



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2017 Municipal Election

Name of Candidate W. B. "Pete" Ledlow  
 Address 501 Suzanne Starkville, MS 39759  
 Telephone (Work) 662-617-3188 (Home) 662-323-2795 (Fax) \_\_\_\_\_  
 Contact Name Pete Ledlow Email Address pete\_ledlow@hotmail.com  
 Office Sought Alderman Ward 4 Political Party (if any) Republican

Check here if above information is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017) ..... Primary Pre-Election Report  
 \_\_\_\_ Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017) ..... Primary Pre-Runoff Election Report  
**X** Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017\*) ..... Pre-Election Report  
 \_\_\_\_ Wednesday, January 31, 2018 (January 1, 2017, through December 31, 2017) ..... Annual Report  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) \*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.  
 (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.  
 (4) 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**

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions	\$ 1000.00	+	\$ 975.00	\$ 1975.00	\$ 1975.00
Total amount of disbursements	\$ 903.50	+	\$ 0.00	\$ 903.50	\$ 903.50
Total amount of cash on hand				\$ 1071.50	

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

W.B. Pete Ledlow  
Signature of Candidate

5-30-17  
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 Candidate or Committee W. B. "Pete" Ledlow  
 Reporting period 03/03/17 through 05/27/17

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Pollan Promos	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 1675	<del>03</del> / <del>17</del> / <del>17</del>	\$ 522.30
<b>City, State, Zip Code</b> Starkville, MS 39760	03/ <del>17</del> / <del>17</del>	\$ 381.20
<b>Purpose of Disbursement (Optional)</b> Printing Cards and Signs	<b>Aggregate</b> <b>Year-to-date</b>	\$ 903.50
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___/___/___	\$
<b>City, State, Zip Code</b>	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

Name of Candidate or Committee W. B. "Pete" Ledlow

Reporting period 03/03/17 through 05/27/17

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. B. "Pete" Ledlow</u>	<u>3 / 19 / 17</u>	\$ <u>500.00</u>
Mailing Address <u>501 Suzanne</u>	<u>3 / 28 / 17</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Starkville, MS 39759</u>	_____	\$ _____
Name of Employer (Required) <u>Self</u>	_____	\$ _____
Occupation (Required) <u>Owner Pete's Transmission</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ _____