#### 2015 ELECTION CYCLE

#### Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

| r   | Delbert Hosemann SECRETARY OF STATE    | <b>-</b> |
|-----|--|----------|
|     | ECEIVE                                 | h        |
|     | OCT 0 6 2015                           |          |
| - L | Campaign Finance<br>Secretary of State |          |

| Name of CandidateLoyd B. "Rob" Roberson II  |  |   | Campaign Finance   |
|---|--|---|--|
| 1100 Hun 197 Wast Starkville, MS 397.   | 59   | County Oktibbeha  | Secretary of State   |
| 100,000   | (Home) 662-418-2914  | (Fax) 662-461-8956  |  |
| i eleptione (WOIN)  | (Home)   | ess robersonlaw@aol.com   |  |
| Contact Name_Tiffany Harris   |  |   |  |
| Office Sought House of Representative Dist 43   | Political Party  | republican  |  |
| Check here if above is different from pro   |  |   |  |
| May 8, 2015 Periodic Report (January 1, 20  | TYPE O   | F REPORT  | Mandatory  |
| May 8, 2015 Periodic Report (January 1, 2015<br>June 10, 2015 Periodic Report (May 1, 2015  | :  | V/  | Mandatory  |
| June 10, 2015 Periodic Report (May 1, 2015  July 10, 2015 Periodic Report (June 1, 2015   | , through May 31, 2010)  | 1   | Mandatory  |
| July 10, 2015 Periodic Report (June 1, 2015   | i, through June 30, 2019   | 15)   | Mandatory  |
| July 10, 2015 Periodic Report (July 1, 2015)  July 28, 2015 Pre-Election Report (July 1, 2  | 015, through July 25, 20   | All Prime   | ary Candidates and Political Committees                          |
| August 18, 2015 Pre-Election Report (July   | 26, 2015, through Augus  | t 15, 2015)   | Runoff Candidates Only Political Committees in a Runoff Election |
| August 18, 2015 Pre-Election (Cary)   |  | All Primary Candidates and a  | Mandatory  |
| X October 9, 2015 Periodic Report (July 1, 20   | 15, through September  | 30, 2015)   | Wandstory  |
|   |  |   | All Candidates and Political Committees                          |
| (Primary Election Withhels report October 1, 22   | - " - L O-tabor 24 2015  | ;}  |  |
| (Independent Candidates report January 1, 201  November 17, 2015 Pre-Runoff Report (Oc  | tober 25, 2015, through  | All Cendidates and I  | Political Committees in a Runoff Election                        |
| January 8, 2016 Periodic Report (October  | 1, 2015, through Decemi  | oer 31, 2015)   | малдатогу  |
| Termination Report (Candidate will no longer a outstanding campaign deb   | ccept contributions or make  | campaign expenditures and has no  | Required to terminate reporting obligations                      |
|   |  | ANT   |  |
| (1) Pre-Election reports are mandatory, even if no coindicating "0" (Zero) for total amount of reported   | ontributions or expendituitions and expendituitions are expendituitions and expendituitions are expendituition are expendituition are expendituition are expendituitit | es have occurred. In such case, the ditures during this period.               | candidate shall submit a report                                  |
| (2) Until a Candidate files a Termination Report, and   | iual and periodic reports r  | Wast son be med in ecosy among  | Miss. Code Ann. § 23-15-807 (b) (fi)                             |
| I and Hill  |  | - 100 at  | Cutum falle on a Weekend Of 4                                    |
| holiday, the onice must be in actual  | •  |   | The deadulity.   |
| RE  | PORTED CONTRIBUT   | TIONS AND DISBURSEMENTS   | Calendar   |
| temized +   | Non-Itemized   | This Period   | year-to-date   |
| Total amount of contributions \$ 5657.88+   | 900.0  | 0 \$ 6557.8   | 3 25500,94   |
| Total amount of disbursements \$ 7753.76  |  | 3 \$ 8105,  | 19: 15773.79   |
|   |  | \$ 2132.81  | includes moseyption  |
| Total amount of cash on hand  I certify that I have examined this re  | port and to the best of n  | ny knowledge and belief it is true,   | accurate, and complete.  |
| i certify that I have examined this re  | Notes and to the best of the   |   | . 6,2015   |
| Olympture of Candidate  |  | Date  |  |
| Authority: Refer to Miss. Code Ann. §23-15-801 (1972) e<br>Penalties: Fallure to submit required reports, or fallure<br>fines of \$50 per day and/or prosecution in accordance to | t. seq. for statutory requiren<br>to submit reports in accorde<br>with Miss. Code Ann. §§ 23-1   | nents.<br>arce with statutory deadlines, or failure<br>[5-811 and 813 (1972). | to submit valid reports shall result in                          |
| Since of \$50 per day and/or prosecution  |  |   | form to Secretary of State, Elections                            |

