2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 27 2014
Campaign Finance
Secretary of State
DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Election

Name of Committee: Prosperity PAC

Address: 140 East Metro, Flowood, MS 39232

Telephone: 601-919-4200 (Fax) 601-919-4216

Treasurer: William C. Lehr Email: bill.lehr@communitybank.net

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 27, 2014 Pre-Election Report** (January 1, 2014, through May 24, 2014) ..... **Mandatory**

____ **June 17, 2014 Pre-Runoff Report** (May 25, 2014, through June 14, 2014) ..... **Mandatory**

X **October 28, 2014 Pre-Election Report** (June 15, 2014, through October 25, 2014) ..... **Mandatory**

____ **November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014) ..... **Runoff Candidates**

____ **January 30, 2015 Annual Report** (January 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	13,000	$13,000	$13,000
Total amount of disbursements	20,000	$20,000	$25,000
Total amount of cash on hand		$18,861	

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: 10/27/2014

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: Prosperity PAC

Reporting period: 6/15/2014 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: Community Bancshares of Mississippi	10 / 10 / 14	$ 5000
Mailing Address: PO Box 1869	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Community Bancshares of Mississippi	/ /	$
Occupation (Required): Banking	Aggregate year-to-date	$ 5000

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Community Bank, North Mississippi	10 / 16 / 14	$ 4000
Mailing Address: 900 North Main Street	/ /	$
City, State, Zip Code: Amory, MS 38821	/ /	$
Name of Employer (Required): Community Bank, North Mississippi	/ /	$
Occupation (Required): Banking	Aggregate year-to-date	$ 4000

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Community Bank, Coast	10 / 16 / 14	$ 4000
Mailing Address: 677 Dr. MLK Jr. Blvd	/ /	$
City, State, Zip Code: Biloxi, MS 39530	/ /	$
Name of Employer (Required): Community Bank, Coast	/ /	$
Occupation (Required): Banking	Aggregate year-to-date	$ 4000

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 Prosperity PAC

Reporting period 6/15/2014 through 10/25/2014

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Committee to re-elect Judge Billy Joe Landrum		
Mailing Address PO Box 685	7 / 29 / 14	$ 2500
City, State, Zip Code Laurel, MS 39441	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2500
B. Full name Friends of Will Longwitz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1273	9 / 9 / 14	$ 1000
City, State, Zip Code Madison, MS 39130	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000
C. Full name Friends of Josh Harkins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 320374	9 / 30 / 14	$ 500
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000
D. Full name Friends of Mike Tagert	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1881	9 / 30 / 14	$ 1000
City, State, Zip Code Starkville, MS 39760	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000
E. Full name Friends of Phil Bryant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 321226	10 / 1 / 14	$ 15000
City, State, Zip Code Flowood, MS 39232	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 15000
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	$