



**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
City of Jackson – Special Election for  
Councilman Ward 1

14 NOV 25 PM 4:13  
RECEIVED  
CITY CLERK  
JACKSON, MS.

Name of Candidate ASHBY M. FOLEY III  
 Address 4714 CANNITA PLACE, JACKSON County HINDS  
 Telephone 601-366-6275 Fax 601-981-1759  
 Office Sought City Council, WARD 1 Email Address ashby@vectormm.com

Check here if above is different from previous report

- November 25, 2014 Pre-Election Report (January 1, 2014 through November 22, 2014).....Mandatory
- December 9, 2014 Pre-Election Report (January 1, 2014 through December 6, 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

**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 receiving authority 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	\$24,575 + \$ 11,250	\$ 35,825. <sup>00</sup>	\$ 35,825. <sup>00</sup>
Total amount of disbursements	\$ 23,638. <sup>80</sup> + \$ 23,638. <sup>80</sup>	\$ 23,638. <sup>80</sup>	\$ 23,638. <sup>80</sup>
Total amount of cash on hand		\$	

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

ASHBY M. FOLEY III  
Signature of Candidate

11/25/2014  
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 FRIENDS OF ASHBY FOOTE

Reporting period \_\_\_\_\_ through 9/25/14

# 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>Renee May Jr</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>500.00</u>
Mailing Address <u>120 Autumn Hill Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Dr. Gene R Barrett</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>500.00</u>
Mailing Address <u>3900 Eastover Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Dr. George W. May Jr.</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>300.00</u>
Mailing Address <u>4348 N. Honeyuckle Lane</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William R. James</u>	<u>11</u> / <u>14</u> / <u>14</u>	\$ <u>5,000.00</u>
Mailing Address <u>217 W Capital Street, Suite 201</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee FRIENDS OF ASHBY FOOTE

Reporting period \_\_\_\_\_ through 9/25/14

# 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>Tom Underwood</u>	<u>11</u> / <u>19</u> / <u>14</u>	\$ <u>1,000.00</u>
Mailing Address <u>3999 Dogwood Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>William Franklin Sneed</u>	<u>11</u> / <u>15</u> / <u>14</u>	\$ <u>250.00</u>
Mailing Address <u>3870 old canton road</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39216</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Bryan W. Estes</u>	<u>11</u> / <u>14</u> / <u>14</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 70</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flora, MS, 39071</u>	□ / □ / □	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James R. Howe</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>250.00</u>
Mailing Address <u>4756 East Massena</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____



Name of Candidate or Committee FRIENDS of ASHBY FOLEReporting period \_\_\_\_\_ through 9/25/14

## 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>J Nolan Cullen III</u>	<u>11 / 17 / 14</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 16938</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39236</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Col James R Stanley</u>	<u>10 / 18 / 14</u>	\$ <u>500.00</u>
Mailing Address <u>3940 Eastwood drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS, 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Leland R Speed</u>	<u>10 / 21 / 14</u>	\$ <u>5,000.00</u>
Mailing Address <u>PO Box 22728</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS, 39225</u>	□ / □ / □	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David C Dunbar</u>	<u>11 / 14 / 14</u>	\$ <u>500.00</u>
Mailing Address <u>127 Cherry Laurel Lane S</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland MS, 39157</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____



Name of Candidate or Committee Ashby Foote  
 Reporting period 10-10-14 through 11-24-14

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amerimail	11/11/14	\$ 1,912. <sup>80</sup>
Mailing Address 125 East South St	11/22/14	\$ 7,200. <sup>00</sup>
City, State, Zip Code Jackson, Ms 39201		
Purpose of Disbursement (Optional) mailes	Aggregate Year-to-date	\$ 9,112.80
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
JW Web-Work	11/12/14	\$ 408. <sup>24</sup>
Mailing Address 416 Brentwood Dr.	11/12/14	\$
City, State, Zip Code Madison, Ms. 39110	1/1/14	\$
Purpose of Disbursement (Optional) web design	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
A b z Printing	10/22/14	\$ 4158. <sup>00</sup>
Mailing Address 5468 N State St	10/22/14	\$
City, State, Zip Code Jackson Ms 39206	1/1/14	\$
Purpose of Disbursement (Optional) Yard signs	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Dallas Printing	10/22/14	\$ 395. <sup>90</sup>
Mailing Address	10/22/14	\$
City, State, Zip Code	1/1/14	\$
Purpose of Disbursement (Optional) push cards	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Telesouth WFMN	11/24/14	\$ 1,000. <sup>00</sup>
Mailing Address Beth Ballard b dyess@telesouth	11/24/14	\$
City, State, Zip Code	1/1/14	\$
Purpose of Disbursement (Optional) radio ad	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot	11/18/14	\$ 324.24
Mailing Address 155 North	11/18/14	\$
City, State, Zip Code Jackson, MS	1/1/14	\$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	\$

