



MISSISSIPPI DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Candidate ID Number 2016-154

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Candidate Name Rad Casey 40cc

	Column I This Period	Column II Cumulative this election cycle
CONTRIBUTIONS		
a. Individual Contributors (Schedule 1A-1, Column 6)	(2a.) \$ <u>1776.38</u>	
b. Unitemized Cash from \$50.01 each - no Schedule	(2b.) \$ <u>NOT APPLICABLE</u>	
c. Total of (2a.) & (2b.)	(2c.) \$ <u>1776.38</u>	(10.) \$ <u>1776.38</u>
d. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u> </u>	(10.) \$ <u>0</u>
e. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line (2c) + Line (4))	(5.) \$ <u>1776.38</u>	(20.) \$ <u>1776.38</u>
EXPENDITURES & EXPENDITURES		
f. Political Campaign Items (Schedule 1-B, Column 7)	(6.) \$ <u>300.00</u>	(21.) \$ <u>0</u>
g. Political Expenditures (Schedule 1B-2, Column 6)	(7.) \$ <u>300.00</u>	(22.) \$ <u>0</u>
EXPENSES		
h. Individual Contributors (Schedule 1B, Column 6)	(8a.) \$ <u>1776.38</u>	
i. Unitemized Cash from \$50.01 each - no Schedule	(8b.) \$ <u> </u>	
j. Total of (8a.) & (8b.)	(8c.) \$ <u>1776.38</u>	(23.) \$ <u>1776.38</u>
k. TOTAL EXPENDITURES (Add Line (8c) + Line (9a) + Line (9b))	(9.) \$ <u> </u>	
NET FINANCIAL EXPENSE DISBURSEMENTS		
l. Campaign Expenses	(10a.) \$ <u>0</u>	
m. Unitemized Cash from \$50.01 each - no Schedule	(10b.) \$ <u>0</u>	
n. TOTAL NET FINANCIAL EXPENSE DISBURSEMENTS (Add Line (10a) + Line (10b))	(11.) \$ <u>0</u>	(24.) \$ <u>-0-</u>
DEBT AND LIABILITIES		
o. Debt to the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
p. Debt to the Candidate (Schedule 1E)	(12b.) \$ <u> </u>	
BALANCE STATEMENT		
q. Balance at start of reporting period	(13.) \$ <u>0</u>	
r. Total of (10a.) & (10b.) reports from Item (11)	(14.) \$ <u>1776.38</u>	
s. Total of (12a.) & (12b.) reports from Item (12)	(15.) \$ <u>1776.38</u>	
t. Balance at end of reporting period	(16.) \$ <u>1776.38</u>	
u. Total of (14.) & (15.)	(17.) \$ <u>-154</u>	

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID Number 2016-156
2. Committee Name Rod Casey 410cc

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent. Donorless (PAC) Report all contributors regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? YES	4. Date of Receipt	<u>9/27/16</u>		
Name & Address: <u>Robert Washburne Washburne</u> <u>PO Box 33</u> <u>Chelsea MI 48118</u>				\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:					
Occupation		Employer			
Business Address: <u>PO Box 33 Chelsea MI 48118</u>					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? YES	4. Date of Receipt	<u>10/5/16</u>		
Name & Address: <u>William Hampton</u> <u>1137 Grandy St</u> <u>48006 Grand ME 48103</u>				\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:					
Occupation		Employer			
Business Address:					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #3	PAC Receipt? YES	4. Date of Receipt	<u>10/11/16</u>		
Name & Address: <u>Darryl Campbell</u> <u>900 Shepherd St</u> <u>Grand ME 48103</u>				\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide:					
Occupation		Employer			
Business Address:					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <input checked="" type="checkbox"/>					
3. Contribution #4	PAC Receipt? YES	4. Date of Receipt			
Name & Address:				\$	\$
5. If over \$100.00 cumulative, please provide:					
Occupation		Employer			
Business Address:					
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					

Page Subtotal \$150.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I.D. Number 2016-156
2. Committee Name Rod Casey 410 CC

