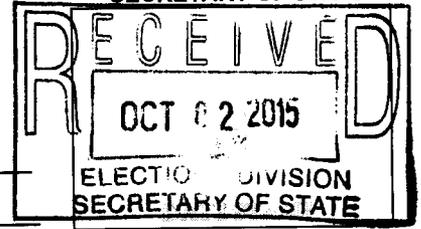


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2015 Election**



Name of Candidate FORREST ALLGOOD  
 Address P.O. BOX 124 COLUMBUS, MS 39703 County LOWNDES 16TH  
 Telephone (Work) 662-329-5911 (Home) 662-327-1991 (Fax) 662-327-1854  
 Contact Name MISSY HOLLIDAY Email Address f\_allgood@hotmail.com  
 Office Sought DISTRICT ATTORNEY Political Party INDEPENDENT

Check here if above is different from previous report

**TYPE OF REPORT**

- May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... **Mandatory**
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... **Mandatory**
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... **Mandatory**
- July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... **Mandatory**  
*All Primary Candidates and Political Committees*
- August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... **Runoff Candidates Only**  
*All Primary Candidates and Political Committees in a Runoff Election*
- October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... **Mandatory**
- October 27, 2015 Pre-Election Report ..... **Mandatory**  
*All Candidates and Political Committees*  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015)
- November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... **Runoff Candidates Only**  
*All Candidates and Political Committees in a Runoff Election*
- January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... **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**

**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 Secretary of State 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	\$ 16,320.00	+ \$ 3,176.60	\$ 19,496.60	\$ 38,722.20
Total amount of disbursements	\$ 26,310.02	+ \$ 274.23	\$ 26,584.25	\$ 28,438.83
Total amount of cash on hand			\$ 10,283.37	

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

*Forrest Allgood*  
Signature of Candidate

10/01/2015

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) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee FORREST ALLGOOD

Reporting period 07/01/2015 through 07/30/2015 09/30/2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FORREST ALLGOOD</u>	<u>07</u> / <u>02</u> / <u>15</u>	\$ <u>600.00</u>
Mailing Address <u>766 FOREST GLEN ROAD</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>COLUMBUS, MS 39702</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>STATE OF MS</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>DISTRICT ATTORNEY</u>	Aggregate year-to-date	\$ <u>620.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MARTHA KIRKLEY</u>	<u>07</u> / <u>13</u> / <u>15</u>	\$ <u>5000.00</u>
Mailing Address <u>1716 BRAMBLEWOOD DRIVE</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>COLUMBUS, MS 39705</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>NONE</u>	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>5000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOYCE ADAM</u>	<u>07</u> / <u>21</u> / <u>15</u>	\$ <u>1000.00</u>
Mailing Address <u>2005 SEMINOLE DRIVE</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>COLUMBUS, MS 39705</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>BANKTEL</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BERKLEY HUSKISON</u>	<u>07</u> / <u>21</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>94 RIDGEWOOD DRIVE</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>COLUMBUS, MS</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Sanders, Threadgill, Jolly</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee FORREST ALLGOOD

Reporting period 07/01/2015 through ~~07/31/15~~ 9/30/15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WILLIAM FARNHAM	07 / 21 / 15	\$ 200.00
Mailing Address 294-B CHUBBY DRIVE	/ /	\$
City, State, Zip Code COLUMBUS, MS 39705	/ /	\$
Name of Employer (Required) JTS	/ /	\$
Occupation (Required) OWNER	Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMES GALLOWAY, JR.	07 / 21 / 15	\$ 200.00
Mailing Address 1700 BRAMBLEWOOD DRIVE	/ /	\$
City, State, Zip Code COLUMBUS, MS 39705	/ /	\$
Name of Employer (Required) GALLOWAY INSURANCE	/ /	\$
Occupation (Required) OWNER	Aggregate year-to-date	\$ 200.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PAT FURNARI	07 / 21 / 15	\$ 500.00
Mailing Address 51 DODSON ROAD	/ /	\$
City, State, Zip Code CALEDONIA, MS 39740	/ /	\$
Name of Employer (Required) HOUSEWIFE	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN BOWEN	07 / 21 / 15	\$ 500.00
Mailing Address 141 SAGAMORE CIRCLE	/ /	\$
City, State, Zip Code COLUMBUS, MS 39705	/ /	\$
Name of Employer (Required) BANKTEL	/ /	\$
Occupation (Required) IT	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee FORREST ALLGOODReporting period 07/01/2015 through 07/25/2015 9/30/15

