

Name of Candidate		
Address 2410 Douglas McArthur	Drive Starkville, MS 39759	·····
Telephone (Work)	_(Home) 662-983-5930 (Fax)	
Contact Name Jason Camp	Email Address jasonLcamp@gr	mail.com
Office Sought Alderman Ward 1	Political Party (if any) Republican	
Check here if above information is different	from previous report	
	TYPE OF REPORT	
X Tuesday, April 25, 2017 (January 1, 2017)	, through April 22, 2017)	Primary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, th	rough May 6, 2017) Primar	y Pre-Runoff Election Report
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
	nger accept contributions or make campaign as no outstanding campaign debt obligation)	Required to terminate reporting obligations

- *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, (1) through May 6, 2017.
- Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall (2) 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. (3)
- 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 (4) 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.

 Itemized	+	Non-Itemized	DNS AND DISBURSEMENTS This Period	Calendar year-to-date
Total amount of contributions \$ 1,000.00	+ \$	550.00	\$ 1,550.00	\$ 1,550.00
Total amount of disbursements \$ 921.95	+\$	486.46	\$1,408.41	s 1,408.41
Total amount of cash on hand			\$ 141.59	

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

4/22/17 Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Name	of	Candidate	or	Committee	Jason Camp
name	υι	Candidate	OF	Commutee	1000011 00111

Reporting period January 1. 2017.

through April 22, 2017 ITEMIZED RECEIPTS

A. Source: Corporation PAC / Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1 / 10 / 17	\$ 200.00
Mailing Address		
105 Wisteria Dr.		\$
City, State, Zip Code		· · · · · · · · · · · · · · · · · · ·
Starkville, MS 39759		\$
Name of Employer (Required)		\$
Architectural Roofing Components		Ψ
Occupation (Required)	Aggregate	\$
Vice President	year-to-date	▼ I
B. Source: Corporation PAC I Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	1 (10 (17	\$ 200.00
Ted & Barbara Camp	<u>1</u> / <u>10</u> / <u>17</u>	\$ 200.00
Mailing Address		
65 CR 278	<u> </u>	\$
City, State, Zip Code		· · · · · · · · · · · · · · · · · · ·
Banner, MS 38913		\$
Name of Employer (Required)		\$
Retired		♥
Occupation (Required)	Aggregate	\$
Retired	year-to-date	₽
C. Source Corporation PAC / Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
		receipt
Other (please specify) Full name Don & Billie Jo Bell	(Mo., Day, Year)	receipt this period \$ 200.00
Full name	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076	(Mo., Day, Year)	receipt this period \$ 200.00 \$
Conter (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 200.00
Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915	(Mo., Day, Year)	receipt this period \$ [200.00 \$ [
Conter (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 200.00 \$
Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zlp Code Bruce, MS 38915 Name of Employer (Required) Retired	(Mo., Day, Year)	receipt this period \$ [200.00 \$ [
Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zlp Code Bruce, MS 38915 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ [200.00 \$ [
Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source:	(Mo., Day, Year)	receipt this period \$ [200.00 \$ [
Other (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [7] Individual Loan	(Mo., Day, Year) <u>1</u> / <u>31</u> / <u>17</u> <u>1</u> / <u>17</u> <u>1</u> / <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	receipt this period \$ [200.00 \$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ [\$ Amount of each
Cother (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [✓ Individual [Loan Cother (please specify)	(Mo., Day, Year)	receipt this period \$ [200.00 \$ [
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Cother (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [✓ Individual [Loan Cother (please specify)	(Mo., Day, Year) <u>1</u> / <u>31</u> / <u>17</u> <u>1</u> / <u>17</u> <u>1</u> / <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	receipt this period \$ [200.00 \$ [\$ [] \$ [\$ [\$ [] \$ [\$ [] \$ [_] \$ [
Conter (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zlp Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [✓ Individual Loan Carl Mayo Mailing Address	(Mo., Day, Year) <u>1</u> / <u>31</u> / <u>17</u> <u>1</u> / <u>17</u> <u>1</u> / <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	receipt this period \$ [200.00 \$ [
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Cother (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [✓ Individual Loan Carl Mayo Mailing Address 10611 Road 517 City, State, Zip Code	(Mo., Day, Year) <u>1</u> / <u>31</u> / <u>17</u> <u>1</u> / <u>17</u> <u>1</u> / <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	receipt this period \$ [200.00 \$ [
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Cother (please specify) Full name Don & Billie Jo Bell Mailing Address PO Box 1076 City, State, Zip Code Bruce, MS 38915 Name of Employer (Required) Retired Occupation (Required) Retired D. Source: Corporation PAC [7] Individual Loan Carl Mayo Mailing Address 10611 Road 517 City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required)	(Mo., Day, Year) <u>1</u> / <u>31</u> / <u>17</u> <u>1</u> / <u>17</u> <u>1</u> / <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	receipt this period \$ [200.00 \$ [

Name of	Candidate	or Committee	Jason Camp
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Reporting period January 1, 2017

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through April 22. 2017 ITEMIZED RECEIPTS

A. Source: Corporation PAC / Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name W.M. Brooks & Associates, LLC	3 / 8 / 17	\$ 200.00
Mailing Address		
106 Shotts Ave		\$
City, State, Zip Code		<u>م</u>
Starkville, MS 39759		\$
Name of Employer (Required)		\$
W.M. Brooks & Associates, LLC	<u> </u>	Ψ
Occupation (Required)	Aggregate	\$ 200.00
Appraiser	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
	<u> </u>	\$
Mailing Address		\$
		Ψ
City, State, Zip Code	$\Box'\Box'$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
Composition PAC Individual Loan	ycai-to-date	Amount of each
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	receipt this period
	Date	receipt
Other (please specify)	Date	receipt this period
Conter (please specify) Full name Mailing Address	Date	receipt this period
Other (please specify)	Date	receipt this period
Conter (please specify) Full name Mailing Address	Date	receipt this period \$ \$
Conter (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Conter (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ [
Conter (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ [
Conter (please specify) Full name Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Cother (please specify) Full name Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Full name	Date (Mo., Day, Year)	receipt this period
Conter (please specify) Full name Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Cother (please specify) Full name Mailing Address Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Full name	Date (Mo., Day, Year)	receipt this period
Conter (please specify) Full name Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Cother (please specify) Full name Mailing Address	Date (Mo., Day, Year)	receipt this period \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$

through _____

A. Full name A2Z PRINT SHOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 Tv Rd	<u>1</u> / <u>18</u> / <u>17</u>	\$ 297.00
City, State, Zip Code Jackson, MS 39204	//	\$
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$ 297.00
B. Full name USPS.COM POSTAL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 475 L'Enfant Plaza SW	$\frac{3}{2}/\frac{21}{2}/\frac{17}{2}$	\$ ^{393.75}
City, State, Zip Code Washington D.C. 20590	$\frac{4}{21}/\frac{21}{17}$	\$ 231.20
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$ ^{624,95}
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S
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	\$

2017 ELECTION CYCLE	COLUMN AND ADD	Delbert Hosemann SECRETARY OF STATE
	Candidate	
	REPORT OF RECEIPTS AND DISBURSEMENTS	
	2017 Municipal Election	
	2 1	
Name of Candidate	Den Carver	DA14 51 C
Address	503 Cottonwood Dr.	
Telephone (Work)	62-769.0792 (Home) N/a (Fax)	n/a
Contact Name 🏾 🕺	Ren Carver Email Address b. carver @ city	fstarky Me.ors
	Iderman- Ward 1 Political Party (if any) Republic,	lar
Check bere i	l above information is different from previous report	
	TYPE OF REPORT	
🗹 Tuesday, Apríl 2	5, 2017 (January 1, 2017, through April 22, 2017)Pri	Imary Pre-Election Report
Tuesday, May 9,	2017 (April 23, 2017, through May 6, 2017) Primary P	re-Runoff Election Report
Tuesday, May 30), 2017 (January 1, 2017, through May 27, 2017*)	
Wednesday, Jan	uary 31, 2018 (January 1, 2017, through December 31, 2017)	Annual Report
Termination Rep	ort (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

(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.

