2015 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JUN 10 2015
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Zack Huffman

Address P.O. Box 128, Tutwiler, MS, 38963 County Tallahatchie

Telephone (Work) 662-448-0704 (Home) 662-448-0704 (Fax)

Contact Name Zack Huffman Email Address huffmanforthehouse@gmail.com

Office Sought State Representative Political Party Democratic

☒ 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	$ 3658.60	+ $	1280.63	$ 4939.23	$ 4939.23
Total amount of disbursements	$ 2668.17	+ $	31.41	$ 2699.58	$ 2699.58
Total amount of cash on hand				$ 2,239.73	

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: Zack Huffman — Date: 06/10/15

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: Zack Hutfman

Reporting period: _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Wagner	12 / 16 / 15	$ 1,000.00
Mailing Address: 130L Cassidy Street	/ /	$
City, State, Zip Code: Sumner, MS 38957	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dean Copeland	12 / 16 / 15	$ 250.00
Mailing Address: 214 NE Camden Rd	/ /	$
City, State, Zip Code: Atlanta, GA 30309	/ /	$
Name of Employer (Required): Cobra Legal Solutions, LLC	/ /	$
Occupation (Required): Assistant Chairman / Lawyer	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Whitten	12 / 15 / 15	$ 500.00
Mailing Address: P.O. Box 369	/ /	$
City, State, Zip Code: Sumner, MS, 38957	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Lawyer	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert and Claudia Hutfman	12 / 15 / 15	$ 500.00
Mailing Address: 428 County Road 63	/ /	$
City, State, Zip Code: Weaverland, MS, 39776	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Zack Huffman

Reporting period: January 1 through April 30

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Payton Edmondson	3 / 4 / 15	$ 250.00
Mailing Address: P.O. Box 34	/ /	$
City, State, Zip Code: Vaiden, MS 38878	/ /	$
Name of Employer (Required): Meridian Creek Farms, LLC	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leadership for Educational Equity - Mississippi	4 / 30 / 15	$ 1168.17
Mailing Address: 1505 7th Street, NW, 8th Floor	/ /	$
City, State, Zip Code: Washington, DC 20001	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1168.17

C. 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	$

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 Zack Huffman

Reporting period January 1 through April 30

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Bridget Sharp Photography	3 / 10 / 15	$ 400.00
200 County Road 48		
Houston, MS 38851	/ /	$
	Aggregate Year-to-date	$ 400.00
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Carey Spurck	2 / 10 / 15	$ 1,100.00
1200 East County Line Road		
Jackson, MS 39156	/ /	$
	Aggregate Year-to-date	$
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Leadership for Educational Equity - Mississippi		
1805 7th Street, NW, 8th Floor	/ /	$ 1,160.17
Washington DC 20001	/ /	$
	Aggregate Year-to-date	$ 1,160.17
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
	/ /	$
	/ /	$
	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
	/ /	$
	/ /	$
	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
	/ /	$
	/ /	$
	Aggregate Year-to-date	$