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 Multiple of Management of the Multiple Clerk

  - 3. Candidates for Municipal office should return forms to the Municipal Clerk

| Nama of   | Candidate  | OF. | Committee | Loyd B. | "Rob" | Roberson |
|-----------|------------|-----|-----------|---------|-------|----------|
| Maille Vi | Calluluate | VI  | Committee |         |       |          |

Reporting period July 29, 2015

through Septmeber 30, 2015

# ITEMIZED DISBURSEMENTS

| l. Full name                                      | Date<br>(Mo., Day, Year)  | Amount of each disbursement this period |
|---|---------------------------|---|
| acebook   | (MO., Day, Tear)          | dispulsonient and person                |
| teiling Address                                   | 07 / 31 / 15              | <b>\$</b> 196.28                        |
| Hackway   |                           |   |
| City, State, Zip Code                             | 08 / 20 / 15              | \$ 211.60                               |
| Menlo, CA 94205                                   | A                         |   |
| Purpose of Disbursement (Optional)                | Aggregate<br>Year-to-date | \$ 407.88                               |
| Ds  |                           | Amount of each                          |
| 3, Full name                                      | Date<br>(Mo., Day, Year)  | disbursement this period                |
| Tellos  |                           |   |
| Mailing Address                                   | 07 / 29 / 15              | \$ 1805.71                              |
| 1012 N. Jackson                                   |                           |   |
| City, State, Zip Code                             | //                        | \$                                      |
| Starkville, MS 39759                              | Augusto                   |   |
| Purpose of Disbursement (Optional)                | Aggregate<br>Year-to-date | \$ 10320.71                             |
| IV ADs and Production                             | Date                      | Amount of each                          |
| C. Full name                                      | (Mo., Day, Year)          | disbursement this perior                |
| The Camphouse                                     |                           |   |
| Malling Address                                   | 08 / 05 / 15              | \$ 325.00                               |
| 109 University Drive                              |                           |   |
| City, State, Zip Code                             | '                         | \$                                      |
| Starkville, Ms 39759                              | Aggregate                 |   |
| Purpose of Disbursement (Optional)                | Year-to-date              | \$ 325.00                               |
| Campaign Event                                    | Date                      | Amount of each                          |
| D. Full name                                      | (Mo., Day, Year)          | disbursement this perio                 |
| Watermark   |                           | <b>6</b>                                |
| Mailing Address                                   | 9 / 24 / 15               | \$ 2038.08                              |
| 1085 Stark Road                                   |                           |   |
| City, State, Zip Code                             | _'_'                      | \$                                      |
| Starkville, MS 39759                              | Aggregate                 | \$ 3336.09                              |
| Purpose of Disbursement (Optional)                | Year-to-date              | 3 3530.09                               |
| Push Cards, Door Hangers, Cards and Eventopes     | Date                      | Amount of each                          |
| E. Full name                                      | (Mo., Day, Year)          | disbursement this period                |
| College Republicans                               |                           | £ 050.00                                |
| Mailing Address                                   | 09 / 15 / 15              | \$ 250.00                               |
| C/O Gavin King Maxwell Street Apt 7               |                           | s                                       |
| City, State, ZIp Code                             | ''-                       | •                                       |
| Starkville, Ms 39759                              | Aggregate                 | \$ 250.00                               |
| Purpose of Disbursement (Optional)                | Year-to-date              | 200.00                                  |
| Donation  | Date                      | Amount of each                          |
| F. Full name                                      | (Mo., Day, Year)          | disbursement this perio                 |
| Starkville Young Professionals                    | 08 / 19 / 15              | \$ 200.00                               |
| Mailing Address                                   | <u> </u>                  |   |
| 111 Tuxford                                       | 1 1                       | \$                                      |
| City, State, Zip Code                             |                           |   |
| Starkville, MS Purpose of Disbursement (Optional) | Aggregate                 | \$ 200.00                               |
|   | Year-to-date              |   |

|     | ₫. | 0004/0007 |
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| ane | 2  | of 2      |

| Name of Candidate or Committee  | Loyd B. "Rob" Roberson     |
|---------------------------------|----------------------------|
| Maine of Calibrate of Committee |                            |
| Penarting period July 29, 2015  | through Septmeber 30, 2015 |

