2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 28 2014
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee: Committee to Re-Elect Billy Joe Landrum, Circuit Judge

Address: P.O. Box 2038, Laurel, MS 39442 County: Jones

Telephone: 601-433-6192 (Fax) 601-649-1221

Treasurer: Willie Meador Email: madison.ward@gbbsc.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 9, 2014 Periodic Report** (January 1, 2014, through April 30, 2014) ..... **Mandatory**

____ **June 10, 2014 Periodic Report** (May 1, 2014, through May 31, 2014) ..... **Mandatory**

____ **July 10, 2014 Periodic Report** (June 1, 2014, through June 30, 2014) ..... **Mandatory**

____ **October 10, 2014 Periodic Report** (July 1, 2014, through September 30, 2014) ..... **Mandatory**

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

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

____ **January 9, 2015 Periodic Report** (October 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 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	$85,053.79	+ 9,050.82	$94,104.61	$165,483.61
Total amount of disbursements	$86,737.91	+ 0.49	$86,738.4	$124,483.26
Total amount of cash on hand			$ 41,000.35	

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

Willie Meador
Signature of Director or Treasurer

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, 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: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chris Holifield	10 / 16 / 14	$ 1000
Mailing Address: P.O. Box 2206	/ /	$
City, State, Zip Code: Laurel, MS 39442	/ /	$
Name of Employer (Required): H&H Welding	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 1000

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.P. Services, LLC	10 / 16 / 14	$ 300
Mailing Address: P.O. Box 1856	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Jones	10 / 16 / 14	$ 300
Mailing Address: 849 US Hwy 11	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 300

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Toms	10 / 16 / 14	$ 250
Mailing Address: 105 North Lane	/ /	$
City, State, Zip Code: Newton, MS 39345	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grave Davis	10 / 16 / 14	$ 2500
Mailing Address: P.O. Box 44	/ /	$
City, State, Zip Code: Waynesboro, MS 39367	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2500

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mark Roberts	10 / 16 / 14	$ 400
Mailing Address: P.O. Box 61	/ /	$
City, State, Zip Code: Mize, MS 39116	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 400

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rhonda Jenkins	10 / 16 / 14	$ 500
Mailing Address: 676 Hwy 533	/ /	$
City, State, Zip Code: Stringer, MS 39481	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 700

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sandra Hilton	10 / 16 / 14	$ 500
Mailing Address: 48 Boone Ryals Lane	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Boots Smith Completion Services	/ /	$
Occupation (Required): Secretary	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jerry Welch	10 / 16 / 14	$ 500
Mailing Address: 15 Heritage Trail	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): MEA	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ingram Wilkinson PLLC	10 / 16 / 14	$ 250
Mailing Address: P.O. Box 15039	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pilgrim Construction	10 / 16 / 14	$ 1000
Mailing Address: 915 N Front Street	/ /	$
City, State, Zip Code: Sandersville, MS 39477	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1000

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Wilkins PLLC	10 / 16 / 14	$ 500
Mailing Address: 475 East Capitol Street	10 / 23 / 14	$ 500
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Wilkins PLLC	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William R. Jenkins	10 / 16 / 14	$ 1000
Mailing Address: 68 Boots Smith Road	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Boots Smith Completion	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 1950

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sidney E Sellers	10 / 16 / 14	$ 1000
Mailing Address: 68 Boots Smith Road	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Warrior Energy	/ /	$
Occupation (Required): Secretary	Aggregate year-to-date	$ 2000

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carroll Hood	10 / 22 / 14	$ 500
Mailing Address: P.O. Box 727	/ /	$
City, State, Zip Code: Hazlehurst, MS 39083	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. Shannon	10 / 22 / 14	$ 500
Mailing Address: P.O. Box 2038	/ /	$
City, State, Zip Code: Laurel, MS 39442	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lavon Evans	10 / 22 / 14	$ 1000
Mailing Address: Hwy 11 S	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Self Employed	Aggregate year-to-date	$ 1000

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James Reeves	10 / 22 / 14	$ 2000
Mailing Address: 160 Main Street	/ /	$
City, State, Zip Code: Biloxi, MS 39530	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2000

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Woodland Realty	10 / 22 / 14	$ 250
Mailing Address: 813 N. 16th Avenue	/ /	$
City, State, Zip Code: Laurel, MS 39442	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: H&H Transportation	10 / 22 / 14	$ 1000
Mailing Address: P.O. Box 2206	/ /	$
City, State, Zip Code: Laurel, MS 39442	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1000

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kelly Bullock	10 / 22 / 14	$ 600
Mailing Address: 24 CR 2371	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required): Bullock Trucking	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 600

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bullock Trucking	10 / 22 / 14	$ 251
Mailing Address: P.O. Box 6217	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 551

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Madison Ward Johnson	10 / 22 / 14	$ 900.93
Mailing Address: 15 Flintstone Road	/ /	$
City, State, Zip Code: Ellisville, MS 39437	/ /	$
Name of Employer (Required): Boots Smith Oilfield Services, LLC	/ /	$
Occupation (Required): Accounting	Aggregate year-to-date	$ 900.93

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jerry Broadway	10 / 22 / 14	$ 650.93
Mailing Address: 520 Longleaf Drive	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required): Boots Smith Oilfield Services, LLC	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 650.93

Name of Candidate or Committee: Billy J. Landrum

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frankie Walters	10 / 22 / 14	$ 900.93
Mailing Address: 131 Landrum Road	/ /	$
City, State, Zip Code: Ovett, MS 39464	/ /	$
Name of Employer (Required): New South Tire	/ /	$
Occupation (Required): Salesman	Aggregate year-to-date	$ 900.93

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Patrick Malouf	10 / 23 / 14	$ 2500
Mailing Address: 908 La Rouche Court	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Self Employed	Aggregate year-to-date	$ 2500

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Timothy Porter	10 / 23 / 14	$ 2500
Mailing Address: P.O. Box 12768	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 2500

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Smith Law Firm	10 / 23 / 14	$ 1000
Mailing Address: 681 Towne Center Blvd	/ /	$
City, State, Zip Code: Ridgeland, MS	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1000

Name of Candidate or Committee Billy J. Landrum

Reporting period 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Community Bank	10 / 2 / 14	$ 60150
Mailing Address: 909 N. 16th Avenue	/ /	$
City, State, Zip Code: Laurel, MS 39440	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 60150

B. 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	$

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	$

Name of Candidate or Committee Committee to Re-elect Billy Joe Landrum, Circuit Judge

Reporting period October, 1 2014 **through** October 25, 2014

ITEMIZED DISBURSEMENTS

A. Full name Chism Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2906 N State Street	10 / 9 / 14	$ 7500
City, State, Zip Code Jackson, MS 39216	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7500
B. Full name Prime Time	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1313 25th Avenue	10 / 2 / 14	$ 22,193.31
City, State, Zip Code Gulfport, MS 39501	10 / 6 / 14	$ 42,169.21
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ See Below
C. Full name Prime Time	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1313 25th Avenue	10 / 16 / 14	$ 10,745.24
City, State, Zip Code Gulfport, MS 39501	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 90,036.33
D. Full name Melvin & Melvin	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 615 W Pine St	10 / 9 / 14	$ 517.39
City, State, Zip Code Hattiesburg, MS 39401	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,800.20
E. Full name The Loft	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 535 Central Avenue	10 / 17 / 14	$ 3,612.76
City, State, Zip Code Laurel, MS 39440	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,612.76
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	$