	Itemized	- - +	Non-Itemized		This Period		Calendar vear-to-date
Total amount of contributions S	500	+ 5	4230	S		S	4730
Total amount of disbursements S	500	+\$	4230	s		S	4730
Total amount of cash on hand			Ø	S			6

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

Date Signature of gandidate

4/24/2017 Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Name of Candidate o	r Commi	ttee 🦯 🧨	" Carve	C		
Reporting period	1.1.	2017	through	4.	22	.17

A. Source: Corporation PAC X Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	02/25/17	\$ 500-
Tom SMITH Mailing Address	1	•
CALL OF THE STATE		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Regulired)	Aggrogato	
land sales	Aggregate year-to-date	\$ 500-
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
l Mailing Address		
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1
C. Source Corporation PAC Individual Loan	1	Amount of each
C. Source Corporation Price Mathematic Low Composition Compo	Date (Mo., Day, Year)	receipt this period
Full name		\$ [
l Mailing Address		
		\$ (
City, State Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [
D. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt this period
Other (please specify)		uns period
Full name		\$
Mailing Address		\$ 1
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

HENKLUNLULIEIU

Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Municipal Election

	1444 12 12 12 12 12 12 12 12 12 12 12 12 12	
Name of Candidate Linda Christine William	ns	TO ALL DIA AND
Address 23 Lakes Blvd., Starkville, M	S 39759	
Telephone (Work) 662-617-4476 (Hon	eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	
Contact Name Kevin D. Williams	Email Address uga2msu@gmail.	com
Office Sought Alderman	Political Party (if any) Democrat	
Check here if above information is different from prev		
	TYPE OF REPORT	
X Tuesday, April 25, 2017 (January 1, 2017, through	h April 22, 2017)Pr	imary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through M	lay 6, 2017)Primary F	Pre-Runoff Election Report
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 ac expenditures and has no or	cept contributions or make campaign atstanding 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.

REP				
Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 540.00	+\$	2092.00	\$ 2632.00	\$ 2632.00
Total amount of disbursements \$ 857.70	+\$	342.83	\$ 1200.53	\$ 1200.53
Total amount of cash on hand			\$ 1431.47	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 04/25/2107

Date

Signature of Candidate

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).

RECEIVED

APR 2 5 2017

SOS 12-16

Starkwille City Hall

Name	of	Candidate	or Comm	ittee	Christine William
------	----	-----------	---------	-------	-------------------

Reporting period January 1, 2017

through April 22, 2017

ITEMIZED RECEIPTS

A. Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Meghan Millea	01 / 09 / 17	\$ 200.00
Mailing Address	02 / 13 / 17	A [
100 Herbert St	$\frac{102}{102}$ / $\frac{113}{113}$ / $\frac{117}{117}$	\$ 40.00
City, State, Zip Code	<u></u>	
Starkville, MS 39759		\$
Name of Employer (Required)		
Mississippi State University		\$
Occupation (Required)	Aggregate	
Professor	year-to-date	\$ 240.00
B. Source: Corporation PAC V Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Dan Camp	02 / 24 / 17	\$ 100.00
Mailing Address		
100 Maxwell St	04 / 05 / 17	\$ 200.00
City, State, Zip Code		
Starkville, MS, 39759		\$
Name of Employer (Required)		
Self-Employed		\$
Occupation (Required)	Aggregate	• I
Real Estate Developer	year-to-date	\$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
I di Hano		\$
Mailing Address		\$
		\$]
City, State, Zip Code		\$
		Ψ
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each
C Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Malling Address		
		\$
City, State, Zip Code		\$
		Ψ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [

Name of Candidate or Committee

Reporting period January 1, 2017

Christine Williams

through April 22, 2017

Page _____ of ____

A. Full name Precision Signz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6125 Valley Dr.	<u>02</u> / <u>02</u> / <u>17</u>	\$ ^{419.00}
City, State, Zip Code Bettendorf, IA, 52722	_/_/_	\$
Purpose of Disbursement (Optional) Campaign Yard Signs	Aggregate Year-to-date	\$ 419.00
B. Full name Allmond Printing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 603 West Commerce	<u>03</u> / <u>01</u> / <u>17</u>	\$ 438.70
City, State, Zip Code Aberdeen, MS, 39730	_!_!_	\$
Purpose of Disbursement (Optional) Campaign DoorHangers	Aggregate Year-to-date	\$ 438.70
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	\$



Name of Candidate Sandra Sistrunk	UATI START
Address 522 Chestnut Drive	
$\frac{Cell}{Telephone} 662-418-4574 $ (Home) (Fax)	
Contact Name Sandra Sistrunk Email Address sandra.c.sistrunk@g	mail.com
Office Sought Alderman, ward 2 Political Party (If any) Democrat	
Check here if above information is different from previous report	
TYPE OF REPORT	
X Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)	nary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)Primary Pre	-Runoff Election Report
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
	Required to terminate reporting obligations

*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, **(I)** through May 6, 2017.

Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall (2) 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. (3)
- 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 (4)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.

	REP	REPORTED CONTRIBUTIONS AND DISBURSEMENTS				
indiana and a second	Itemized	+	Non-Itemized	This Period		Calendar year-to-date
Total amount of contributions S	0	+\$	2959.00	s 2959.00	\$	2959.00
Total amount of disbursements \$	1728.75	+ \$	100.00	s 1828.75	\$	1828.75
Total amount of cash on hand				\$ 3179.25 X		

Signature of Candidate

April 25,201

Authority: Miss. Code Ann. §23-15-801, et. seq.

2017 1.130.25 2016

		02		Page	of
Name of Candidate	or Committee	Sandra Sis	trunk		
Reporting period	01/01/17	through	04/22	12017	
				1 .	

A. Full name Adrian Marcus	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1442 St. Andrews Lane	02103117	s 250°-
City, State, Zip Code Startmille MS 39759	_'_'_	\$
Purpose of Disbursement (Optional) WEDSITE design	Aggregate Year-to-date	\$
Allmond Printing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address))	02/14/17	\$ 21400
City, State, Zip Code Aberdeen, MS 39730	02/23/17	\$ 365 <u>94</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name Watermark Printers LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1085 Stark Road, Suite 105 City, State, Zip Code	<u>03/ 17/ 17</u>	\$ 264 83
Starkville, MS 39759	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name Pollan Promos	Date (Mo., Day, Year)	Amount of each disbursement this period
P. O. Box 1675	04/20/17	s 63398
City, State, Zip Code Starkville MS 39759	/	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	S
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	S

	SECRETARY OF STATE
Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
201/ Municipal Election	
Name of Candidate _159 WYNN	
Address 209 Lynn Lane Apt. 36	
Telephone (Work) 662 - 324-6494 (Home) 324-6494 (Fax)	0.01
Contact Name Lisq Wynn Email Address Wynnisa @ 19	hoo. com
Office Sought Alderman Political Party (if any)	
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)Prin	nary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)	e-Runoff Election Report
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

(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.

<u>REPORTED CONTRIBUTIO</u> Itemized + Non-Itemized	DNS AND DISBURSEMENTS This Period	Calendar year-to-date
Total amount of contributions S $2000^{\circ D}$ + S	5	s 2000 00
Total amount of disbursements S 892.05+S	s 1107.95	\$ 892.05
Total amount of cash on hand	s 🖌	X

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

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).

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Delbert Hosemann

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1 .		Page
Name of Candidate or Committee	Nym	
Reporting period 03-2017	through 04 - 2017	

TI LIVIZED DIODUNOLIVEIVIO

A. Full name Pollan Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Academy Rd	03_201	\$ 892.05
City, State, Zip Code Star Kville, MS 39759	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_1_1_	\$
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	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name Mailing Address		
	(Mo., Day, Year)	disbursement this period
Mailing Address	(Mo., Day, Year)	disbursement this period \$
Mailing Address City, State, Zip Code	(Mo., Day, Year)	disbursement this period \$ \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year)	disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name	(Mo., Day, Year)	disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address	(Mo., Day, Year)	disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) / Aggregate Year-to-date Aggregate Year-to-date Date	disbursement this period \$ \$ \$ \$ Amount of each disbursement this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	(Mo., Day, Year) // // Aggregate Year-to-date Date (Mo., Day, Year) // // Aggregate Year-to-date	disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) / Aggregate Year-to-date Date (Mo., Day, Year)	disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address	(Mo., Day, Year)	disbursement this period

