

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Melanie Soyurner
 Address 430 Upper Kirkington/Natchez Adams County Adams
 Telephone (Work) (601-351-6289) (Home) same (Fax) _____
 Contact Name Melanie Soyurner Email Address melanie.soyurner@gmail.com
 Office Sought Senate 37 Political Party Republican

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
- ___ 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 26, 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 6:00 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	\$ 2,100.00	\$ 455.00	\$ 2,555.00	\$ 14,199.99
Total amount of disbursements	\$ 1,199.00	\$ 1,145.62	\$ 2,344.70	\$ 4,751.34
Total amount of cash on hand			\$ 9,448.65	

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

Melanie Soyurner
 Signature of Candidate

7/10/15
 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 Melanie Soyurner
 Reporting period 6/1/15 through 6/30/15

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>MS Power State PAC</u>		<u>10/14/15</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 4079</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39508</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Electric Utility</u>		Aggregate year-to-date	\$ _____
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>Boris Guedon</u>		<u>10/17/15</u>	\$ <u>1,000.00</u>
Mailing Address <u>354 Guedon Rd</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Natchez, MS</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Church Hill Produce</u>		Aggregate year-to-date	\$ _____
C. 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>Orack Soyurner</u>		<u>10/17/15</u>	\$ <u>500.00</u>
Mailing Address <u>#1 Oakwood Plantation</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Natchez, MS 39120</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Cattle producer</u>		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 _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Mailing Address _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Melanie Soyurner
 Reporting period 6/1/15 through 6/30/15

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Vertical Strategies</u>	<u>6/13/15</u>	\$ <u>413.72</u>
Mailing Address <u>190 Monroe Ave NW</u>	<u>6/13/15</u>	\$
City, State, Zip Code <u>Grand Rapids, MI 49503</u>	<u>6/13/15</u>	\$
Purpose of Disbursement (Optional) <u>Research Survey</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pulse Red Communications</u>	<u>6/20/15</u>	\$ <u>259.99</u>
Mailing Address <u>190 Monroe Ave NW</u>	<u>6/20/15</u>	\$
City, State, Zip Code <u>Grand Rapids, MI 49503</u>	<u>6/20/15</u>	\$
Purpose of Disbursement (Optional) <u>Print Materials</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>C Spire</u>	<u>6/12/15</u>	\$ <u>200.00</u>
Mailing Address	<u>6/12/15</u>	\$
City, State, Zip Code <u>Meachville, MS</u>	<u>6/12/15</u>	\$
Purpose of Disbursement (Optional) <u>Phone usage</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Office Depot</u>	<u>6/15/15</u>	\$ <u>285.37</u>
Mailing Address <u>John R. Jenkins Dr</u>	<u>6/15/15</u>	\$
City, State, Zip Code <u>Natchez, MS</u>	<u>6/15/15</u>	\$
Purpose of Disbursement (Optional) <u>envelopes, printing, cards</u>	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/15/15</u>	\$
City, State, Zip Code	<u>6/15/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/15/15</u>	\$
City, State, Zip Code	<u>6/15/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$