



REPORT OF RECEIPTS AND DISBURSEMENTS
2018 Annual Report

Name of Candidate BRANDON PRESLEY
 Address 182 VERONA AVE. City/Zip NETTLETON, MS 38858
 Telephone (Work) 800-637-7722 (Home) 662-401-3985 (Fax) N/A
 Contact Name SAME Email Address brandonepresley@gmail.com
 Office Sought PUBLIC SERVICE COMMISSIONER Political Party (if any) DEMOCRAT
NORTHERN DIST.

☐ Check here if above information is different from previous report

TYPE OF REPORT

January 31, 2019 Annual Report (January 1, 2018 through December 31, 2018) **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 23-15-821, 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.

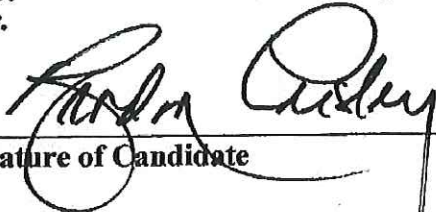
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2018 CASH ON HAND BALANCE	\$ 448.39		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 0	\$ 0	\$ 0
TOTAL AMT OF DISBURSEMENTS	\$ 432.39	\$ 16.00	\$ 448.39
CASH ON HAND BALANCE	\$ 0		

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2018 CASH ON HAND BALANCE	\$ 0 (\$448.39 above)		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 56,500.00	\$ 2,240.00	\$ 58,740.00
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 2.00	\$ 2.00
CASH ON HAND BALANCE	as of 1/31/19		\$ 127,912.50

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



Signature of Candidate



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.

Name of Candidate or Committee BRANDON PRESELEY
 Reporting period 01-01-18 through 12-31-18

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	DOUGLAS M. WRIGHT	12 / 18 / 18	\$ 5,000.00
Mailing Address	P.O. BOX 3667	___ / ___ / ___	\$
City, State, Zip Code	TUPELO, MS 38103-3667	___ / ___ / ___	\$
Name of Employer (Required)	COMMUNITY ELDERCARE	___ / ___ / ___	\$
Occupation (Required)	OWNER	Aggregate year-to-date	\$ 5,000.00
B. 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	NUCOR STEEL RECYCLERS OF MS PAC	12 / 21 / 18	\$ 2,500.00
Mailing Address	3620 FOURTH ST.	___ / ___ / ___	\$
City, State, Zip Code	FLOWOOD, MS 39232-2000.	___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2,500.00
C. 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	MS REALTORS POLITICAL ACTION COMMITTEE	12 / 20 / 18	\$ 5,000.00
Mailing Address	P.O. BOX 321000	___ / ___ / ___	\$
City, State, Zip Code	FLOWOOD, MS 39232	___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 5,000.00
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	JACKSON EXCAVATING/MAGNOLIA TREE CO.	12 / 18 / 18	\$ 1,000.00
Mailing Address	1051 DEVINEY DR.	___ / ___ / ___	\$
City, State, Zip Code	RAYMOND, MS 39154-8387	___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee

BRANDON PRESLEY

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Reporting period 01-01-18

through 12-31-18

ITEMIZED RECEIPTS

A. 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 BAKER SERVICES		12 / 18 / 18	\$ 1,000.00
Mailing Address P.O. BOX 6717		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39282-6717		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. 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 DEVINEY CONSTRUCTION		12 / 18 / 18	\$ 1,000.00
Mailing Address P.O. BOX 6717		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39282-6717		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. 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 MISSISSIPPI CHAPTER SIERRA CLUB		12 / 19 / 18	\$ 5,000.00
Mailing Address 1606 PINEVALE ST.		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39211		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 5,000.00
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 DEVINEY BROTHERS, INC.		12 / 18 / 18	\$ 1,000.00
Mailing Address P.O. BOX 6717		__ / __ / __	\$
City, State, Zip Code JACKSON, MS 39282		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-18 through 12-31-18

ITEMIZED RECEIPTS

A. 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>DEVINEY EQUIPMENT</u>		<u>12 / 18 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39202-7179</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		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>JAMES D. BRYAN</u>		<u>12 / 28 / 18</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. DRAWER 636</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>WEST POINT, MS 39773</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>PRAIRIE LIVESTOCK, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>2,500.00</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>SAM ABRAHAM</u>		<u>12 / 28 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>1300 MYRTLE ST.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>GREENWOOD, MS 38930</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>LEFLORE COUNTY</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>SUPERVISOR</u>		Aggregate year-to-date	\$ <u>1,000.00</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>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATTALA STEEL INDUSTRIES, LLC</u>		<u>12 / 27 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 849</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>KOSCIUSKO, MS 39090</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-18 through 12-31-18