# ITEMIZED DISBURSEMENTS

| A. Full name   | Date (Man Page Voca)                       | Amount of each disbursement this period |
|--|--|---|
| Mail Managers  | (Mo., Day, Year)                           | aisoursement ans benoa                  |
| Mailing Address  | 08 / 05 / 15                               | <b>\$</b> 1332.09                       |
| 104 Willow Road  |  |   |
| City, State, Zip Code  | 1 1  | \$                                      |
| Starkville, Ms 39759   |  |   |
| Purpose of Disbursement (Optional)   | Aggregate                                  | <b>\$</b> 1332.09                       |
| Mail Out   | Year-to-date                               |   |
| B, Full name   | Date                                       | Amount of each disbursement this period |
| Starkville Daily news  | (Mo., Day, Year)                           | disparsement uns benod                  |
| Mailing Address  | 08 / 11 / 15                               | \$ 300.00                               |
| 304 E Lampkin  |  |   |
| City, State, Zip Code  | /_/  | \$                                      |
| Starkville, MS 39759   |  |   |
| Purpose of Disbursement (Optional)   | Aggregate                                  | <b>\$</b> 610.00                        |
| Ad   | Year-to-date                               |   |
| C. Full name   | Date                                       | Amount of each disbursement this period |
| James Apple  | (Mo., Day, Year)                           | disputation and belon                   |
| Mailing Address  | 08 / 06 / 15                               | \$ 50.00 gas                            |
| 212 East Main Street   |  | , , , , , , , , , , , , , , , , , , ,   |
| City, State, Zip Code  | 08 / 20 / <u>15</u>                        | <b>\$</b> 125.00                        |
| Starkville, MS 39759   |  |   |
| Purpose of Disbursement (Optional)   | Aggregate                                  | \$ Cont                                 |
| Payroll and gas  | Year-to-date                               |   |
| D. Full name   | Date                                       | Amount of each disbursement this period |
| James Apple  | (Mo., Day, Year)                           | dispuisement and pro-                   |
| Mailing Address  | 08 / 26 / 15                               | \$ 400.00                               |
| 212 East Main Street   |  |   |
| City, State, Zip Code  | 09 / 18 / 15                               | <b>\$</b> 125.00                        |
| Starkville, MS 39759   |  |   |
| Purpose of Disbursement (Optional)   | Aggregate Year-to-date                     | \$ Cont                                 |
| Payroli  |  | Amount of each                          |
| E. Full name   | Date<br>(Mo., Day, Year)                   | disbursement this period                |
| James Apple  | (Mo., Day, Tear)                           |   |
| Mailing Address  | 09 / 24 / 15                               | \$ 125.00                               |
| 212 East Main Street   |  |   |
| City, State, Zip Code  | <u>08</u> / <u>04</u> / <u>15</u>          | \$ 20.00 supp                           |
| Starkville, MS 39759   |  | _                                       |
| Purpose of Disbursement (Optional)   | Aggregate<br>Year-to-date                  | \$ Cont                                 |
| Payroli and supplies   |  | Amount of each                          |
| · Alian and albert   | Date                                       | disbursement this period                |
| F. Full name   | (Mo. Day Year)                             |   |
|  | (Mo., Day, Year)                           |   |
| F. Full name   | (Mo., Day, Year)                           | \$ 125.00                               |
| F. Full name James Apple Mailing Address 212 East Main Street  | 08 / 06 / 15                               |   |
| F. Full name James Apple Mailing Address   |  | \$ 125.00<br>\$ 125.00                  |
| F. Full name James Apple Mailing Address 212 East Main Street City, State, Zip Code Starkville, MS 39759 | <u>08 / 06 / 15</u><br><u>08 / 13 / 15</u> | <b>\$</b> 125.00                        |
| F. Full name James Apple Mailing Address 212 East Main Street City, State, Zip Gode                      | 08 / 06 / 15                               |   |

| Page | 1F | of | 图 |
|------|----|----|---|
|      |    |    |   |

| Name of Candidate or Committee | Loyd B. "Rob" Roberson II |                    |
|--------------------------------|---------------------------|--------------------|
| Reporting period July 29, 2015 | through                   | September 30, 2015 |
| toporting porton               |                           | DEALIDTO           |

