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 To ReElect Bob Helfrich

Address P.O. Box 287 Hattiesburg 39403 County Forrest

Telephone 601-818-5455 (Fax)

Treasurer Kasey H. Jones Email DutchTwinB@Aol.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

✓ **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	16,050	$ 11,837.45	$ 27,887.45
Total amount of disbursements	9,109.06	$ 16,783.87	$ 25,892.93
Total amount of cash on hand		$ 1,994.52	

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

X [signature] 10-28-14

Signature of Director or Treasurer 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: Reelect Bob Hartman

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: D.E. Dossett	10/12/14	$ 500.00
Mailing Address: P.O. Box 1667	/ /	$
City, State, Zip Code: Hattiesburg, Ms	/ /	$
Name of Employer (Required): Dossett Cooilac / GMC	/ /	$
Occupation (Required): Owner	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: Loy Ann and Louis Poynter	10/3/14	$ 1,000.00
Mailing Address: 1010 S 34th Ave	/ /	$
City, State, Zip Code: Hattiesburg Ms 39402	/ /	$
Name of Employer (Required): Retired	/ /	$
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: Percy W. Watson	10/20/14	$ 600.00
Mailing Address: P.O. Box 1667	/ /	$
City, State, Zip Code: Hattiesburg Ms 39403	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Grace B. Davis	10/21/14	$ 2500.00
Mailing Address: P.O. Box 44	/ /	$
City, State, Zip Code: Waynesboro, Ms 39367	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): —	Aggregate year-to-date	$

Name of Candidate or Committee: Re Elect Bob Helfrich

Reporting period: 10/ /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: Lawrence C Gunn, JR	10/14/14	$ 500.00
Mailing Address: P.O. Box 1588	/ /	$
City, State, Zip Code: Hattiesburg Ms 39401	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	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: Rick Norton	10/14/14	$ 500
Mailing Address: 232 Steelman Rd	/ /	$
City, State, Zip Code: Hattiesburg, Ms 39402	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	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: V.K. Smith III	10/14/14	$ 500
Mailing Address: 27 Larkspur Ln	/ /	$
City, State, Zip Code: Hattiesburg Ms 39402	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	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: William Whitehead	10/14/14	$ 250
Mailing Address: P.O. Box 16915	/ /	$
City, State, Zip Code: Hattiesburg Ms 39404	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Re Elect Bob Helfrich

Reporting period: 10/1 through 10/25

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robin L Roberts	10/21/14	$ 500.00
Mailing Address: 405 Bay Street	/ /	$
City, State, Zip Code: Hattiesburg MS 39401	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Robert B. Helfrich	10/27/14	$ 337.45
Mailing Address: 4005 36th Ave	/ /	$
City, State, Zip Code: Hattiesburg MS	/ /	$
Name of Employer (Required): State	/ /	$
Occupation (Required): Circuit Judge	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: Mark A Nelson	10/14/14	$ 250
Mailing Address: 14 Stonecrest	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	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: Scott J. Schwartz	10/14/14	$ 500
Mailing Address: P.O. Box 91	/ /	$
City, State, Zip Code: Hattiesburg MS 39403	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Re Elect Bob Helfrich

Reporting period 10/1 through 10/25

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael G. Freeman, Jr	10/18/14	$ 300.00
Mailing Address: 29 Monarch Ln	/ /	$
City, State, Zip Code: Hattiesburg Ms 39402	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Electrical Contractor	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: David M. Ott	10/18/14	$ 500
Mailing Address: 310 S 22nd Ave	/ /	$
City, State, Zip Code: Hattiesburg Ms 39401	/ /	$
Name of Employer (Required): Bryan Nelson	/ /	$
Occupation (Required): Attorney	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: J. Andrew Phelps	10/17/14	$ 500
Mailing Address: P.O. Box 1603	/ /	$
City, State, Zip Code: Hattiesburg Ms 39403	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Robert Hammond	10/21/14	$ 250.00
Mailing Address: P.O. Box 471	/ /	$
City, State, Zip Code: Hattiesburg Ms 39404	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Re Elect Bob Heltorich

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: Gretchen & Brad Martin	10/25/14	$ 250
Mailing Address: 76 Fairway Pl	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Vend Works	/ /	$
Occupation (Required): Owners	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	/ /	$
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 Re-Elect Bob Helfrich

Reporting period 10/1/14 through 10/25/14

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Copy Cats Printing Mailing Address: 905 Hardy St City, State, Zip Code: Hattiesburg Ms 39401 Purpose of Disbursement (Optional): Push Cards	10/7/14	$ 423.72
	Aggregate Year-to-date	$
B. Full name: A+R Farm and Garden Mailing Address: 5369 Hwy 42 City, State, Zip Code: Hattiesburg, Ms 39401 Purpose of Disbursement (Optional): Sign Posts	10/1/14	$ 337.45
	Aggregate Year-to-date	$
C. Full name: Tractor Supply Mailing Address: 7162 Hwy 49 City, State, Zip Code: Hattiesburg Ms Purpose of Disbursement (Optional):	10/17/14	$ 38.17
	Aggregate Year-to-date	$
D. Full name: WMXI Radio Mailing Address: 7501 Hwy 49 N City, State, Zip Code: Hattiesburg Ms Purpose of Disbursement (Optional): Advertising	10/22/14	$ 500
	Aggregate Year-to-date	$
E. Full name: WFMM Radio Mailing Address: 6266 O/O Hwy 11 City, State, Zip Code: Hattiesburg Ms 39402 Purpose of Disbursement (Optional): Advertising	10/22/14	$ 250
	Aggregate Year-to-date	$
F. Full name: Bice Advertising Mailing Address: 802 S 28th Ave City, State, Zip Code: Hattiesburg Ms 39401 Purpose of Disbursement (Optional): Advertising	10/23/14	$ 8,287.00
	Aggregate Year-to-date	$

Name of Candidate or Committee Re-Elect Bob Helfrich

Reporting period 10/1/14 through 10/25/14

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast		
Mailing Address: 2100 Lincoln Rd	10/23/14	$ 6,012.00
City, State, Zip Code: Hattiesburg, Ms 39402	__/__/__	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WJMG Radio		
Mailing Address: 1204 Graveline	10/24/14	$ 935.00
City, State, Zip Code: Hattiesburg Ms 39401	__/__/__	$
Purpose of Disbursement (Optional): Radio Ads	Aggregate Year-to-date	$

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	$