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>CHARLES L. BOATNER, JR.</u>		<u>12 / 27 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 307</u>		<u> / / </u>	\$
City, State, Zip Code <u>SHERMAN, MS 38669</u>		<u> / / </u>	\$
Name of Employer (Required) <u>VISION ENGINEERING, INC.</u>		<u> / / </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. 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>MISSISSIPPI SOLAR, LLC</u>		<u>12 / 27 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>1016 SAXTON AIRPORT RD., SUITE 118</u>		<u> / / </u>	\$
City, State, Zip Code <u>PHILADELPHIA, MS 39350</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		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>JOHNNY MORGAN</u>		<u>12 / 21 / 18</u>	\$ <u>2,500.00</u>
Mailing Address <u>P.O. Box 309</u>		<u> / / </u>	\$
City, State, Zip Code <u>OXFORD, MS 38655</u>		<u> / / </u>	\$
Name of Employer (Required) <u>MORGAN-WHITE INSURANCE</u>		<u> / / </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>2,500.00</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>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>UNITED PROFESSIONALS CO.</u>		<u>12 / 27 / 18</u>	\$ <u>2,500.00</u>
Mailing Address <u>201 ST. CHARLES AVE., STE. 4240</u>		<u> / / </u>	\$
City, State, Zip Code <u>NEW ORLEANS, LA 70170-1048</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2,500.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-18 through 12-31-18

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>RICHARD B. WAX</u>	<u>12/31/18</u>	\$ <u>2,500.00</u>
Mailing Address <u>212 FRONT ST. NORTH</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>AMORY, MS 38821</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>THE WAX COMPANY</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
B. 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>PALADIN ENERGY STRATEGIES, LLC</u>	<u>12/27/18</u>	\$ <u>2,000.00</u>
Mailing Address <u>17 LARKDALE DR</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>ST. LOUIS, MO 63124-1715</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</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>DR. JAMES OTTO MORSE</u>	<u>12/31/18</u>	\$ <u>1,000.00</u>
Mailing Address <u>505 COLONIAL CIRCLE</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>STARKVILLE, MS 39759-4211</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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>SOLAR ALTERNATIVES, INC.</u>	<u>12/28/18</u>	\$ <u>1,000.00</u>
Mailing Address <u>5728-A PLAUCHE ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>ELMWOOD, LA 70123-4132</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee BRANDON PRESLEY
 Reporting period 01-01-18 through 12-31-18

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>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KELLY NATURAL GAS PIPELINE, LLC (CONTRACTOR)</u>		<u>12 / 31 / 18</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. BOX 10687</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>BIRMINGHAM, AL 35210</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>5,000.00</u>
B. 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>P.A.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ROBERTS WILSON</u>		<u>12 / 31 / 18</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 2428</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>OXFORD, MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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>UNINCORPORATED BUSINESS ACCT.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>VICK ETHERIDGE ENTERPRISES</u>		<u>12 / 31 / 18</u>	\$ <u>2,500.00</u>
Mailing Address <u>4212 NORTH HARPER RD.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>CORINTH, MS 38834</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2,500.00</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>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MEDICAL PLAZA ON ALCORN, LLC</u>		<u>12 / 28 / 18</u>	\$ <u>1,000.00</u>
Mailing Address <u>111 ALCORN DR.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>CORINTH, MS 38834-8359</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee

BRANDON PRESLEY

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Reporting period

01-01-18

through

12-31-18

ITEMIZED RECEIPTS

A. 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 WILLIS ENGINEERING, INC.		12/31/18	\$ 1,000.00
Mailing Address P.O. BOX 160		___/___/___	\$
City, State, Zip Code GRENADA, MS 38902		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
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 ROCHELLE HOLLY MARTE OR PETER H. MARTE		12/31/18	\$ 1,000.00
Mailing Address 2019 CAMBRIDGE AVE.		___/___/___	\$
City, State, Zip Code COLLEGE PARK, GA 30337		___/___/___	\$
Name of Employer (Required) HANNAH SOLAR CO.		___/___/___	\$
Occupation (Required) CEO		Aggregate year-to-date	\$ 1,000.00
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 MATTHEW H. KISBER - PAIGE KISBER		12/30/18	\$ 1,000.00
Mailing Address 2334 GOLF CLUB LANE		___/___/___	\$
City, State, Zip Code NASHVILLE, TN 37215		___/___/___	\$
Name of Employer (Required) SILICON RANCH		___/___/___	\$
Occupation (Required) EXECUTIVE		Aggregate year-to-date	\$ 1,000.00
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 MATTHEW BEASLEY		12/30/18	\$ 1,000.00
Mailing Address 1209 NICHOLS LANE		___/___/___	\$
City, State, Zip Code NASHVILLE, TN 37205		___/___/___	\$
Name of Employer (Required) SILICON RANCH		___/___/___	\$
Occupation (Required) EXECUTIVE		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee BRANDON PRESLEYReporting period 01-01-18 through 12-31-18

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>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FIBERISE COMMUNICATION SERVICES LLC/FIBERISE</u>		<u>12/29/18</u>	\$ <u>3,000.00</u>
Mailing Address <u>3 OLD COVE PLACE S.E.</u>		___/___/___	\$
City, State, Zip Code <u>GURLEY, ALABAMA 35748-7900</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>3,000.00</u>
B. Source: <input 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-18 through 12-31-18

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
FRIENDS OF THE DOROTHY J. LOWE LIBRARY		9 / 6 / 18	\$ 432.39
Mailing Address			
165 YOUNG AVE.			
City, State, Zip Code			
NETTLETON, MS 38958			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 432.39
DONATION			
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	\$