Page _____ of _____

Name of Candidate or Committe	Lisa Wynn
Reporting period	through

H LIVIZLU NEULIFIU

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gerrall Wynn	103 13/17	\$ 2,000.
Mailing Address 120 Sandfort Court		\$
City, State, Zip Code Phoenix, AL		\$
Name of Employer (Required)		\$
retired (Dec 2015)	Aggregate year-to-date	\$
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 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: 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	\$

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(23)

Candidate **REPORT OF RECEIPTS AND DISBURSEMENTS** 2017 Municipal Election

Name of Candidate David A. Little	TAUNE OF AUG		
Address 100 Cypress Point Road, Starkville, MS 39759			
Telephone (Work) 662-765-0110 (Home) N/A (Fax) 662-32	23-8080		
Contact Name David Little Email Address dlittle@sfbcic.com	1		
Office Sought Alderman Political Party (if any) Republican			
Check here if above information is different from previous report			
<u>TYPE OF REPORT</u>			
X Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)Pr	imary Pre-Election Report		
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)Primary P	re-Runoff Election Report		
Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*)Pre-Election Report			
X 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

*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, **(1)** through May 6, 2017.

Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall (2) 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. (3)

(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 \$ -O-	+ \$	172.25	\$ 172.25	\$ 172.25
Total amount of disbursements \$ 230.00	+ \$	140.00	\$ 370.00	\$ 370.00
Total amount of cash on hand			\$ 197.75	

ave examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 04/19/17 I certify that

Date

Signature of Candidate

Authority: Miss. Code Ann. §23-15-801, et. seq.

Reporting period _____

A. Full name Starkville Daily News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	- Construction of the second	\$ 230.00
304 E. Lampkin Street	$\frac{04}{}/\frac{21}{}/\frac{17}{}$	\$ 230.00
City, State, Zip Code Starkville, MS 39759	/	\$
Purpose of Disbursement (Optional) Thank you message to Ward 3 and City	Aggregate Year-to-date	\$
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	//	\$
	Aggregate	\$
Purpose of Disbursement (Optional)	Year-to-date	ų.
Purpose of Disbursement (Optional) F. Full name		Amount of each disbursement this period
F. Full name	Year-to-date Date	Amount of each
F. Full name	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period

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Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
2017 Municipal Election	
1.12_3120-	
Name of Candidate Kayla Gilmore	
Address P.O. Box 4698 Miss. State, MS 39762	
Telephone (Work)(Home) [602-648-9333(Fax)	
Contact Name Kayla Gimore Email Address gilmore, Kaylan	nan's Ogmail, com
Office Sought Ward 5 Alderman Political Party (if any) Democra	
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)Prin	mary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)Primary Pr	e-Runoff Election Report
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.

Flein	REPORTE	ED CONTRIBUTIONS	S ANI	DISBURSEMENTS		Calendar
- 	Itemized +	Non-Itemized	/	This Period		year-to-date
Total amount of contributious S	500°+s	76900	S	1269 00 .	s	126900
Total amount of disbursements S	+ \$	823.83	s	82322	s	82383
Total amount of cash on hand			S	445 12		
				and second a		5 57.5

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 Candidat Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Name of Candidate or Committee Kayla Gilmorc Reporting period <u>January</u> through April 22, 2011

ILLIVIZLU DISBUNGLIVLINIO

A, Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(MO., Day, Fear)	disputsement and period
	· · · · · · · · · · · · · · · · · · ·	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	/	S
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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		s
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

	Property lies		- 21-12
Page		$0\mathbf{f}$	1
			_

Name of Candidate or Committee Kayla Gilmore Reporting period January through April 22, 2017

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kitty Henny	III IIII	\$ 50000
Mailing Address	$\Box_{I} \Box_{I} \Box_{I}$	\$
City, State, Zip Code		\$ [
Starknue ms 39759 Name of Employer (Required)		
Occupation (Required)	Aggregate	\$
Rehrd	year-to-date	\$ 50000
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 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: 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)		\$

2017 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Municipal Election

	P11-2-2-2	
Name of Candidate Patrick Miller		DATE STAMP
Address 499 Broad Street Starkv	ille, MS 39759	
Telephone (Work)	(Home) 2282824509 (Fax)	
Contact Name Patrick Miller	Email Address miller4ward5@	gmail.com
Office Sought Alderman Ward 5	Political Party (if any) Democrat	
Check here if above information is different f	rom previous report	
	TYPE OF REPORT	
XTuesday, April 25, 2017 (January 1, 2017,	through April 22, 2017)	Primary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, thr	ough May 6, 2017)Prima	ry Pre-Runoff Election Report
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
	nger accept contributions or make campaign as no outstanding campaign debt obligation)	Required to terminate reporting obligations

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(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.

Itemized	+ Non-Item	RIBUTIONS AND DISBURSEMEN ized This Period	Calendar year-to-date
Total amount of contributions S 1500	+\$ 250	s 1750	\$ 1750
Total amount of disbursements \$ 1157.81	+s 341.15	s 1498.96	\$ 1498.96
Total amount of eash on hand		\$ 251.04	

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

4/25/2017 Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Name of Candidate or Committee Patrick Miller

Reporting period Januarty 1. 2017

through April 25, 2017

A. Source: Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	2 / 21 / 17	\$ 200
Mailing Address		
104 1/2 Maxwell St		\$
City, State, Zip Code		A
Starkville, MS 39759	<u>1_/_/</u>	\$
Name of Employer (Required)		\$
The Cotton District/Dan Camp	<u> </u>	4
Occupation (Required)	Aggregate	\$
Developer	year-to-date	• 1
B. Source: Corporation PAC 7 Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(this period
Full name	2 / 21 / 17	\$ 200
Bohn and Robert Camp	<u> </u>	+ 1 <u>200</u>
Mailing Address		\$
104 1/2 Maxwell St		
City, State, Zip Code		\$
Starkville, MS 39759		
Name of Employer (Required) Camp Brothers		\$
Occupation (Required)	Aggregate	\$
Developer	year-to-date	۹ J
C. Source Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
· · · · · · · · · · · · · · · · · · ·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name	(Mo., Day, Year)	receipt this period
Full name Mike Brooks Mailing Address 121 N Jackson St	(Mo., Day, Year)	receipt this period \$ 200 \$
Other (please specify) Full name Mike Brooks Mailing Address	(Mo., Day, Year)	receipt this period
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, ZIp Code	(Mo., Day, Year)	receipt this period \$ 200 \$ \$
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759	(Mo., Day, Year)	receipt this period \$ 200 \$
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 200 \$ \$
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required)	(Mo., Day, Year)	receipt this period \$ 200 \$ \$ \$ \$ \$
✓ Other (please specify) Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation	(Mo., Day, Year)	receipt this period \$ 200 \$ \[\$ \[\$ \[\$ \[\$ \[\$ \[\$ \[\$ \[
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: \[7 Corporation PAC \[Individual \[Loan Other (please specify)	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
✓ Other (please specify) Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation	(Mo., Day, Year)	receipt this period \$ 200 \$ \[\$ \[\$ \[\$ \[\$ \[\$ \[\$ \[\$ \[
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: \[7 Corporation PAC \[Individual \[Loan \] Full name	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ [\$ [\$ [\$ [Amount of each receipt this period \$ 300
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: \[7 Corporation PAC \[Individual \[Loan \[7 Other (please specify) \]	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ [\$ [\$ [\$ [\$ [Amount of each receipt this period
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation PAC Individual Loan ✓ Other (please specify) Full name Phi Delta Theta Fraternity Mailing Address O4 Robert Louis Jones Cir City, State, Zip Code	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ [\$ [\$ [\$ [Amount of each receipt this period \$ 300 \$ [
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation PAC Individual Loan ✓ Other (please specify) Full name Phi Delta Theta Fraternity Mailing Address 04 Robert Louis Jones Cir City, State, Zip Code Mississippi State University, MS 39762	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ [\$ [\$ [\$ [Amount of each receipt this period \$ 300
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation PAC Individual Loan ✓ Other (please specify) Full name Phi Delta Theta Fraternity Mailing Address 04 Robert Louis Jones Cir City, State, Zip Code Mississippl State University, MS 39762 Name of Employer (Required)	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ [\$ [\$ [\$ [Amount of each receipt this period \$ 300 \$ [
Full name Mike Brooks Mailing Address 121 N Jackson St City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) W M Brooks & Associates Occupation (Required) Appraiser D. Source: ✓ Corporation PAC Individual Loan ✓ Other (please specify) Full name Phi Delta Theta Fraternity Mailing Address 04 Robert Louis Jones Cir City, State, Zip Code Mississippi State University, MS 39762	(Mo., Day, Year) 3 / 21 / 17 / / / / / / / / / / / / / / / / / / /	receipt this period \$ 200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Name of	Candidate	or	Committee	Patrick Miller
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Reporting period Januarty 1. 2017