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN BEAN	07 / 21 / 15	\$ 500.00
Mailing Address P.O. DRAWER 1368	/ /	\$
City, State, Zip Code COLUMBUS, MS 39703	/ /	\$
Name of Employer (Required) HARVEY'S(RESTAURANTS)	/ /	\$
Occupation (Required) OWNER	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MIKE WATERS	07 / 21 / 15	\$ 300.00
Mailing Address P.O. BOX 831	/ /	\$
City, State, Zip Code COLUMBUS, MS 39703	/ /	\$
Name of Employer (Required) WATERS TRUCK AND TRACTOR	/ /	\$
Occupation (Required) OWNER	Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TOMMY JOHNSON	07 / 21 / 15	\$ 350.00
Mailing Address 1825 MAIN STREET	/ /	\$
City, State, Zip Code COLUMBUS, MS 39701	/ /	\$
Name of Employer (Required) <i>Johnson Carpet</i>	/ /	\$
Occupation (Required) <i>Owner</i>	Aggregate year-to-date	\$ 350.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MICHAEL PUTT	07 / 21 / 15	\$ 250.00
Mailing Address 598 LAKESHORE DRIVE	/ /	\$
City, State, Zip Code COLUMBUS, MS 39705	/ /	\$
Name of Employer (Required) REHAB AT WORK	/ /	\$
Occupation (Required) MANAGER	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee FORREST ALLGOOD  
 Reporting period 07/01/2015 through 09/30/2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
<b>Full name</b> DR. DAVID CURTIS	07 / 27 / 15	\$ 500.00
<b>Mailing Address</b> 300 HOSPITAL DRIVE	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> COLUMBUS, MS 39705	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> DR. DAVID CURTIS	□ / □ / □	\$ _____
<b>Occupation (Required)</b> DENTIST	<b>Aggregate year-to-date</b>	\$ 500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> CHARLES BROWN	07 / 27 / 15	\$ 200.00
<b>Mailing Address</b> P.O. BOX 228	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> STARKVILLE, MS 397596	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> CHARLES BROWN ATTORNEY AT LAW	□ / □ / □	\$ _____
<b>Occupation (Required)</b> LAWYER	<b>Aggregate year-to-date</b>	\$ 200.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> FRANK WHITE	07 / 29 / 15	\$ 250.00
<b>Mailing Address</b> P.O. BOX 972	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> STARKVILLE, MS	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> FRANK JONES DEVELOPEMENT	□ / □ / □	\$ _____
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$ 250.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> KAREN OVERSTREET	07 / 30 / 15	\$ 300.00
<b>Mailing Address</b> 844 SWOOPE ROAD NORTH	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> COLUMBUS, MS 39701	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> NONE	□ / □ / □	\$ _____
<b>Occupation (Required)</b> HOUSEWIFE	<b>Aggregate year-to-date</b>	\$ 300.00

Name of Candidate or Committee FORREST ALLGOOD  
 Reporting period 07/01/2015 through 09/30/2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> MRS. BEN CHILCUT	07 / 27 / 15	\$ 500.00
<b>Mailing Address</b> 328 SHELLY ROAD	/ /	\$
<b>City, State, Zip Code</b> COLUMBUS, MS 39705	/ /	\$
<b>Name of Employer (Required)</b> NONE	/ /	\$
<b>Occupation (Required)</b> HOUSEWIFE	<b>Aggregate year-to-date</b>	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> AUSTIN VOLLAR	08 / 25 / 15	\$ 720.00
<b>Mailing Address</b> 127 E MAIN STREET	/ /	\$
<b>City, State, Zip Code</b> STARKVILLE, MS 39759	/ /	\$
<b>Name of Employer (Required)</b> VOLLAR ATTORNEY AT LAW	/ /	\$
<b>Occupation (Required)</b> LAWYER	<b>Aggregate year-to-date</b>	\$ 1220.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> ROBERT DALE	08 / 13 / 15	\$ 250.00
<b>Mailing Address</b> 5435 OLD WEST POINT ROAD	/ /	\$
<b>City, State, Zip Code</b> COLUMBUS, MS 39701	/ /	\$
<b>Name of Employer (Required)</b>	/ /	\$
<b>Occupation (Required)</b> ELECTRICAL ENGINEER	<b>Aggregate year-to-date</b>	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b>	/ /	\$
<b>Mailing Address</b>	/ /	\$
<b>City, State, Zip Code</b>	/ /	\$
<b>Name of Employer (Required)</b>	/ /	\$
<b>Occupation (Required)</b>	<b>Aggregate year-to-date</b>	\$

