

2015 ELECTION CYCLE

**Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**



Name of Candidate DEBORAH BUTLER DIXON
 Address P.O. Box 106 Jackson, MS 39215 County Hinds
 Telephone (Work) 601-540-1211 (Home) _____ (Fax) _____
 Contact Name Deborah B Dixon Email Address renaydixon@yahoo.com
 Office Sought District 63 Political Party Democrat

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) **Mandatory**
- X** 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 5, 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) (i) and (ii).
- (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	\$ 9,500.00	* \$ 950.00	\$ 10,450.00	\$ 10,450.00
Total amount of disbursements	\$ 5,739.49	* \$ 3,616.40	\$ 9,355.89	\$ 9,355.89
Total amount of cash on hand			\$ 1,094.11	

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

Deborah B Dixon
Signature of Candidate

June 10, 2015
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 \$60 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 DEBORAH BUTLER DIXON
 Reporting period May 1, 2015 through May 31, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dirt Cheap Signs		
Mailing Address	___/___/___	\$ 760.99
7301 Bar K Ranch Road		
City, State, Zip Code	___/___/___	\$
Lago Vista, Texas 78645		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 760.99
Signs, banner,		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Darryl Allen Printing		
Mailing Address	___/___/___	\$ 1,010.00
2015 Martin Luther King Jr. Dr.		
City, State, Zip Code	___/___/___	\$
Atlanta, GA 30310		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,010.00
Bookmarks, Calendars, fans Push cards		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chevron Oil		
Mailing Address	___/___/___	\$ 2,500.00
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,500.00
Apot Gas for Travel		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Phillips Printing Company		
Mailing Address	___/___/___	\$ 868.50
404 Main Street		
City, State, Zip Code	___/___/___	\$
Tarboro, NC 27886		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 868.50
Fan/ Calendars/ Banner		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot		
Mailing Address	___/___/___	\$ 500.00
I-55		
City, State, Zip Code	___/___/___	\$
Jackson, MS		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Supplies for postage, mailing envelopes, ink, pens		
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	\$

Name of Candidate or Committee Deborah Butler Dixon
 Reporting period May 1, through May 31, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Deborah Butler Dixon</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>4000.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>1,000.00</u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>7,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Empower PAC</u>	<u>5</u> / <u>1</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. Box 4928</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Madison, MS 39130</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____