2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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OCT 28 2014
ELECTIONS DIVISION
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Friends to Re-Elect Judge Ashley Hines

Address PO Box 263, Greenville MS 38702-0263 **County** Washington

Telephone 727-644-6324 **(Fax)** _____

Treasurer MacKenzie Stroh **Email** mstroh2@gmail.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	$,050 1050 + 1,599	$2,649	$29,829
Total amount of disbursements	$,904.49 9904.49 + 269.1	$10,173.59	$13,919.73
Total amount of cash on hand		$ 15,909.27	

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** 10/26/2014

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 Friends to Re-Elect Judge Ashley Hines

Reporting period 10/1/2014 **through** 10/25/2014

ITEMIZED DISBURSEMENTS

A. Full name Delta Democrat Times	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 988 North Broadway	10 / 1 / 14	$ 745.50
City, State, Zip Code Greenville, MS 38701	10 / 09 / 14	$ 100.45
Purpose of Disbursement (Optional) Newspaper Ads	**Aggregate Year-to-date**	$ 846.00
B. Full name US Postal Service	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 305 Main Street	10 / 9 / 14	$ 440.00
City, State, Zip Code Greenville, MS 38701	/ /	$
Purpose of Disbursement (Optional) Bulk Mail Permit	**Aggregate Year-to-date**	$ 440.00
C. Full name Manning Signs	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 881 S. Raceway Rd.	10 / 10 / 14	$ 3151.15
City, State, Zip Code Greenville, MS 38703	/ /	$
Purpose of Disbursement (Optional) Yard Signs	**Aggregate Year-to-date**	$ 3151.15
D. Full name Overnight Prints	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 7582 Las Vegas Blvd. S, Suite #487	10 / 17 / 14	$ 691.75
City, State, Zip Code Las Vegas, NV 89123	/ /	$
Purpose of Disbursement (Optional) Postcards (10,000)	**Aggregate Year-to-date**	$ 691.75
E. Full name Print Globe	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 5812 Trade Center Drive, Suite 100	10 / 17 / 14	$ 440
City, State, Zip Code Austin, TX 78744	/ /	$
Purpose of Disbursement (Optional)	**Aggregate Year-to-date**	$ 440
F. Full name Source Link	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 5 Olympic Way	10 / 16 / 14	$ 4335.59
City, State, Zip Code Madison, MS 39110	/ /	$
Purpose of Disbursement (Optional) Voter Mailing (10,000)	**Aggregate Year-to-date**	$ 4335.59

Name of Candidate or Committee Friends to Re-Elect Judge Ashley Hines

Reporting period 10/1/2014 **through** 10/25/2014

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lea Brent	10 / 1 / 14	$ 500
Mailing Address: PO Drawer 8	/ /	$
City, State, Zip Code: Greenville, MS 38702	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Louise Loughran	10 / 23 / 14	$ 300
Mailing Address: 239 Woodlawn Drive	/ /	$
City, State, Zip Code: Greenville, MS 38701	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Major James Lipscomb	10 / 23 / 14	$ 250
Mailing Address: PO Box 636	/ /	$
City, State, Zip Code: Greenville, MS 38701	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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	$