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 ☐ Political Committee

☐ Individual ☐ Other (Specify_____)

_____

Contact Person

_____

Mailing Address *City* *State* *Zip Code*

_____ _____

Phone *Fax*

Please check one of the following dates:

_____ **May 27, 2014 Periodic Report** (January 1, 2014, through May 24, 2014)..... **Mandatory**

_____ **June 17, 2014 Periodic Report** (May 25, 2014, through June 14, 2014) ..... **Mandatory**

_____ **October 28, 2014 Pre-Election Report** (June 15, 2014, through October 25, 2014)..... **Mandatory**

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

_____ **January 30, 2015 Annual Report** (January 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
Total amount of contributions	$	+$	$	$
Total amount of disbursements	$	+$	$	$
Total amount of cash on hand			$	

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 *Date Signed*

State of _____

County of _____

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.**