06

through April 25, 2017 ITEMIZED RECEIPTS

=

A. Source: Corporation PAC I Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard and Melanie Mullenax	4 / 19 / 17	\$ 200
Mailing Address		
112 East Pointe		\$
City, State, Zip Code		
Starkville, MS 39759		\$
Name of Employer (Required)		¢
Retired		\$
Occupation (Regulred) Retired	Aggregate year-to-date	\$
B. Source: Corporation PAC 🗸 Individual Loan		Amount of each
C Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	4 / 17 / 17	¢
Monika Jankun-Kelly	<u>14</u> / <u>117</u> / <u>117</u>	\$ 200
Mailing Address		*
310 Green Street		\$
City, State, Zip Code		
Starkville, MS 39759		\$
Name of Employer (Required)		\$
Mississippi State University		· · · · · · · · · · · · ·
Occupation (Required)	Aggregate	\$
Professor	year-to-date	•)
C. Source Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this perlod
C. Source Corporation PAC I Individual Loan C. Source Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC / Individual Loan	Date	receipt
C. Source Corporation PAC / Individual Loan C. Source Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC I Individual Loan C. Source Other (please specify) Full name Jason Barrett	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC I Individual Loan C. Source Other (please specify) Full name Jason Barrett Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 200 \$
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan C. Source Mailing Address 427 Greensboro Street	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Context (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 200 \$
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan C. Source Specify Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University	Date (Mo., Day, Year)	receipt this period \$ [200 \$ [\$ [\$ [\$ [\$ [\$ [
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Context (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 200 \$ \$
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan C. Source Specify Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ [200 \$ [\$ [\$ [\$ [\$ [\$ [
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Context (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC I Individual Loan	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Cother (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC Individual Loan Cother (please specify) Full name	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Cother (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Cother (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC Individual Loan Cother (please specify) Full name	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 Amount of each receipt this period \$ 5
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Cother (please specify) Full name Jason Barrett Mailing Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC Individual Loan Cother (please specify) Full name Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 5 \$ 5 \$ 5 Amount of each receipt this period \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5
C. Source Corporation PAC I Individual Loan C. Source Corporation PAC I Individual Loan Cother (please specify) Full name Jason Barrett Malling Address 427 Greensboro Street City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Mississippi State University Occupation (Required) Professor D. Source: V Corporation PAC Individual Loan Cother (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 200 \$ 200 \$ 5 \$ 5 \$ 5 \$ 5 Amount of each receipt this period \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5



Name of Candidate or Committee

Reporting period January 1, 2017

through April 25, 2017

A. Full name Super Cheap Signs	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Malling Address 9200 Waterford Centre Blvd #100	$\frac{4}{12}/\frac{12}{12}$	\$ 212.07
City, State, Zip Code Austin, TX 78758	_''	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Alliance Business Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Addross 125 E. South Street	4/ ²⁴ / ¹⁷	\$ ^{945.74}
City, State, Zip Code Jackson, MS, 39201	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
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
Malling Address		\$
City, State, Zip Code	''	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

RLECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Municipal Election	
Name of Candidate Roy A: Perkinis Ward 6 Address Post Office Box 678, Starkville Mississ	PDI 39760-
Telephone (Work) 662) 324-7300(Hom 6662) 323-5156 (Fax 6662)	324-8099 0678
Contact Name Kou A. Perki NS ESqui Enterit Address PoyaperKins Office Sought Ugrd 6-Alder MAN olitical Party (if any) De Mocr	chotMAIL.com
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)Pr	imary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)Primary I	Pre-Runoff Election Report
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

(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.

Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall (2) 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.

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 (4) 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.

