2014 ELECTION CYCLE

RECEIVED
Delbert Hosemann
SECRETARY OF STATE
OCT 27 2014
Campaign Finance
Secretary of State
DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Judge Chaney Re-Election Campaign

Address 1200 Grove Street **County** Warren

Telephone 601-218-1111 **(Fax)** _____

Treasurer Todd A. Boolos **Email** reelectjudgechaney@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	1250 + 2550	$ 3800	$ 26793
Total amount of disbursements	10921 + 154	$ 11075	$ 21449
Total amount of cash on hand		$ 5344	

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

Todd A. Boolos — 10/27/14

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 Judge Chaney Re-Election Campaign

Reporting period October 1, 2014 **through** October 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: Daniel & Lorl Edney	10 / 24 / 14	$ 400.00
Mailing Address: 118 Carlton Place	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Vicksburg Medical Associates	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 400.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David & Nancy Wansley	10 / 22 / 14	$ 300.00
Mailing Address: 120 Brookwood Dr.	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Valley Park Elevator	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 300.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dirtworks, Inc of Vicksburg	10 / 15 / 14	$ 250.00
Mailing Address: P. O. Box 821368	/ /	$
City, State, Zip Code: Vicksburg, MS 39182	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Josephine G. Pratt	10 / 15 / 14	$ 300.00
Mailing Address: 302 Lafayette Dr.	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Judge Chaney Re-Election Campaign

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

ITEMIZED DISBURSEMENTS

A. Full name H & M Promotional Products	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 5698 Highway 61 South	10 / 07 / 14	$ 2888.47
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Advertising	**Aggregate Year-to-date**	$ 6755.25
B. Full name Lendsl Radio	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P. O. Box 46	10 / 22 / 14	$ 1440.00
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Advertising	**Aggregate Year-to-date**	$ 1440.00
C. Full name Owensville Communications	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P. O. Box 46	10 / 22 / 14	$ 560.00
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Advertising	**Aggregate Year-to-date**	$ 560.00
D. Full name The Radio People	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1601-E N. Frontage Road	10 / 23 / 14	$ 1324.00
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Advertising	**Aggregate Year-to-date**	$ 1324.00
E. Full name Boolos CPA Firm	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1007 Mission Park Dr.	10 / 06 / 14	$ 364.95
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Accounting	**Aggregate Year-to-date**	$ 1111.20
F. Full name The UPS Store	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 3412 Pemberton Blvd	10 / 23 / 14	$ 2870.80
City, State, Zip Code Vicksburg, MS 39180	/ /	$
Purpose of Disbursement (Optional) Printing & postage	**Aggregate Year-to-date**	$ 2870.80

Name of Candidate or Committee Judge Chaney Re-Election Campaign

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

ITEMIZED DISBURSEMENTS

A. Full name The Print Shop	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 3510 Manor Drive	10 / 07 / 14	$ 318.86
City, State, Zip Code Vicksburg, MS 39180	10 / 13 / 14	$ 620.60
Purpose of Disbursement (Optional) Printing	**Aggregate Year-to-date**	$ 1442.36
B. Full name Barefield Company	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P. O. Box 649	10 / 16 / 14	$ 532.86
City, State, Zip Code Jackson, MS 39205	/ /	$
Purpose of Disbursement (Optional) Letterhead	**Aggregate Year-to-date**	$ 532.86
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**	$