# ITEMIZED RECEIPTS

| A. Source: Corporation PAC X Individual Loan  | Date<br>(Mo., Day, Year)  | Amount of each receipt  |
|---|---|---|
| Other (please specify)  | (1110-1, 2-13)  | this period   |
| Full name   | 08 / 24 / 15  | \$ 500.00   |
| Friends of Phil Bryant  |   |   |
| Mailing Address   | <u> </u>  | \$  |
| P.O. Box 321226   |   |   |
| City, State, Zip Code   | 1_1_1_1_  | \$  |
| Flowood, MS 39232   |   |   |
| Name of Employer (Required)   | <u> </u>  | \$  |
| State of MS   | Aggregate   | <b>.</b>  |
| Occupation (Required) Governor of MS  | year-to-date  | \$ 500.00   |
| B. Source: Corporation PAC X Individual Loan  | Date  | Amount of each  |
| B. Source: 1 Corporation 1  | (Mo., Day, Year)  | receipt   |
| Other (please specify)  | (11101)   | this period   |
| Full name   | 08 / 06 / 15  | \$ 1000.00  |
| Mac Smith   |   | *   |
| Mailing Address   |   | \$  |
| 343 Lakewood Dr   | · · · · · · · · · · · · · · · · · · ·   | ,   |
| City, State, Zip Code   |   | \$  |
| Starkville, MS 39759  |   |   |
| Name of Employer (Required)   |   | \$  |
| Little Dooey's  | Aggregate   | \$ 1000.00Pp/   |
| Occupation (Reguired) Manager   | year-to-date  | V 1000.00 P   |
| Manager   |   | l   |
| C. Source Corporation PAC X Individual Loan   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period  |
| F BAC W Individual Loan   | (Mo., Day, Year)  | receipt<br>this period  |
| C. Source Corporation PAC X Individual Loan Cother (please specify)   |   | receipt   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley   | (Mo., Day, Year)  | receipt this period \$ 150.00   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address  | (Mo., Day, Year)  | receipt<br>this period  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)  Full name Patrick Linley  Mailing Address 506 S Jakson Street  | (Mo., Day, Year)  | receipt this period \$ 150.00   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)  Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  | (Mo., Day, Year)  | receipt<br>this period<br>\$ 150.00   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address   506 5 Jakson Street   City, State, Zip Code   Starkville, MS 39759   | (Mo., Day, Year)  | receipt this period  \$ 150.00  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Regulred)   | (Mo., Day, Year)  07  | receipt this period \$ 150.00   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self   | (Mo., Day, Year)  | receipt this period  \$ 150.00  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self  Occupation (Required)  Owner Strkville Computers   | (Mo., Day, Year)    07   29   15   Aggregate year-to-date                   | receipt this period  \$   150.00    \$  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self  Occupation (Required)  Owner Strkville Computers  D. Source:   Corporation   PAC   Individual   Loan   | (Mo., Day, Year)  | receipt this period \$ 150.00 \$  |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address   506 S Jakson Street   City, State, Zip Code   Starkville, MS 39759   Name of Employer (Required)   Self   Occupation (Required)   Owner Strkville Computers    Owner Strkville Computers    Output   Computer   Owner Strkville Computers   Owner Strkville Computer   Owner Strkville | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$        \$        \$        Amount of each receipt this period              |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address   506 S Jakson