REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES
2014 Non-Judicial Election

Check one of the following:
☐ The independent expenditure disclosed **was made in support** of the candidate identified.
☐ The independent expenditure disclosed **was made in opposition** to the candidate identified.

Name of the Candidate of whom the expenditure was in support or in opposition

Full Name of Individual or Entity making Independent Expenditure

Please check the appropriate box:
☐ Corporation
☐ Individual
☐ Political Committee
☐ Other (Specify___________________________)

Contact Person

Mailing Address City State Zip Code
_______________________________________________________________________________________________

Phone                                            Fax

Please check one of the following dates:

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

_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

<table>
<thead>
<tr>
<th>Itemized + Non-itemized =</th>
<th>This Period</th>
<th>Calendar Year-To-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total amount of contributions $ +$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total amount of disbursements $ +$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total amount of cash on hand</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

Authorized Signature

State of _________________________
County of _______________________

Date Signed

Sworn to and subscribed before me this the _____ day of __________, 2014.

Notary Public

My Commission Expires:


SEND TO:
1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-576-2545.
2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.
3. Independent expenditures made for municipal elections should be filed with the Municipal Clerk.