

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Nancy Collins for Congress

ADDRESS (number and street) PO Box 7175
 Check if different than previously reported. (ACC) Tupelo MS 38802

2. **FEC IDENTIFICATION NUMBER** C C00574137 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MS 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2015 through 03 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Cheryl Land
Signature of Treasurer Cheryl Land *[Electronically Filed]* Date M M / D D / Y Y Y Y
04 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Nancy Collins for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13680.00	13680.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13680.00	13680.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11900.00	11900.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11900.00	11900.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1780.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Nancy Collins for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13250.00	13250.00
(ii) Unitemized.....	430.00	430.00
(iii) TOTAL of contributions from individuals ▶	13680.00	13680.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13680.00	13680.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13680.00	13680.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11900.00	11900.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11900.00	11900.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13680.00
25. SUBTOTAL (add Line 23 and Line 24).....	13680.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11900.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1780.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Nancy Collins for Congress

A. Full Name (Last, First, Middle Initial)
MS LINDA R ALDY

Mailing Address **PO BOX 2803**

City **MADISON** State **MS** Zip Code **39130**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MS OPTOMETRIC ASSN** Occupation **EXEC. DIRECTOR**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MS SUSAN C BUTLER

Mailing Address **108 HARVARD ST**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAPITOL RESOURCES** Occupation **CONSULTANT**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS LYNNE B CURTIS

Mailing Address **5733 HWY 82**

City **ETHELSTVILLE** State **AL** Zip Code **35461**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CURTIS OPTOMETRY** Occupation **BUSINESS MANAGER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nancy Collins for Congress

A. Full Name (Last, First, Middle Initial)
MR W G HOLLIMAN

Mailing Address **4452 LAKEWOOD**

City **BELDEN** State **MS** Zip Code **38826**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIVE STAR LLC** Occupation **MANAGING PARTNER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
MS LYNN MOLL

Mailing Address **1555 COLUMBINE DR**

City **TUPELO** State **MS** Zip Code **38801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
MR THEODORE S MOLL

Mailing Address **1555 COLUMBINE DR**

City **TUPELO** State **MS** Zip Code **38801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MTD CONSUMER PRODUCTS** Occupation **VICE CHAIRMAN**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Nancy Collins for Congress

A. Full Name (Last, First, Middle Initial)
MR RAY REED

Mailing Address **2557 RIDGEWOOD LN**

City **BELDEN** State **MS** Zip Code **38826**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RENASANT INSURANCE** Occupation **MANAGER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR EDWARD B WARREN

Mailing Address **3990 OLD TOWNE CIR**

City **TUPELO** State **MS** Zip Code **38804**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HANES INDUSTRIES** Occupation **REGIONAL MANAGER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
MS FRANCES A WARREN

Mailing Address **3990 OLD TOWNE CIR**

City **TUPELO** State **MS** Zip Code **38804**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For: 2015
 Primary General
 Other (specify) **S**

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4250.00

13250.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nancy Collins for Congress

Full Name (Last, First, Middle Initial) A. Moore Information, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 2130 SW Jefferson Ste 200		Amount of Each Disbursement this Period 11900.00
City Portland	State OR Zip Code 97201	
Purpose of Disbursement Public Opinion Research	Category/Type	Transaction ID : SB17.4103
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11900.00
TOTAL This Period (last page this line number only).....	11900.00