



REPORT OF RECEIPTS AND DISBURSEMENTS
2019 PERIODIC REPORT



Name of Candidate Thomas E. King
Address P O Box 1134 City/Zip Petal/39465
Telephone (Work) 601-583-0859 (Home) 601-549-3338 (Fax) _____
Contact Name Tom King Email Address tking@mdot.ms.gov
Office Sought MDOT Southern District Commissioner Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

MAY 10, 2019 (JAN. 1, 2019-APRIL 30, 2019) PERIODIC REPORT Mandatory

Termination Report (Candidate will no longer accept contributions, make expenditures, has no outstanding campaign debt and a zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Absent a termination report, Annual Reports are mandatory for all prior candidates and candidates who have raised or spent in excess of \$200.00 in furtherance of a campaign. Even if no contributions or expenditures have been made, the candidate must submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be mailed, hand delivered, faxed or emailed. Candidates for State, State District and Legislative Office file with the Secretary of State's Office. Candidates for county and county-district office file with the circuit clerk's office. Candidates for municipal or municipal-district office file with the municipal clerk's office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2019**

| | | | |
|---|--------------|------------------|-----------------------|
| JAN. 1, 2019 CASH ON HAND BALANCE | | | \$ |
| | Itemized (+) | Non-Itemized (=) | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS ¹ | \$ | \$ | \$ |
| TOTAL AMT OF DISBURSEMENTS | \$ | \$ | \$ |
| CASH ON HAND BALANCE | | | \$ |

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2019**

| | | | |
|-----------------------------------|-------------------------|-----------------------|--------------------------|
| JAN. 1, 2019 CASH ON HAND BALANCE | | | \$ 20,650. ⁰⁰ |
| | Itemized (+) | Non-Itemized (=) | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS | \$ 27,500 | \$ 4385 | \$ 31,885. ⁰⁰ |
| TOTAL AMT OF DISBURSEMENTS | \$ 1,040. ⁰⁰ | \$ 275. ⁰⁰ | \$ 1315. ⁰⁰ |
| CASH ON HAND BALANCE | | | \$ 51,220. ⁰⁰ |

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

Tom King
Signature of Candidate

5-6-19
Date

Authority: Miss. Code Ann. §23-15-801, *et. seq.*
 Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies. SOS 09-2018

Name of Candidate or Committee FRIENDS of Tom King Page 1 of 4
 Reporting period Jan. 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|---------------------------------------|
| Full name <u>Imagine ms, PAC</u> | <u>1/19/19</u> | \$ <u>2,500.00</u> |
| Mailing Address <u>P.O. Bx 80</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Jackson, ms, 39205</u> | _ _ _ | \$ |
| Name of Employer (Required) _____ | _ _ _ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>2,500.00</u> |
| | | |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>RAY Sims</u> | <u>3/4/19</u> | \$ <u>2,000.00</u> |
| Mailing Address <u>142 Seventeen Pl.</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Hattiesburg ms, 39402</u> | _ _ _ | \$ |
| Name of Employer (Required) <u>southeast concrete</u> | _ _ _ | \$ |
| Occupation (Required) <u>pres.</u> | Aggregate year-to-date | \$ <u>2,000.00</u> |
| | | |
| C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>LLC</u> | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Bokey Creek Publishing, LLC</u> | <u>3/24/19</u> | \$ <u>500.00</u> |
| Mailing Address <u>6021 Anglen Dr.</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Picayune, ms, 39466</u> | _ _ _ | \$ |
| Name of Employer (Required) <u>Jim Luke</u> | _ _ _ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>500.00</u> |
| | | |
| D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Lehman - Roberts Co.</u> | <u>3/6/19</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Bx 1603</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Memphis, TN, 38101</u> | _ _ _ | \$ |
| Name of Employer (Required) _____ | _ _ _ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1,000.00</u> |

Name of Candidate or Committee Friends of Tom King
 Reporting period Jan 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

| A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|------------------------|------------------------------------|
| Full name <u>Slynn Mallette</u> | <u>4/8/19</u> | \$ <u>5,000.00</u> |
| Mailing Address <u>3708 Hwy. 90</u> | <u>-1-1-</u> | \$ |
| City, State, Zip Code <u>Gautier, Ms. 39553</u> | <u>-1-1-</u> | \$ |
| Name of Employer (Required) <u>Mallette Bros.</u> | <u>-1-1-</u> | \$ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>5,000.00</u> |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>AR Lin Mallette</u> | <u>4/8/19</u> | \$ <u>5,000.00</u> |
| Mailing Address <u>12612 Seaman Rd.</u> | <u>-1-1-</u> | \$ |
| City, State, Zip Code <u>VAN Cheave, Ms. 39566</u> | <u>-1-1-</u> | \$ |
| Name of Employer (Required) <u>Mallette Bros.</u> | <u>-1-1-</u> | \$ |
| Occupation (Required) <u>V. Pres.</u> | Aggregate year-to-date | \$ <u>5,000.00</u> |
| C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>W. C. Fore</u> | <u>4/8/19</u> | \$ <u>5,000.00</u> |
| Mailing Address <u>P.O. BX 3058</u> | <u>-1-1-</u> | \$ |
| City, State, Zip Code <u>Gulfport, Ms. 39505</u> | <u>-1-1-</u> | \$ |
| Name of Employer (Required) <u>W.C. Fore</u> | <u>-1-1-</u> | \$ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>5,000.00</u> |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Jerry St. PE.</u> | <u>4/19/19</u> | \$ <u>500.00</u> |
| Mailing Address <u>1003 Washington Ave.</u> | <u>-1-1-</u> | \$ |
| City, State, Zip Code <u>Pascagoula, Ms. 39567</u> | <u>-1-1-</u> | \$ |
| Name of Employer (Required) <u>Retired</u> | <u>-1-1-</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Friends of Tom King Page 3 of 4
 Reporting period Jan 1, 2019 through APRIL 30, 2019

