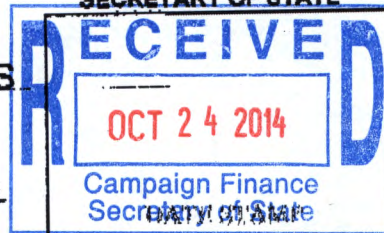




REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE



Name of Candidate Charles A. Younger
 Address 1213 Younger Road County Lowndes
 Telephone (Work) (662) 251-3432 (Home) (662) 329-3430 (Fax) 662 228 3395
 Contact Name Charles A. Younger Email Address vote4younger@gmail.com
 Office Sought MS Senate District 17 Seat

Check here if above is different from previous report

TYPE OF REPORT

- May 27, 2014 Pre-Election Report (January 1, 2014, through May 24, 2014) **Mandatory**
 All Primary Candidates
- June 17, 2014 Pre-Runoff Report (May 25, 2014, through June 14, 2014) **Mandatory**
 Primary Runoff Candidates only
- x October 28, 2014 Pre-Election Report (June 15, 2014, through October 25, 2014) **Mandatory**
 All Candidates
- November 18, 2014 Pre-Runoff Report (October 26, 2014, through November 15, 2014) **Runoff Candidates**
 Runoff Candidates only
- January 30, 2015 Annual Report (January 1, 2014, through December 31, 2014).. **Mandatory**
 All Candidates that made expenditures in MS during the 2014 period
- 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		\$ 7585.00	\$ 7585.00
Total amount of disbursements		\$ 7294.83	\$ 7294.83
Total amount of cash on hand		\$ 290.17	

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

Charles A. Younger
 Signature of Candidate

10-24-14
 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

CHARLES ALBERT TOLING JR

Reporting period June 15th, 2014

through October 25th, 2014

ITEMIZED DISBURSEMENTS

A. Full name Lowe's Home Centers, LLC	Date (Mo., Day, Year) 10 / 14 / 14	Amount of each disbursement this period \$ 102.72
Mailing Address 2301 Woodmont Drive	10 / 22 / 14	\$ 38.48
City, State, Zip Code Columbus, MS 39705		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 141.20
B. Full name Party and Paper	Date (Mo., Day, Year) 10 / 23 / 14	Amount of each disbursement this period \$ 2033.33
Mailing Address 218 5th Street South	___ / ___ / ___	\$
City, State, Zip Code Columbus, MS 39701		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2033.33
C. Full name Waukaway Water	Date (Mo., Day, Year) 10 / 10 / 14	Amount of each disbursement this period \$ 1,000.00
Mailing Address P.O. Box 1451	___ / ___ / ___	\$
City, State, Zip Code Columbus, MS 39701		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
D. Full name Bishop Sign Company	Date (Mo., Day, Year) 10 / 02 / 14	Amount of each disbursement this period \$ 300.00
Mailing Address P.O. Box 1334	___ / ___ / ___	\$
City, State, Zip Code Columbus, MS 39701		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
E. Full name Prographics	Date (Mo., Day, Year) 10 / 23 / 14	Amount of each disbursement this period \$ 1887.30
Mailing Address 1112 Main St #2	___ / ___ / ___	\$
City, State, Zip Code Columbus, MS 39701		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1887.30
F. Full name UPS Store and Sign Shop	Date (Mo., Day, Year) 10 / 21 / 14	Amount of each disbursement this period \$ 1184.00
Mailing Address 1835 Highway 45 North	___ / ___ / ___	\$
City, State, Zip Code Columbus, MS 39705		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1184.00

Name of Candidate or Committee Charles Albert Younger
 Reporting period June 15th, 2014 through October 25th, 2014

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
One of a Kind Screen Printing Graphic Design	10 / 12 / 14	\$ 749.00
Mailing Address	___ / ___ / ___	\$
203 N Browder Street		
City, State, Zip Code	___ / ___ / ___	\$
Columbus, MS 39702		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 749.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Charles Albert Younger
 Reporting period June 15th 2014 through October 25th 2014

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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) _____		
Full name ES Sorbent Warehouse, LLC	10 / 15 / 14	\$ 500.00
Mailing Address 402 Wilkins Wise Road		\$ _____
City, State, Zip Code Columbus, MS 39701		\$ _____
Name of Employer (Required) Toby Lott		\$ _____
Occupation (Required) Business 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Bruce Blaise	09 / 26 / 14	\$ 250.00
Mailing Address 104 Annabella Drive		\$ _____
City, State, Zip Code Starkville, MS 39759		\$ _____
Name of Employer (Required) Kenan Advantage Group		\$ _____
Occupation (Required) Business	Aggregate year-to-date	\$ 250.00
C. Source <input type="checkbox"/> Corporation <input checked="" 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) _____		
Full name Monroe-Tufline MFG. Co., INC	10 / 09 / 14	\$ 1,000.00
Mailing Address P.O. Box 7755		\$ _____
City, State, Zip Code Columbus, MS 39705		\$ _____
Name of Employer (Required) Tim Perkins		\$ _____
Occupation (Required) Business Owner	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" 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) _____		
Full name Golden Triangle Business Ventures	10 / 08 / 14	\$ 250.00
Mailing Address 1804 Pine Knoll Drive		\$ _____
City, State, Zip Code Columbus, MS 39705		\$ _____
Name of Employer (Required) Trip Halston		\$ _____
Occupation (Required) Accountant	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Charles Albert Younger
 Reporting period June 15th, 2014 through October 25th, 2014

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 Mike Smith	08 / 28 / 14	\$ 500.00
Mailing Address 339 Euclabba Road	□ / □ / □	\$
City, State, Zip Code Guntown, MS 38849	□ / □ / □	\$
Name of Employer (Required) Self employed	□ / □ / □	\$
Occupation (Required) Rancher	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) _____		
Full name Joey and Pam Henderson	10 / 02 / 14	\$ 1000.00
Mailing Address 778 Bent Tree Trail	□ / □ / □	\$
City, State, Zip Code Columbus, MS 39705	□ / □ / □	\$
Name of Employer (Required) Self Employed	□ / □ / □	\$
Occupation (Required) Architect	Aggregate year-to-date	\$ 1000.00
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Waukaway Water	10 / 10 / 14	\$ 1000.00
Mailing Address PO Box 1451	□ / □ / □	\$
City, State, Zip Code Columbus, MS 39701	□ / □ / □	\$
Name of Employer (Required) Stephen Inee	□ / □ / □	\$
Occupation (Required) Business Owner	Aggregate year-to-date	\$ 1000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name Eagle Golf & Athletics Inc	10 / 8 / 14	\$ 500.00
Mailing Address 2143 Arlington Blvd	□ / □ / □	\$
City, State, Zip Code Florence, AL	□ / □ / □	\$
Name of Employer (Required) Scott Cross	□ / □ / □	\$
Occupation (Required) Landscape Architect	Aggregate year-to-date	\$ 500.00