Name of Candidate or Committee FORREST ALLGOOD  
 Reporting period 07/01/2015 through 09/30/2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>BUSINESS</u>		
<b>Full name</b> <u>AVENTURE ATV (SONNY JAMISON)</u>	<u>09</u> / <u>08</u> / <u>15</u>	\$ <u>500.00</u>
<b>Mailing Address</b> <u>1245 HWY 45 ALT</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>WEST POINT, MS 39773</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> <u>AVENTURE ATV</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> <u>OWNER</u>	<b>Aggregate year-to-date</b>	\$ <u>500.00</u>
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u>  </u>		
<b>Full name</b> <u>RUSSELL GAINES</u>	<u>09</u> / <u>09</u> / <u>15</u>	\$ <u>1000.00</u>
<b>Mailing Address</b> <u>407 Pike Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>STARKVILLE, MS 39759</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> <u>SELF-EMPLOYED</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> <u>TRAINER Real Estate</u>	<b>Aggregate year-to-date</b>	\$ <u>2000.00</u>
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u>BUSINESS</u>		
<b>Full name</b> <u>BAUCOM BUILDING</u>	<u>09</u> / <u>10</u> / <u>15</u>	\$ <u>200.00</u>
<b>Mailing Address</b> <u>P.O. BOX 2246</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>COLUMBUS, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> <u>BAUCOM BLDGE</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> <u>OWNER</u>	<b>Aggregate year-to-date</b>	\$ <u>200.00</u>
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u>COLUMBUS FENCE</u>		
<b>Full name</b> <u>COLUMBUS FENCE</u>	<u>09</u> / <u>10</u> / <u>15</u>	\$ <u>200.00</u>
<b>Mailing Address</b> <u>P.O. BOX 2246</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>City, State, Zip Code</b> <u>COLUMBUS, MS 39704</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Name of Employer (Required)</b> <u>COLUMBUS FENCE</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
<b>Occupation (Required)</b> <u>OWNER</u>	<b>Aggregate year-to-date</b>	\$ <u>200.00</u>

Name of Candidate or Committee FORREST ALLGOOD

Reporting period 07/01/2015 through 09/30/2015

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MARK WILLIAMSON		09 / 18 / 15	\$ 1000.00
Mailing Address P.O. BOX 1545		□ / □ / □	\$
City, State, Zip Code STARKVILLE, MS 39759		□ / □ / □	\$
Name of Employer (Required) WILLIAMSON ATTORNEY AT LAW		□ / □ / □	\$
Occupation (Required) LAWYER		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name GRETA BRYAN		09 / 18 / 15	\$ 200.00
Mailing Address 203 BRITTANY LANE		□ / □ / □	\$
City, State, Zip Code STARKVILLE, MS 39759		□ / □ / □	\$
Name of Employer (Required) RETIRED		□ / □ / □	\$
Occupation (Required) RETIRED		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name GEORGE HAZARD		09 / 28 / 15	\$ 200.00
Mailing Address 1006 COLLEGE STREET		□ / □ / □	\$
City, State, Zip Code COLUMBUS, MS		□ / □ / □	\$
Name of Employer (Required) RETIRED		□ / □ / □	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name DR, CHILDREY		09 / 28 / 15	\$ 200.00
Mailing Address 367 STEEPLE CHASE DRIVE		□ / □ / □	\$
City, State, Zip Code COLUMBUS, MS 39701		□ / □ / □	\$
Name of Employer (Required) OB/GYN		□ / □ / □	\$
Occupation (Required) PHYSICIAN		Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee FORREST ALLGOOD  
 Reporting period 07/01/2015 through 09/30/2015

