2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 29 2014
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Committee to Re-Elect Neil Harris

Address P.O. Box 1043, Ocean Springs, MS 39566 **County** Jackson

Telephone 228-432-7826 **(Fax)** 228-456-0998

Treasurer David N. Harris, Jr. **Email** david@cgvclaw.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 $	800 + 400	$1,200	$90,811.33
Total amount of disbursements $	22,082.09 + 200	$22,282.09	$74,651.16
Total amount of cash on hand		$ 16,160.17	

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 **Date** 10/28/14

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 COMMITTE TO RE-ELECT NEIL HARRIS

Reporting period OCT. 1, 2014 through OCT. 25, 2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HAIDEE OPPIE SHEFFIELD	10 / 1 / 14	$ 300.00
Mailing Address: 4219 DANTZLER ST.	/ /	$
City, State, Zip Code: MOSS POINT, MS 39563	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DEMPSEY M. LEVI	10 / 1 / 14	$ 500.00
Mailing Address: 996 N. HALSTEAD Rd.	/ /	$
City, State, Zip Code: OCEAN SPRINGS, MS 39564	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

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 03

Reporting period 14 through October 25, 2014

ITEMIZED DISBURSEMENTS

A. Full name Lamar Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10571 Outdoor Way	10 / 01 / 14	$ 1600.00
City, State, Zip Code Gulfport, MS 39503	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1600.00
B. Full name The Guice Agency	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2619 Pass Road	10 / 01 / 14	$ 1249.50
City, State, Zip Code Biloxi, MS 39531	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 31864.67
C. Full name WLOX	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 208 DeBuys Road	10 / 01 / 14	$ 10404.00
City, State, Zip Code Biloxi, MS 39531	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10404.00
D. Full name ABC Signs	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 5851 Larue Steiner Rd	10 / 02 / 14	$ 1126.36
City, State, Zip Code Theodore, AL 36582	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1126.36
E. Full name Knight Abbey Printing and Direct Mail	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 315 Caillvet St.	10 / 02 / 14	$ 317.79
City, State, Zip Code Biloxi, MS 39530	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 552.51
F. Full name Stacey Wheatley	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 14108 Seaman Road	10 / 03 / 14	$ 100.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 325.00

Name of Candidate or Committee: COMMITTEE TO RE-ELECT NEIL HARRIS

Reporting period: OCTOBER 1, 2014 through OCTOBER 25, 2014

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WGUD		
Mailing Address: 3318 PASCAGOULA ST.	10/04/14	$ 3,500.00
City, State, Zip Code: PASCAGOULA, MS 39567	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,500.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
I HEART MEDIA		
Mailing Address	10/4/14	$ 1034.00
City, State, Zip Code: GULFPORT, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1034.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WRBE		
Mailing Address: 3276 MISSISSIPPI 198	10/4/14	$ 228.00
City, State, Zip Code: LUCEDALE, MS 39452	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 228.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Greene County Herald		
Mailing Address: 431 MAIN ST.	10/4/14	$ 689.80
City, State, Zip Code: Leakesville, MS 39451	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 689.80

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
George County Times		
Mailing Address: P.O. Box 238	10/4/14	$ 675.00
City, State, Zip Code: Lucedale, MS 39452	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 675.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
East Central Link		
Mailing Address: P.O. Box 837	10/4/14	$ 270.00
City, State, Zip Code: Hurley, MS 39555	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 270.00

Name of Candidate or Committee COMMITTEE TO RE-ELECT NEIL HARRIS

Reporting period OCT. 1, 2014 through OCT. 25, 2014

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WKFK	10/15/14	$ 1000.00
Mailing Address: 2911 SHORTCUT ROAD		
City, State, Zip Code: PASCAGOULA, MS 39567	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ocean Springs GAZETTE	10/15/14	$ 764.00
Mailing Address: 2016 BIENVILLE Blvd		
City, State, Zip Code: Ocean Springs, MS 39564	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 764.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WPMP	10/15/14	$ 250.00
Mailing Address: P.O. BOX 1369		
City, State, Zip Code: PASCAGOULA, MS 39568	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

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	$