

2015 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

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



Name of Candidate PAUL MILLISAPS  
 Address P.O. Box 389, Starkville, MS 39760 County OKTACHEHA  
 Telephone (Work) 662-323-7001 (Home) 662-312-9229 (Fax) 662-323-4069  
 Contact Name PAUL MILLISAPS Email Address PMILLISAPS16@GMAIL.COM  
 Office Sought MS House of Representatives Political Party DEMOCRATIC  
District # 43

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  
*All Primary Candidates and Political Committees*
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- 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 28, 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  
*All Primary Candidates and Political Committees*
- October 27, 2015 Pre-Election Report ..... Mandatory  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015)  
*All Candidates and Political Committees*
- 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  
*All Candidates and Political Committees*
- 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 \$	2,400.00	+ \$ 1302.26	\$ 3702.26	\$ 17717.26
Total amount of disbursements \$	3037.17	+ \$ 319.41	\$ 3356.58	\$ 6293.23
Total amount of cash on hand			\$ 11424.03	

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

Paul Millisaps  
Signature of Candidate

10-8-15  
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. §§ 23-15-911 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 39203 or fax to (601) 576-2546
- 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 PAUL MILLSAPS  
 Reporting period 7-1-15 through 9-30-15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>P. C. McLAURIN, JR.</u>	<u>7/6/15</u>	\$ <u>250.00</u>
Mailing Address	<u>505 LINCOLN GREEN</u>		\$ _____
City, State, Zip Code	<u>STARKVILLE, MS 39759</u>		\$ _____
Name of Employer (Required)	<u>RETIRED</u>		\$ _____
Occupation (Required)	<u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>MARTHA SWAIN</u>	<u>8/11/15</u>	\$ <u>250.00</u>
Mailing Address	<u>P.O. Box 6130</u>		\$ _____
City, State, Zip Code	<u>MS STATE, MS 39762</u>		\$ _____
Name of Employer (Required)	<u>RETIRED</u>		\$ _____
Occupation (Required)	<u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>ED CYNCH</u>	<u>8/18/15</u>	\$ <u>250.00</u>
Mailing Address	<u>401 Colonial Circle</u>		\$ _____
City, State, Zip Code	<u>STARKVILLE, MS 39759</u>		\$ _____
Name of Employer (Required)	<u>RETIRED</u>		\$ _____
Occupation (Required)	<u>RETIRED</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Coogle Holdings, Inc. (B.J.'s Family Pharmacy)</u>	<u>9/15/15</u>	\$ <u>250.00</u>
Mailing Address	<u>203 S. JACKSON ST.</u>		\$ _____
City, State, Zip Code	<u>STARKVILLE, MS 39759</u>		\$ _____
Name of Employer (Required)	<u>B. J.'S FAMILY PHARMACY</u>		\$ _____
Occupation (Required)	<u>PHARMACIST</u>	Aggregate year-to-date	\$ <u>250.00</u>

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Rex BUFFINGTON</u>		<u>8/27/15</u>	\$ <u>200.00</u>
Mailing Address <u>849 LINCOLN DRIVE</u>			\$ _____
City, State, Zip Code <u>STARKVILLE MS 39759</u>			\$ _____
Name of Employer (Required) <u>STAN'S CENTER FOR PUBLIC SERVICE</u>			\$ _____
Occupation (Required) <u>DIRECTOR</u>		Aggregate year-to-date	\$ <u>450.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>O.G. SPEWILL</u>		<u>8/27/15</u>	\$ <u>200.00</u>
Mailing Address <u>1016 F LOUISVILLE ST</u>			\$ _____
City, State, Zip Code <u>STARKVILLE MS 39759</u>			\$ _____
Name of Employer (Required) <u>SPEWILL ENTERPRISES</u>			\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>665.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>BURKE MURPHY</u>		<u>8/27/15</u>	\$ <u>500.00</u>
Mailing Address <u>14 MONTGOMERY LANE</u>			\$ _____
City, State, Zip Code <u>CANTON MS 39046</u>			\$ _____
Name of Employer (Required) <u>CORPORATE RELATIONS MANAGEMENT</u>			\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>GREGG RADER</u>		<u>8/27/15</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 5670</u>			\$ _____
City, State, Zip Code <u>COLUMBUS MS 39705</u>			\$ _____
Name of Employer (Required) <u>COLUMBUS RECYCLING</u>			\$ _____
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ _____

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## ITEMIZED DISBURSEMENTS

A. Full name <u>Almond Printing</u>	Date (Mo., Day, Year) <u>7/16/15</u>	Amount of each disbursement this period \$ <u>797.15</u>
Mailing Address <u>P.O. Box 162</u>		
City, State, Zip Code <u>ABEEDEN MS 39730</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2410.18</u>
B. Full name <u>PROGRAPHICS</u>	Date (Mo., Day, Year) <u>8/11/15</u>	Amount of each disbursement this period \$ <del>43</del> <u>42.27</u>
Mailing Address <u>602 Hwy 12 EAST</u>		
City, State, Zip Code <u>STARKVILLE MS 39759</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>517.89</u>
C. Full name <u>ADAM BRACY</u>	Date (Mo., Day, Year) <u>8/19/15</u>	Amount of each disbursement this period \$ <u>144.00</u>
Mailing Address <u>704 COTTONWOOD DR.</u>		
City, State, Zip Code <u>STARKVILLE MS 39759</u>	<u>8/21/15</u>	\$ <u>108.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>ADAM BRACY</u>	Date (Mo., Day, Year) <u>8/28/15</u>	Amount of each disbursement this period \$ <u>126.00</u>
Mailing Address <u>704 COTTONWOOD DR.</u>		
City, State, Zip Code <u>STARKVILLE MS 39759</u>	<u>9/4/15</u>	\$ <u>180.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>ADAM BRACY</u>	Date (Mo., Day, Year) <u>9/11/15</u>	Amount of each disbursement this period \$ <u>180.00</u>
Mailing Address <u>704 COTTONWOOD DR.</u>		
City, State, Zip Code <u>STARKVILLE MS 39759</u>	<u>9/18/15</u>	\$ <u>180.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>ADAM BRACY</u>	Date (Mo., Day, Year) <u>9/25/15</u>	Amount of each disbursement this period \$ <u>180.00</u>
Mailing Address <u>704 COTTONWOOD DR.</u>		
City, State, Zip Code <u>STARKVILLE MS</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1098.00</u>

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## ITEMIZED DISBURSEMENTS

A. Full name <b>ADRIAN MAROUS</b>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <b>144a ST. ANDREWS LANE</b>	<b>8/28/15</b>	\$ 400.00
City, State, Zip Code <b>STARKVILLE, MS 39759</b>	<b>9/25/15</b>	\$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1450.00
B. Full name <b>THE VERANDA</b>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <b>208 LINCOLN GREEN</b>	<b>8/25/15</b>	\$ 299.75
City, State, Zip Code <b>STARKVILLE, MS 39759</b>	<b>___/___/___</b>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 299.75
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<b>___/___/___</b>	\$
City, State, Zip Code	<b>___/___/___</b>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<b>___/___/___</b>	\$
City, State, Zip Code	<b>___/___/___</b>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<b>___/___/___</b>	\$
City, State, Zip Code	<b>___/___/___</b>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<b>___/___/___</b>	\$
City, State, Zip Code	<b>___/___/___</b>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$