Name of Candidate or Committee Ashby Foote  
 Reporting period 10-10-14 through 11-24-14

## ITEMIZED DISBURSEMENTS

A. Full name <u>Freshwater Design</u>	Date (Mo., Day, Year) <u>11/13/14</u>	Amount of each disbursement this period \$ <u>480.<sup>00</sup></u>
Mailing Address <u>546 W Monticello St.</u>		
City, State, Zip Code <u>Brookhaven, Mo 39601</u>	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Jackson Jambalaya</u>	Date (Mo., Day, Year) <u>10/24/14</u>	Amount of each disbursement this period \$ <u>1000. —</u>
Mailing Address <u>5106 Old Canton Rd.</u>		
City, State, Zip Code <u>Jackson, Ms 39211</u>	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING</u>	Aggregate Year-to-date	\$
C. Full name <u>Christie McNeal</u>	Date (Mo., Day, Year) <u>10/16/14</u>	Amount of each disbursement this period \$ <u>200.<sup>00</sup></u>
Mailing Address <u>735 Clayton Ave</u>		
City, State, Zip Code <u>Tupelo, MS 38804</u>	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional) <u>COMPUTER ARTWORK</u>	Aggregate Year-to-date	\$
D. Full name <u>Northside Sun</u>	Date (Mo., Day, Year) <u>11/10/14</u>	Amount of each disbursement this period \$ <u>1,015.<sup>52</sup></u>
Mailing Address <u>Po Box 16709</u>		
City, State, Zip Code <u>Jackson, Ms. 39236</u>	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING</u>	Aggregate Year-to-date	\$
E. Full name <u>Jackson Free Press</u>	Date (Mo., Day, Year) <u>11/29/14</u>	Amount of each disbursement this period \$ <u>575.<sup>00</sup></u>
Mailing Address <u>125 S. Congress St #1324</u>		
City, State, Zip Code <u>Jackson, MS. 39211</u>	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING</u>	Aggregate Year-to-date	\$
F. Full name <u>Roosevelt Daniels</u>	Date (Mo., Day, Year) <u>10/17/14</u>	Amount of each disbursement this period \$ <u>1,200. —</u>
Mailing Address <u>The Daniels Group</u>		
City, State, Zip Code	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Ashby Foote  
 Reporting period 10-10-14 through 11-24-14

# ITEMIZED DISBURSEMENTS

A. Full name <u>Senator Sally Doty</u>		Date (Mo., Day, Year) <u>11, 10, 14</u>	Amount of each disbursement this period \$ <u>3,000.00</u>
Mailing Address			
City, State, Zip Code <u>Brookhaven, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN MANAGEMENT / ADVISOR</u>		Aggregate Year-to-date	\$
B. Full name <u>Ashby Foote</u>		Date (Mo., Day, Year) <u>11, 11, 14</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>4714 Calmits Pl.</u>			
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>10, 24, 14</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u>pay canvassing workers</u>		Aggregate Year-to-date	\$ <u>800.00</u>
C. Full name <u>American Express</u>		Date (Mo., Day, Year) <u>11, 24, 14</u>	Amount of each disbursement this period \$ <u>1,223.69</u>
Mailing Address			
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>Printer/Computer @ Best Buy</u>		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	Amount of each disbursement this period \$
Mailing Address			
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	Amount of each disbursement this period \$
Mailing Address			
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year) <u>  </u> / <u>  </u> / <u>  </u>	Amount of each disbursement this period \$
Mailing Address			
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$