(77) (Itemized) Non-Itemized	AND DISBURSEMENTS	Calendar year-to-date
Total amount of contributions \$ 46,00 + \$	\$ 46.00	\$ 571.00
Total amount of disbursements \$296.00+\$	\$ 296.00	\$ 571.00
Total amount of cash on hand	s ()	
Icentify that I have examined this report and to the best of any know	wledge and belief it is trud, Dule	pecurate, and complete. 25, 2017

Authority: Miss. Code Ann. §23-15-801, et. seq. V 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 ROUA, Perkins Alderman, Ward 6 Reporting period JANUARU 3122 through April 25, 2017 ITEMIZED RECEIPTS

A. Source: Corporation PAC Vindividual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
BON A: Perkins Esquire Attomettat	0407 M	\$ 46,00
Mailing Address JLAW		\$
City, State, ZIA Code, STARKUITE MISSISSIPDI 39760-0678		\$
Selt-ENDIOLED		\$
AFFORNey AlderMAN	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Content Corporation PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
		\$ [
Mailing Address	$\Box I \Box I \Box$	\$ [
City, State, Zip Code	$\Box_{I}\Box_{I}\Box_{I}$	\$ [
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Cother (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: 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	\$

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SS04-05

Name of Candidate or Committee RoyA, Perkins Alderman Ward6 Reporting period JANWARY 31, 2017 through April 25, 2017

A. Full, name III D II AI	Date	Amount of each
Starkville Daily News	(Mo., Day, Year)	disbursement this period
Mailing Address Office Box 1068	040717	\$ 296.00
STARKVILLE MISSISSIPPI 39760	_'_'_	\$
Pupose of Discursement (Optional)	Aggregate Year-to-date	\$
B. 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	\$
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
Malling 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	_/_/_	S
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	_/_/	\$

2017 ELECTION CYCLE		Delbert Hosemann SECRETARY OF STATE
RE.	Candidate PORTOF RECEIPTS AND DISBURSEME 2017 Municipal Election rgareta Ann Moone	NTS RECEIVED APR 2 5 2017 Starkville City Hall
Contact Name Ann	(Fax) (Home) 323-3816 (Fax) Email Address Annheology	1
	An Ward Political Party (if any) rmation is different from previous report <u>TYPE OF REPORT</u> January 1, 2017, through April 22, 2017)	Primary Pre-Election Report
	pril 23, 2017, through May 6, 2017)	-
Termination Report (Can	2018 (January 1, 2017, through December 31, 2017)	Annual Report Required to terminate
exp	penditures and has no outstanding campaign debt obligation)	reporting obligations

- (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.

	<u>REI</u> Itemized		ED CONTRIBUTIONS	S AN	D DISBURSEMENTS This Period		Calendar year-to-date
Total amount of contributions S		+ S	11	S		S	
Total amount of disbursements S		+ \$	798.00	s		s	798.00
Total amount of cash on hand				s	10.0.00		
. 1	2	~			/		

at I have examined this, report and to the best of my knowledge and belief it is true, accurate, and complete. MULTUR MUTUR ure of Caudidate Date I cer Signature of Candidate

Authority: Miss. Code Ann. §23-15-801, et. seq.

1.540

12

Name	of	Candidate	ог	Committee	·
Name	of	Candidate	ог	Committee	

Reporting period ______ through ______

A. Full name MOORE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 300 Little Wood Drive	3.9.17	\$ 100.00
City, state, Zip Code Me, MS. 39759	_1_1_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B.Full name, Jerance Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 302 Littlewood Drive	# 13.11	\$ 100.00
City, State, Zip. Code Stark ville, MS. 39759	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name HALAK Miles	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.D. BOX 2600	3.16.11	\$ 100.00
City, State, Zip Code Kuille, MS. 39760	_/_/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Simmie Flemings	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2.20.11	\$ 25,00
City, State, Zip Code furk v. 11e, MS. 39759	/	\$
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	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	· / / ·	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S

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SS04-06

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Name	of	Candidate	or	Committee	1
numo	.	oundatio	0.	oommaaoo	

Reporting period

HENIZED NEULIFIU

through

A. 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	\$ [
B. Source: Corporation PAC I 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	\$
	Joan to date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	
Full name	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period
Full name	Date	receipt this period
Other (please specify) Full name Mailing Address	Date	receipt this period \$
Full name Mailing Address City, State, Zip Code	Date	receipt this period \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Mailing Address Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year)	receipt this period

SS04-05