2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Nucor Steel Recyclers of Mississippi Political Action Committee

Address 3630 Fourth Street Flowood, MS 39232 **County** Rankin

Telephone 601-936-6227 **(Fax)** 601-936-6252

Treasurer Craig Stovall **Email** Craig.Stovall@nucor.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 $	$450.00 +	$1,062.00	$ $1,512.00	$ $15,464.75
Total amount of disbursements $	$6,500.00 +	$100.00	$ $6,600.00	$ $20,250.00
Total amount of cash on hand			$ $289.89	

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

DC Stovall — 10-27-2014

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 Nucor Steel Recyclers of Mississippi Political Action Committee

Reporting period 10/01/14 **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 NICHOLAS CRUNK	10 / 02 / 14	$ $5.00
Mailing Address 120 CYPRESS RIDGE DRIVE	10 / 09 / 14	$ $5.00
City, State, Zip Code BRANDON, MS 39047-7658	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Mold Builder	Aggregate year–to-date	$ $210.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MARK HARRIS	10 / 02 / 14	$ $5.00
Mailing Address 130 CLIFTON GRUBBS ROAD	10 / 09 / 14	$ $5.00
City, State, Zip Code MENDENHALL, MS 39114-4356	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Roll Mill Supervisor	Aggregate year–to-date	$ $210.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ROCKY HEATHCOCK	10 / 02 / 14	$ $5.00
Mailing Address 9998 CR 4002	10 / 09 / 14	$ $5.00
City, State, Zip Code GOODMAN, MS 39079	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Environmental Tech 700 AI	Aggregate year–to-date	$ $210.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WILLIAM HODGES	10 / 02 / 14	$ $5.00
Mailing Address 310 WILLIAMS ROAD	10 / 09 / 14	$ $5.00
City, State, Zip Code FLORENCE, MS 39073-7945	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Roll Shop Supervisor	Aggregate year–to-date	$ $210.00

Name of Candidate or Committee Nucor Steel Recyclers of Mississippi Political Action Committee

Reporting period 10/01/14 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 HOMER LANG	10 / 02 / 14	$ $5.00
Mailing Address 203 THORNGATE DRIVE	10 / 09 / 14	$ $5.00
City, State, Zip Code BRANDON, MS 39042-4203	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Casting Supervisor	Aggregate year–to-date	$ $210.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JEFF LANG	10 / 02 / 14	$ $25.00
Mailing Address 131 CHADWYCK PLACE	10 / 09 / 14	$ $25.00
City, State, Zip Code MADISON, MS 39110-6509	10 / 16 / 14	$ $25.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $25.00
Occupation (Required) Roll Mill Supervisor	Aggregate year–to-date	$ $1,050.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LARRY LORTON	10 / 02 / 14	$ $5.00
Mailing Address 261 MEADOWPARK LANE	10 / 09 / 14	$ $5.00
City, State, Zip Code ROCKWALL, TX 75032-8277	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) District Sales Manager	Aggregate year–to-date	$ $235.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DON MOORE	10 / 02 / 14	$ $5.00
Mailing Address 202 PECAN CREEK DRIVE	10 / 09 / 14	$ $5.00
City, State, Zip Code TERRY, MS 39170-9409	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Melt Shop Utility	Aggregate year–to-date	$ $210.00

Name of Candidate or Committee Nucor Steel Recyclers of Mississippi Political Action Committee

Reporting period 10/01/14 **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 EDWARD RUSSELL	10 / 02 / 14	$ $5.00
Mailing Address P. O. BOX 320125	10 / 09 / 14	$ $5.00
City, State, Zip Code FLOWOOD, MS 39232-0125	10 / 16 / 14	$ $5.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required) Roll Mill Maintenance Pla	Aggregate year–to-date	$ $210.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMES SHEBLE	10 / 10 / 14	$ $25.00
Mailing Address 107 MISTY COVE	10 / 24 / 14	$ $25.00
City, State, Zip Code MADISON, MS 39110-7620	/ /	$
Name of Employer (Required) Nucor Steel Jackson, Inc.	/ /	$
Occupation (Required) General Manager	Aggregate year–to-date	$ $550.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name KEITH SHELTON	10 / 10 / 14	$ $10.00
Mailing Address 139 LAKE FOREST DRIVE	10 / 24 / 14	$ $10.00
City, State, Zip Code BRANDON, MS 39047-7392	/ /	$
Name of Employer (Required) Nucor Steel Jackson, Inc.	/ /	$
Occupation (Required) Roll Mill Manager	Aggregate year–to-date	$ $220.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMES SMITH	10 / 02 / 14	$ $10.00
Mailing Address 2372 CASTLE HILL DR.	10 / 09 / 14	$ $10.00
City, State, Zip Code JACKSON, MS 39204-5232	10 / 16 / 14	$ $10.00
Name of Employer (Required) Nucor Corporation	10 / 23 / 14	$ $10.00
Occupation (Required) Shear Operator	Aggregate year–to-date	$ $420.00

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Reporting period 10/01/14 **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: BENJAMIN TAYLOR	10 / 02 / 14	$ $5.00
Mailing Address: 401 SIMPSON HIGHWAY 469	10 / 09 / 14	$ $5.00
City, State, Zip Code: HARRISVILLE, MS 39082-4230	10 / 16 / 14	$ $5.00
Name of Employer (Required): Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required): Mechanic Lead	Aggregate year–to-date	$ $210.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DUANE THOMAS	10 / 02 / 14	$ $5.00
Mailing Address: 113 GRANDVIEW CIRCLE	10 / 09 / 14	$ $5.00
City, State, Zip Code: BRANDON, MS 39047-8275	10 / 16 / 14	$ $5.00
Name of Employer (Required): Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required): Melt Shop Supervisor	Aggregate year–to-date	$ $210.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARTIN THORPE	10 / 10 / 14	$ $10.00
Mailing Address: 108 VIRGINIA VALLEY DRIVE	10 / 24 / 14	$ $10.00
City, State, Zip Code: BRANDON, MS 39047-4504	/ /	$
Name of Employer (Required): Nucor Corporation	/ /	$
Occupation (Required): Melt Shop Manager	Aggregate year–to-date	$ $220.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RUSSELL WADE	10 / 02 / 14	$ $5.00
Mailing Address: 163 EASTSIDE DRIVE	10 / 09 / 14	$ $5.00
City, State, Zip Code: BRANDON, MS 39047-9029	10 / 16 / 14	$ $5.00
Name of Employer (Required): Nucor Corporation	10 / 23 / 14	$ $5.00
Occupation (Required): Power Engineer	Aggregate year–to-date	$ $210.00

Name of Candidate or Committee Nucor Steel Recyclers of Mississippi Political Action Committee

Reporting period 10/01/14 **through** 10/25/14

ITEMIZED DISBURSEMENTS

A. Full name Friends of Cindy Hyde-Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 214 Clark Creek Road	10 / 10 / 14	$ $500.00
City, State, Zip Code Brandon, MS 39043	/ /	$
Purpose of Disbursement (Optional) , COMMISSIONER OF AGRICULTURE & COMMERCE	Aggregate Year-to-date	$ $500.00
B. Full name Friends of Phil Bryant	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO Box 321226	10 / 14 / 14	$ $5,000.00
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional) Phil Bryant, MUNICIPAL AND COUNTY MS	Aggregate Year-to-date	$ $5,000.00
C. Full name Dick Hall Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 55942	10 / 16 / 14	$ $1,000.00
City, State, Zip Code Jackson, MS 39296	/ /	$
Purpose of Disbursement (Optional) Dick Hall, TRANSPORTATION COMMISSIONER MS	Aggregate Year-to-date	$ $1,000.00
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	$