2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
JAN 29 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate's Name BRANDON PRESLEY

Full Address 182 VERONA ST., NETTLETON, MS 38858

Telephone 662-401-3985 Fax N/A

Contact Name BRANDON PRESLEY Email brandonepresley@gmail.com

Office Sought PUBLIC SERVICE COMMISSIONER (NORTHERN) Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ 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 receiving authority 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	$23,262.16 +	$ 200.00	$ 23,462.16	$ 23,462.16
Total amount of disbursements	$ 19,282.16 +	$ 100.00	$ 19,382.16	$ 19,382.16
Total amount of cash on hand			$ 507.01 →	AS OF 01-29-10

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

Brandon Presley
Signature of Candidate

JANUARY 29, 2010
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 $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 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NUCOR STEEL RECYCLERS OF MS PAC	11/2/09	$ 1,000.00
Mailing Address: 3630 4TH ST.	__/__/__	$
City, State, Zip Code: FLOWOOD, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MR. OR. MRS. CHIP CRANE	11/13/09	$ 1,000.00
Mailing Address: P.O. BOX 423	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$
Name of Employer (Required): F.L. CRANE & SONS	__/__/__	$
Occupation (Required): C.E.O.	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DOUGLAS M. WRIGHT, JR.	11/17/09	$ 1,000.00
Mailing Address: 265 CR 263	__/__/__	$
City, State, Zip Code: SALTILLO, MS 38866	__/__/__	$
Name of Employer (Required): COMMUNITY ELDERCARE, INC.	__/__/__	$
Occupation (Required): C.E.O.	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TONNY JOHNSON	11/18/09	$ 1,000.00
Mailing Address: 1825 MAIN ST.	__/__/__	$
City, State, Zip Code: COLUMBUS, MS 39701	__/__/__	$
Name of Employer (Required): JOHNSON CARPETS	__/__/__	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee BRANDON PRESLEY

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Reporting period 01-01-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THOMAS E. CHILDS, JR.	12/19/09	$ 2,500.00
Mailing Address: P.O. BOX 1429	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BANCORPSOUTH BANK PAC	12/7/09	$ 1,000.00
Mailing Address: P.O. BOX 789	__/__/__	$
City, State, Zip Code: TUPELO, MS 38802-0789	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JIMMY D. & MARTHA MURPHY	11/19/09	$ 2,500.00
Mailing Address: BOX 33	__/__/__	$
City, State, Zip Code: BODNEVILLE, MS 38829	__/__/__	$
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GRETA PRESLEY	8/28/09	$ 1,500.00
Mailing Address: 328-B LAUDERDALE ROAD	__/__/__	$
City, State, Zip Code: NASHVILLE, TN 37205	__/__/__	$
Name of Employer (Required): H.C.A.	__/__/__	$
Occupation (Required): EXEC. ASST.	Aggregate year-to-date	$ 1,500.00

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Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BRANDON E. PRESLEY	1/26/09	$ 1,000.00
Mailing Address: 182 VERONA ST.	3/30/09	$ 200.00
City, State, Zip Code: NETTLETON	4/20/09	$ 3,414.57
Name of Employer (Required): STATE OF MS	5/7/09	$ 250.00
Occupation (Required): PABLIC SERVICE COMMISSIONER	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6/30/09	$ 250.00
Mailing Address	7/16/09	$ 1,567.59
City, State, Zip Code	8/28/09	$ 3,500.00
Name of Employer (Required)	9/20/09	$ 950.00
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10/12/09	$ 200.00
Mailing Address	11/2/09	$ 230.00
City, State, Zip Code	11/16/09	$ 200.00
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 11,762.16

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CLAUDE AND SARAH HARTLEY	12/__/09	$ 250.00
Mailing Address: 4437 RIDGEWAY	__/__/__	$
City, State, Zip Code: TUPELO, MS 38826-9760	__/__/__	$
Name of Employer (Required): TUPELO FORNITURE MFG.	__/__/__	$
Occupation (Required): SALES	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name: ELECTION IMPACT GROUP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P. O. BOX 278	1/19/09	$ 500.00
City, State, Zip Code: OXFORD, MS 38655	5/7/09	$ 250.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/30/09	$ 250.00
City, State, Zip Code	10/11/09	$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/6/09	$ 200.00
City, State, Zip Code	11/23/09	$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,600.00
D. Full name: FORTION-ARINC, INC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 108 JEFFERSON ST.	1/26/09	$ 500.00
City, State, Zip Code: RIPLEY, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
E. Full name: REBECCA BAKER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 7053 PENTBROOK DR.	2/27/09	$ 250.00
City, State, Zip Code: FRANKLIN, TN 37069	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
F. Full name: THOMAS AND CHARLOTTE MCELROY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 1450	9/19/09	$ 950.00
City, State, Zip Code: TUPELO, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 950.00

SS04-05

Name of Candidate or Committee BRANDON FRESCO

Reporting period 01-01-09 through 12-31-09

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: BANCORPSOUTH - NETTLETON Mailing Address: DRAWER B City, State, Zip Code: NETTLETON, MS 38858 Purpose of Disbursement (Optional): CAMPAIGN LOAN REPAYMENT	4/30/09	$ 3,414.57
	7/16/09	$ 1,567.59
	Aggregate Year-to-date	$
B. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	8/28/09	$ 5,000.00
	11/20/09	$ 3,000.00
	Aggregate Year-to-date	$
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	11/24/09	$ 3,000.00
	__/__/__	$
	Aggregate Year-to-date	$ 15,982.16
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$