose of Disbursement (Optional) <u>Travel reimbursement</u>	Aggregate Year-to-date	\$ 140.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shipping 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
Shipping 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
Shipping 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
Shipping Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$