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DR. CALLOWAY</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>200.00</u>
Mailing Address <u>2500 MILITARY ROAD STE 3</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>COLUMBUS, MS 39701</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>CALLAWAY ORTHODONTICS</u>	□ / □ / □	\$ _____
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BEN LANG</u>	<u>09</u> / <u>30</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>220 YEATES STREET</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>STARKVILLE, MS 39759</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>LANG ATTORNEY AT LAW</u>	□ / □ / □	\$ _____
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee FORREST ALLGOOD  
 Reporting period 07/01/2015 through 09/30/2015

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> CELESTIAL CREATION	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	07 / 17 / 15	\$ 900.00
<b>City, State, Zip Code</b>	07 / 24 / 15	\$ 882.37
<b>Purpose of Disbursement (Optional)</b> CATERING	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1782.37
<b>B. Full name</b> WLZA	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. BOX 884	08 / 17 / 15	\$ 500.00
<b>City, State, Zip Code</b> STARKVILLE, MS 39760	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> RADIO ADVERTISEMENT	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00
<b>C. Full name</b> CUMULUS	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 200 6TH STREET NORTH STE 205	08 / 19 / 15	\$ 905.00
<b>City, State, Zip Code</b> COLUMBUS, MS 39701	09 / 16 / 15	\$ 1850.00
<b>Purpose of Disbursement (Optional)</b> RADIO ADVERTISEMENT	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2755.00
<b>D. Full name</b> ONE OF A KIND	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 203 NORTH BROWDER STREET	08 / 27 / 15	\$ 1861.80
<b>City, State, Zip Code</b> COLUMBUS, MS 39702	09 / 28 / 15	\$ 417.57
<b>Purpose of Disbursement (Optional)</b> YARD SIGNS AND OTHER SIGNS	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2,279.37
<b>E. Full name</b> WFCA FRENCH CAMP	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 40 MECKLIN AVE	08 / 31 / 15	\$ 497.28
<b>City, State, Zip Code</b> FRENCH CAMP	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> RADIO ADVERTISEMENT	<b>Aggregate</b> <b>Year-to-date</b>	\$ 497.28
<b>F. Full name</b> SOCIALY IN	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 501 HWY 12 W STE 120	09 / 04 / 15	\$ 800.00
<b>City, State, Zip Code</b> STARKVILLE, MS 39759	09 / 16 / 15	\$ 1100.00
<b>Purpose of Disbursement (Optional)</b> ADVERTISEMENT	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,900.00

Name of Candidate or Committee FORREST ALLGOOD

Reporting period 07/01/2015 through 09/30/2015

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WCBI	09 / 14 / 15	\$ 9328.75
<b>Mailing Address</b> 201 5TH STREET SOUTH	___ / ___ / ___	\$
<b>City, State, Zip Code</b> COLUMBUS, MS 39701	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> TV COMMERCIALS	<b>Aggregate Year-to-date</b>	\$ 9328.75
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WLOV	08 / 15 / 15	\$ 1,602.25
<b>Mailing Address</b> P.O. BOX 1732	___ / ___ / ___	\$
<b>City, State, Zip Code</b> TUPELO, MS 38802-1732	09 / 23 / 15	\$ 1,120.00
<b>Purpose of Disbursement (Optional)</b> TV COMMERCIALS	<b>Aggregate Year-to-date</b>	\$ 2722.25
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WAJV	09 / 16 / 15	\$ 865.00
<b>Mailing Address</b> 608 YELLOW JACKET ROAD	___ / ___ / ___	\$
<b>City, State, Zip Code</b> STARKVILLE, MS 39759	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> RADIO ADVERTISEMENT	<b>Aggregate Year-to-date</b>	\$ 865.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
LAMAR	09 / 18 / 15	\$ 2900.00
<b>Mailing Address</b> 1538 GARDNER BLVD	___ / ___ / ___	\$
<b>City, State, Zip Code</b> COLUMBUS, MS 39702	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> BILLBOARDS	<b>Aggregate Year-to-date</b>	\$ 2,900.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WKBB-SUPER TALK	09 / 18 / 15	\$ 780.00
<b>Mailing Address</b> 201 ACADEMY ROAD STE 4	___ / ___ / ___	\$
<b>City, State, Zip Code</b> STARKVILLE, MS 39759	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> RADIO ADVERTISEMENT	<b>Aggregate Year-to-date</b>	\$ 780.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$