Street   City, State, Zip Code   Starkville, MS 39759   Name of Employer (Required)   Self   Occupation (Required)   Owner Strkville Computers   D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)    Full name  | (Mo., Day, Year)    07  | receipt this period  \$   150.00    \$   400.00    Amount of each receipt   |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address   506 S Jakson Street   City, State, Zip Code   Starkville, MS 39759   Name of Employer (Required)   Self   Occupation (Required)   Owner Strkville Computers   D. Source:   Corporation   PAC   X Individual   Loan    Other (please specify)    Full name   Frank Chiles   | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00  \$    \$    \$    \$    Amount of each receipt this period  \$   200.00         |
| Other (please specify)  Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self  Occupation (Required)  Owner Strkville Computers  D. Source: Corporation PAC X Individual Loan  Other (please specify)  Full name Frank Chiles  Mailing Address   | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$        \$        \$        Amount of each receipt this period              |
| Other (please specify)  Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self  Occupation (Required)  Owner Strkville Computers  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name Frank Chiles  Mailing Address  12 Tally Ho  | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$   400.00    Amount of each receipt this period  \$   200.00    \$   200.00 |
| Other (please specify)  Full name Patrick Linley  Mailing Address  506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Self  Occupation (Required)  Owner Strkville Computers  D. Source: Corporation PAC   Individual Loan  Other (please specify)  Full name Frank Chiles  Mailing Address  12 Tally Ho  City, State, Zip Code   | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$  |
| Other (please specify)  Full name Patrick Linley  Mailing Address 506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Owner Strkville Computers  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name Frank Chiles  Mailing Address  12 Tally Ho  City, State, Zip Code  Stakville, MS 39759  Name of Employer (Required)   | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$   400.00    Amount of each receipt this period  \$   200.00    \$   200.00 |
| C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Patrick Linley    Mailing Address   506 S Jakson Street   City, State, Zip Code   Starkville, MS 39759   Name of Employer (Required)   Owner Strkville Computers   D. Source:   Corporation   PAC   Individual   Loan    Other (please specify)    Full name   Frank Chiles   Mailing Address   12 Tally Ho   City, State, Zip Code   Stakville, MS 39759   Name of Employer (Required)   Frank Chiles State Farm    Name of Employer (Required)   Frank Chiles State Farm   | (Mo., Day, Year)  | receipt this period  \$   150.00    \$  |
| Other (please specify)  Full name Patrick Linley  Mailing Address 506 S Jakson Street  City, State, Zip Code  Starkville, MS 39759  Name of Employer (Required)  Owner Strkville Computers  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name Frank Chiles  Mailing Address  12 Tally Ho  City, State, Zip Code  Stakville, MS 39759  Name of Employer (Required)   | (Mo., Day, Year)    O7   29   15                                   Aggregate year-to-date   Date (Mo., Day, Year) | receipt this period  \$   150.00    \$  |