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Rod Casey</u> <u>521 Belmont Dr</u> <u>Yonkers, NY 10994</u>	Purpose: <u>Travel/Meal</u>	Date: <u>10/11/16</u>	\$ <u>6.95</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.	Disbursement Code: <u>FO</u> Fund Raiser:		
Disbursement # 2 Name & Address:	Purpose:	Date:	\$
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.	Disbursement Code: Fund Raiser:		
Disbursement # 3 Name & Address:	Purpose:	Date:	\$
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.	Disbursement Code: Fund Raiser:		
Disbursement # 4 Name & Address:	Purpose:	Date:	\$
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.	Disbursement Code: Fund Raiser:		

Subtotal this page: 6.95
 Grand Total of all Schedules 1C (Complete on last page of Schedule): 1206.02
 Enter this total on line 10a of Summary Page

*SEE INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
 Only disbursements to be reported on this schedule: Incident Office Expense Disbursements ONLY

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE

Name	Address	City	State
[Faded Name]	[Faded Address]	[Faded City]	[Faded State]
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[Faded Name]	[Faded Address]	[Faded City]	[Faded State]

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 2016-156

2. Committee Name Rod Casey 4 WCC

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>Rod Casey</u> <u>521 Belmont Dr</u> <u>Ypsilanti MI 48196</u>	Purpose <u>Travel fuel / 35 miles</u>	<u>10/13/16</u> Date	<u>\$16.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 2 Name & Address: <u>Rod Casey</u> <u>521 Belmont Dr</u> <u>Ypsilanti MI 48196</u>	Purpose <u>Travel fuel / 35 miles</u>	<u>10/13/16</u> Date	<u>\$16.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 3 Name & Address: <u>Rod Casey</u> <u>521 Belmont Dr</u> <u>Ypsilanti MI 48196</u>	Purpose <u>Travel fuel / 30 miles</u>	<u>10/20/16</u> Date	<u>\$15.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		
Disbursement # 4 Name & Address: <u>Rod Casey</u> <u>521 Belmont Dr</u> <u>Ypsilanti MI 48196</u>	Purpose <u>Travel fuel / 25 miles</u>	<u>10/22/16</u> Date	<u>\$12.60</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>FO</u> Fund Raiser		

Subtotal this page **\$ 59.60**

Grand Total of all Schedules 1C
(Complete on last page of Schedule)

Enter this total
on line 10a of
Summary Page

DEPARTMENT OF STATE
BUREAU OF ELECTIONS
**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

27

1. Committee ID Number 2016-1516

2. Committee Name Rod Casey 4 Inc

3. Name and address of person to whom disbursement was made	4. Description of disbursement (Be specific & you may assign a disbursement code)	5. Date	6. Amount of Disbursement
Disbursement #1 Name & Address: <u>Rod Casey</u> <u>591 Belmont Dr</u> <u>Windsor, ME 04096</u>	Purpose: <u>Travel / 40 miles</u>	Date: <u>2/20/16</u>	Amount: <u>\$ 20.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.			
Disbursement Code <u>F0</u> Fund Name:			
Disbursement #2 Name & Address: <u>Rod Casey</u> <u>591 Belmont Dr</u> <u>Windsor, ME 04096</u>	Purpose: <u>Travel / 40 miles</u>	Date: <u>10/5/16</u>	Amount: <u>\$ 20.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.			
Disbursement Code <u>F0</u> Fund Name:			
Disbursement #3 Name & Address: <u>Rod Casey</u> <u>591 Belmont Dr</u> <u>Windsor, ME 04096</u>	Purpose: <u>Travel / 40 miles</u>	Date: <u>10/5/16</u>	Amount: <u>\$ 20.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.			
Disbursement Code <u>F0</u> Fund Name:			
Disbursement #4 Name & Address: <u>Rod Casey</u> <u>591 Belmont Dr</u> <u>Windsor, ME 04096</u>	Purpose: <u>Travel / 40 miles</u>	Date: <u>10/5/16</u>	Amount: <u>\$ 20.00</u>
<input checked="" type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement.			
Disbursement Code <u>F0</u> Fund Name:			

Subtotal Disbursements: \$ 80.00
 Grand Total of all Disbursements (Complete on last page of Schedule)

Print this out on the back of Summary Page