



## REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES 2014 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:**

- \_\_\_\_\_ **May 9, 2014 Periodic Report** (January 1, 2014, through April 30, 2014).....**Mandatory**
- \_\_\_\_\_ **June 10, 2014 Periodic Report** (May 1, 2014, through May 31, 2014).....**Mandatory**
- \_\_\_\_\_ **July 10, 2014 Periodic Report** (June 1, 2014, through June 30, 2014).....**Mandatory**
- \_\_\_\_\_ **October 10, 2014 Periodic Report** (July 1, 2014, through September 30, 2014).....**Mandatory**
- \_\_\_\_\_ **October 28, 2014 Pre-Election Report** (October 1, 2014, through October 25, 2014)..... **Mandatory**
- \_\_\_\_\_ **November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014).....**Runoff Candidates Only**
- \_\_\_\_\_ **January 9, 2015 Periodic Report** (October 1, 2014, through December 31, 2014).....**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**

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
<b>Total amount of contributions</b>	\$        +\$	\$	\$
<b>Total amount of disbursements</b>	\$        +\$	\$	\$
<b>Total amount of cash on hand</b>		\$	

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:

Miss Code Ann. §23-15-807 and §23-15-809 (1972)  
**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.