| Page | 廷 | of | 3 |
|------|---|----|---|
|      |   |    |   |

| Name of Candidate or Comm      | nittee  Loyd B. "Rob" Roberson |                    |
|--------------------------------|--------------------------------|--------------------|
| Reporting period July 29, 2015 | through                        | September 30, 2015 |
| Topotang posto                 | ITEMIZED                       | DECEIDTS           |

### ITEMIZED RECEIPTS

| A. Source: Corporation FX PAC Individual Loan  | Date<br>(Mo., Day, Year)  | Amount of each receipt this period       |
|--|---------------------------|--|
| Other (please specify)   | 09 / 07 / 15              | \$ 1000.00                               |
| Cane Creek Development LLC   |                           | <b>4</b> 11000.00                        |
| Mailing Address  |                           | \$                                       |
| 605 E Ave B  |                           |  |
| City, State, Zip Code  |                           | \$                                       |
| Alpine, Tx 79830 Name of Employer (Required)   | 一一一                       | \$                                       |
|  | <u>''</u>                 | <u> </u>                                 |
| Occupation (Required)  | Aggregate<br>year-to-date | \$ 1000.00                               |
| NA   | year-to date              | Amount of each                           |
| B. Source: Corporation PAC   Individual Loan   | Date receipt              |  |
| Other (please specify)   |                           | this period                              |
| Full name  | 08 / 28 / 15              | \$ 1000.00                               |
| Gary Chism   |                           |  |
| Malling Address  |                           | \$                                       |
| PO Box 2343  | <del></del> ,,_           | \$                                       |
| City, State, Zip Code Columbus, MS 39704   | <u>'-'-'-</u>             | 4  |
| Name of Employer (Required)  | 下,厂,厂                     | \$                                       |
| State of MS  | Aggregate                 | ·  |
| Occupation (Required)  | year-to-date              | \$ 2000.00                               |
| House of Representative  C. Source   Corporation   PAC   Individual   Loan   | Date<br>(Mo., Day, Year)  | Amount of each receipt this period       |
| Other (please specify)   |                           |  |
| Full name  | 09 / 14 / 15              | \$ 500.00                                |
| Ms. Concrete Industries Assoc  | FIFI                      | \$                                       |
| Mailing Address  |                           | 4 1                                      |
| 6700 Canton Road Suite K City, State, Zip Code   |                           | \$                                       |
| Ridgeland, MS 39157  |                           |  |
| Name of Employer (Required)  |                           | \$                                       |
| Occupation (Required)  | Aggregate<br>year-to-date | \$ 500.00                                |
|  | I Agai -m-nare            |  |
|  |                           | Amount of each                           |
| D. Source: Corporation PAC Individual Loan X   | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| To the desired I can iv  | (Mo., Day, Year)          | receipt<br>this period                   |
| D. Source: Corporation PAC Individual Loan X  Other (please specify) Political Committee   |                           | receipt                                  |
| D. Source: Corporation PAC Individual Loan X  Other (please specify) Political Committee  Full name Oktibbeha County Republican Executive Committee  | (Mo., Day, Year)          | receipt<br>this period<br>\$ 400.00      |
| D. Source: Corporation PAC Individual Loan A  Other (please specify) Political Committee  Full name Oktibbeha County Republican Executive Committee  Mailing Address   | (Mo., Day, Year)          | receipt<br>this period                   |
| D. Source: Corporation PAC Individual Loan X  Other (please specify) Political Committee  Full name Oktibbeha County Republican Executive Committee  Mailing Address 208 Pinebrook Road                        | (Mo., Day, Year)          | receipt<br>this period<br>\$ 400.00      |
| D. Source: Corporation PAC Individual Loan X  Other (please specify) Political Committee  Full name Oktibbeha County Republican Executive Committee  Mailing Address 208 Pinebrook Road  City, State, Zip Code | (Mo., Day, Year)          | receipt this period  \$ 400.00           |
| D. Source: Corporation PAC Individual Loan X  Other (please specify) Political Committee  Full name Oktibbeha County Republican Executive Committee  Mailing Address 208 Pinebrook Road                        | (Mo., Day, Year)          | receipt this period  \$ 400.00           |

| Page | 13 | of | 13 |
|------|----|----|----|
|      |    |    |    |

| Name of Candidate or Committee | Layd B. Rob Roberson II    |
|--------------------------------|----------------------------|
| Reporting period July 29,02015 | through September 30, 2015 |
|                                | CMIZED DECEIDTS            |

#### II EMIZED RECEIP IS Amount of each Corporation X PAC Individual A. Source: receipt (Mo., Day, Year) this period Other (please specify) 1 15 **Full name** \$ 1000.00 Home Builders Association of MS **Mailing Address** \$ P.O. Box 3556 City, State, Zip Code \$ [ Jackson, M5 39207 Name of Employer (Required) Aggregate Occupation (Required) \$ 1000.00 year-to-date NA Amount of each Individual X Loan PAC [ Corporation B. Source: Date receipt (Mo., Day, Year) this period Other (please specify) 31 \$ 196.28 Full name Loyd B. "Rob" Roberson II 1 20 \$ 211.60 **Mailing Address** 1108 Hwy 182 West \$ City, State, Zip Code Starkville, MS 39759 \$ Name of Employer (Required) Self Aggregate \$ 5760.90 Occupation (Required) year-to-date Attorney Amount of each Loan individual Corporation [ PAC C. Source Date receipt (Mo., Day, Year) this period Other (please specify) \$ Full name \$ [ Malling Address \$ [ City, State, Zip Code \$ [ Name of Employer (Required) Aggregate Occupation (Required) year-to-date Amount of each Loan [ PAC Individual Date Corporation D. Source: receipt (Mo., Day, Year) this period Other (please specify) S Full name \$ | Mailing Address \$ [ City, State, Zip Code \$ Name of Employer (Required) Aggregate Occupation (Required) year-to-date