2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
MAY 05 2015
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate: Mitch Young

Address: 101 Hickory Grove Church Road County: Lamar

Telephone (Work): 601-584-4779 (Home): 601-758-0423 (Fax):

Contact Name: Mitch Young Email Address: MitchYoung4Gov@gmail.com

Office Sought: Governor Political Party: Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

X **May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) ..... **Mandatory**

____ **June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) ..... **Mandatory**

____ **July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) ..... **Mandatory**

____ **July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015) ..... **Mandatory**
All Primary Candidates and Political Committees

____ **August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) ..... **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election

____ **October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015) ..... **Mandatory**

____ **October 27, 2015 Pre-Election Report** ..... **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees

____ **November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015) ..... **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election

____ **January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015) ..... **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	$0	+ $0	$0	$0
Total amount of disbursements	$300.00	+ $215.07	$515.07	$515.07
Total amount of cash on hand			$100.00	

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 Candidate: Gene M. Young Date: 05/04/15

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 Mitch Young

Reporting period January 01, 2015 **through** April 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name MS-GOP REPUBLICAN PARTY STATE OFFICE	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 415 YAZOO STREET	___/___/___	$
City, State, Zip Code JACKSON MISSISSIPPI 39201	___/___/___	$
Purpose of Disbursement (Optional) TO QUALIFY AS A CANDIDATE	**Aggregate Year-to-date**	$ 300.00
B. 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**	$
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**	$