#### Delbert Hosemann SECRETARY OF STATE

## Candidate. REPORT OF RECEIPTS AND DISBURSEMENTS 201 / Municipal Election

	See Been	
Name of Candidate Damon D.	Be	
Address 109 LOCKSley way		769
Telephone (Work)	Apt. 6 Starkville, MS 39 (Home) (Haz) 418-9722 (Fax)	
Contact Name Dannion Poe	Email Address damion. d. Poel	
Office Sought_Mayor	Political Party (if any) Democrat	2
Check here if above information is differen	at from previous report	
	TYPE OF REPORT	
	7, through April 22, 2017)	Primary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, t	through May 6, 2017)Prima	ry Pre-Runoff Election Report
Tuesday, May 30, 2017 (January 1, 2017	7, through May 27, 2017*)	Pre-Election Report
Wednesday, January 31, 2018 (January	1, 2017, through December 31, 2017)	Annual Report
	longer accept contributions or make campaign has no outstanding campaign debt obligation)	Required to terminate reporting obligations

#### IMPORTANT

- \*For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, May 30, 2017 is April 23, 2017, through May 6, 2017.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period.
- Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.
- File with your Municipal Clerk's Office. The Municipal Clerk 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar This Period Itemized + Non-Itemized year-to-date 1180,00 +5 Total amount of contributions S Total amount of disbursements \$ 530.59 18 830.50 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.

Signature of Candidate

H/24/17

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. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidat	e or Committee	Damion Poe		
Reporting period	January 1,17	through	April	22,17

### HEIVICED INCULIT TO

A. Source: Corporation PAC X Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3/6/17	\$   250.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC X Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Aronymous Donot	3 16 117	\$ 200.00
Mailing Address	四,000	\$ 100.00
City, State, Zip Code Starkville, Ms 39759		\$
Name of Employer (Required)		\$
Occupation (Required)  Artist	Aggregate year-to-date	\$ 1320,00
C. Source Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	31617	\$ 100.00
Aniyah Armstead Mailing Address 87 Chapel Hill Rd		\$
City, State. Zip Code		\$
Starkville, M5, 39 759 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100,06
D. Source:   Corporation   PAC X   Individual   Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Annese Jordan	31617	\$ 30.00
Mailing Address 304 Mallory Land		\$
Starkville, as 39751		\$
Name of Employer (Required)  Whited States Postal Service		\$
Occupation (Required) Postal worker	Aggregate year-to-date	\$ 30,00

Name of Candidate or Committee	Damion	Poc	
Reporting period January 1,	17th	rough	April 22,17

### TILIVICED INCULIF TO

A. Source: Corporation PAC X Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Luther Williams III	4/16/77	\$ 500.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$ 500.00
Riot	year-to-date	1 300,00
B. Source: Corporation PAC Individual Loan 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 Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)		receipt
		receipt this period
Full name		receipt this period
Full name Mailing Address City, State. Zip Code		receipt this period  \$ [
Full name Mailing Address		receipt this period  \$ \$ \$
Full name  Mailing Address  City, State. Zip Code  Name of Employer (Required)	(Mo., Day, Year)  ///// /// /// Aggregate	receipt this period  \$   \$   \$   \$
Mailing Address  City, State. Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  // / // // Aggregate year—to-date Date	receipt this period  \$   \$   \$   \$   Amount of each receipt
Mailing Address  City, State. Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan	(Mo., Day, Year)  // / // // Aggregate year—to-date Date	receipt this period  \$   \$   \$   \$   Amount of each receipt this period
Mailing Address  City, State. Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  // / // // Aggregate year—to-date Date	receipt this period  \$   \$   \$   \$   \$   Amount of each receipt this period \$
Mailing Address  City, State. Zip Code  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  The Other (please specify)  Full name  Mailing Address	(Mo., Day, Year)  // / // // Aggregate year—to-date Date	receipt this period  \$

Name of Candidate or Committee Damion	00
Reporting period January 1, 17	through APAI 22,17

# TI LIVIZLU DIODUNOLIV LIVI O

A. Full name Chris Pollan - Pollan Promos Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Solo-3 Academy Road City, State, Zip Code	3/6/17	\$ 530,6a
City, State, Zip Code Stark, (1/10 - NAS 39759)	_'_'	\$
Starkville, MS 39759	Aggregate Year-to-date	\$ 530.52
Yard Signs 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	_'_'_	S
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
Malling Address		\$
City, State, Zip Code	11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
F. Full name  Mailing Address		Amount of each disbursement this period
	(Mo., Day, Year)	disbursement this period