ITEMIZED RECEIPTS

| A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--------------------------|---------------------------------------|
| Full name <u>MMHA - PAC</u> | <u>4, 22, 19</u> | \$ <u>1,000.00</u> |
| Mailing Address _____ | <u>— — —</u> | \$ _____ |
| City, State, Zip Code _____ | <u>— — —</u> | \$ _____ |
| Name of Employer (Required) _____ | <u>— — —</u> | \$ _____ |
| Occupation (Required) <u>EX. Director</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Holden Earth moving</u> | <u>4, 23, 19</u> | \$ <u>1,000.00</u> |
| Mailing Address _____ | <u>— — —</u> | \$ _____ |
| City, State, Zip Code _____ | <u>— — —</u> | \$ _____ |
| Name of Employer (Required) _____ | <u>— — —</u> | \$ _____ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Chevis Switzer</u> | <u>4, 23, 19</u> | \$ <u>1,000.00</u> |
| Mailing Address _____ | <u>— — —</u> | \$ _____ |
| City, State, Zip Code _____ | <u>— — —</u> | \$ _____ |
| Name of Employer (Required) _____ | <u>— — —</u> | \$ _____ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Dave Dennis</u> | <u>4, 23, 19</u> | \$ <u>500.00</u> |
| Mailing Address _____ | <u>— — —</u> | \$ _____ |
| City, State, Zip Code _____ | <u>— — —</u> | \$ _____ |
| Name of Employer (Required) _____ | <u>— — —</u> | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Friends of Tom King
 Reporting period Jan. 1, 2019 through April 30, 2019

ITEMIZED RECEIPTS

| A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>PLLC</u> | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|---------------------------------------|
| Full name <u>Seymour Engineering, PLLC</u> | <u>4/23/19</u> | \$ <u>500.00</u> |
| Mailing Address <u>925 Tommy Munro Dr.</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Biloxi, Ms, 39532</u> | _ _ _ | \$ |
| Name of Employer (Required) | _ _ _ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| | | |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Fairly Construction</u> | <u>4/30/19</u> | \$ <u>500.00</u> |
| Mailing Address <u>828 Hwy 11</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Petal, Ms, 39465</u> | _ _ _ | \$ |
| Name of Employer (Required) <u>Steven Fairly</u> | _ _ _ | \$ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>500.00</u> |
| | | |
| C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>David & Judy Burkell</u> | <u>4/28/19</u> | \$ <u>500.00</u> |
| Mailing Address <u>67 Dover Trace</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Hattiesburg, Ms, 39401</u> | _ _ _ | \$ |
| Name of Employer (Required) | _ _ _ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| | | |
| D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>PLLC</u> | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Pittman Howdershell LLC</u> | <u>4/26/19</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>P.O. Drawer 17138</u> | _ _ _ | \$ |
| City, State, Zip Code <u>Hattiesburg, Ms, 39404-</u> | _ _ _ | \$ |
| Name of Employer (Required) <u>Jack Pittman</u> | _ _ _ | \$ |
| Occupation (Required) <u>Pres.</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |

Name of Candidate or Committee FRiends of Tom King
 Reporting period Jan. 1, 2019 through APRIL 30, 2019

ITEMIZED DISBURSEMENTS

| | | |
|---|---|--|
| A. Full name <u>Ms. GOP</u> | Date (Mo., Day, Year) <u>1/8/19</u> | Amount of each disbursement this period \$ <u>500.00</u> |
| Mailing Address | | |
| City, State, Zip Code <u>Jackson, Ms.</u> | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) <u>Qualifying</u> | Aggregate Year-to-date | \$ <u>500.00</u> |
| B. Full name <u>Ms. U. R. F. Fund</u> | Date (Mo., Day, Year) <u>1/8/19</u> | Amount of each disbursement this period \$ <u>240.00</u> |
| Mailing Address | | |
| City, State, Zip Code <u>Jackson, Ms.</u> | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>240.00</u> |
| C. Full name <u>Jackson County Republican Women</u> | Date (Mo., Day, Year) <u>4/3/19</u> | Amount of each disbursement this period \$ <u>300.00</u> |
| Mailing Address | | |
| City, State, Zip Code | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>300.00</u> |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| City, State, Zip Code | <u>__/__/__</u> | \$ |
| 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 | <u>__/__/__</u> | \$ |
| 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 | <u>__/__/__</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |