



Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election

DATE STAMP

Name of Candidate Jason Camp
 Address 2410 Douglas McArthur Drive Starkville, MS 39759
 Telephone (Work) _____ (Home) 662-983-5930 (Fax) _____
 Contact Name Jason Camp Email Address jasonLcamp@gmail.com
 Office Sought Alderman Ward 1 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**
- 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	\$ 1,000.00	+	\$ 550.00	\$ 1,550.00	\$ 1,550.00
Total amount of disbursements	\$ 921.95	+	\$ 486.46	\$ 1,408.41	\$ 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.

Jason Camp
Signature of Candidate

4/22/17
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 Jason CampReporting period January 1, 2017 through April 22, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Louis & Kathy Jenkins</u>	<u>1</u> / <u>10</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>105 Wisteria Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Architectural Roofing Components</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Vice President</u>	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Ted & Barbara Camp</u>	<u>1</u> / <u>10</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>65 CR 278</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Banner, MS 38913</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Don & Billie Jo Bell</u>	<u>1</u> / <u>31</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 1076</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Bruce, MS 38915</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Carl Mayo</u>	<u>2</u> / <u>23</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>10611 Road 517</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Philadelphia, MS 39350</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Retired</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Jason Camp

Reporting period January 1, 2017 through April 22, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>W.M. Brooks & Associates, LLC</u>	<u>3</u> / <u>8</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>106 Shotts Ave</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>W.M. Brooks & Associates, LLC</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Appraiser</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	\$ _____

Name of Candidate or Committee Jason Camp
 Reporting period January 1, 2017 through April 22, 2017

ITEMIZED DISBURSEMENTS

A. Full name A2Z PRINT SHOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 Tv Rd	1 / 18 / 17	\$ 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	3 / 21 / 17	\$ 393.75
City, State, Zip Code Washington D.C. 20590	4 / 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	__ / __ / __	\$
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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election

Name of Candidate Ben Carver
 Address 503 Cottonwood Dr.
 Telephone (Work) 462-769-0792 (Home) n/a (Fax) n/a
 Contact Name Ben Carver Email Address b.carver@cityofstarkville.org
 Office Sought Alderman Ward 1 Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

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 ___ 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 \$	500	+	4230	\$	\$ 4730
Total amount of disbursements \$	500	+	4230	\$	\$ 4730
Total amount of cash on hand			0	\$	0

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 [Handwritten Signature]

Date 4/24/2017

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 Ben Carver
 Reporting period 1.1.2017 through 4.22.17

INDIVIDUAL RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Tom SMITH</u>	<u>02/25/17</u>	\$ <u>500-</u>
Mailing Address <u>112 S. Lafayette St.</u>	□ / □ / □	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	□ / □ / □	\$
Name of Employer (Required) <u>Tom Smith</u>	□ / □ / □	\$
Occupation (Required) <u>Land Sales</u>	Aggregate year-to-date	\$ <u>500-</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	\$



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Linda Christine Williams
 Address 23 Lakes Blvd., Starkville, MS 39759
 Telephone (Work) 662-617-4476 (Home) 662-617-4476 (Fax) _____
 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 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**
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 _____ **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.
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	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.

Signature of Candidate

04/25/2107

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).

RECEIVED

APR 25 2017

Starkville City Hall

Name of Candidate or Committee Christine WilliamsReporting period January 1, 2017 through April 22, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Meqhan Millea</u>	<u>01</u> / <u>09</u> / <u>17</u>	\$ <u>200.00</u>
Mailing Address <u>100 Herbert St</u>	<u>02</u> / <u>13</u> / <u>17</u>	\$ <u>40.00</u>
City, State, Zip Code <u>Starkville, MS 39759</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Mississippi State University</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Professor</u>	Aggregate year-to-date	\$ <u>240.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Dan Camp</u>	<u>02</u> / <u>24</u> / <u>17</u>	\$ <u>100.00</u>
Mailing Address <u>100 Maxwell St</u>	<u>04</u> / <u>05</u> / <u>17</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Starkville, MS, 39759</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self-Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Real Estate Developer</u>	Aggregate year-to-date	\$ <u>300.00</u>
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	\$ _____

Name of Candidate or Committee Christine Williams
 Reporting period January 1, 2017 through April 22, 2017

ITEMIZED DISBURSEMENTS

A. Full name Precision Signz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6125 Valley Dr.	02 / 02 / 17 __ / __ / __	\$ 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	03 / 01 / 17 __ / __ / __	\$ 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	\$



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Sandra Sistrunk
 Address 522 Chestnut Drive
 Telephone ^{cell} 662-418-4574 (Home) _____ (Fax) _____
 Contact Name Sandra Sistrunk Email Address sandra.c.sistrunk@gmail.com
 Office Sought Alderman, ward 2 Political Party (if any) Democrat

Check here if above information is different from previous report

TYPE OF REPORT

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IMPORTANT

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	0	+	\$ 2959.00	\$ 2959.00	\$ 2959.00
Total amount of disbursements \$	1728.75	+	\$ 100.00	\$ 1828.75	\$ 1828.75
Total amount of cash on hand				\$ 3179.25 *	

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

Sandra Sistrunk
Signature of Candidate

April 25, 2017
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).

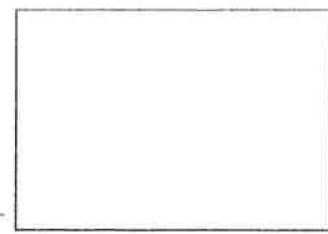
2017 1,130.25
 2016 2,049.00
3,179.25

Name of Candidate or Committee Sandra Sistrunk
 Reporting period 01/01/17 through 04/22/2017

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Adrian Marcus</u>		
Mailing Address <u>1442 St. Andrews Lane</u>	<u>02/03/17</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code <u>Starkville MS 39759</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>website design</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Allmond Printing Company</u>		
Mailing Address <u>P.O. Box 162</u>	<u>02/14/17</u>	\$ <u>214⁰⁰</u>
City, State, Zip Code <u>Aberdeen, MS 39730</u>	<u>02/23/17</u>	\$ <u>365⁹⁴</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Watermark Printers LLC</u>		
Mailing Address <u>1085 Stark Road, Suite 105</u>	<u>03/17/17</u>	\$ <u>264⁸³</u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pollan Promos</u>		
Mailing Address <u>P.O. Box 1675</u>	<u>04/20/17</u>	\$ <u>633⁹⁸</u>
City, State, Zip Code <u>Starkville MS 39759</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Lisa Wynn
 Address 209 Lynn Lane Apt. 36
 Telephone (Work) 662-324-6494 (Home) 324-6494 (Fax) _____
 Contact Name Lisa Wynn Email Address l.wynn@cityofstarkville.org
wynn.lisa@yahoo.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) Primary 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
 _____ 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	\$		2000 ⁰⁰	+	\$		\$ 2000 ⁰⁰
Total amount of disbursements	\$		892.05	+	\$	1107.95	\$ 1892.05
Total amount of cash on hand	\$				\$	↓	

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

Lisa Wynn
Signature of Candidate

4/25/17
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 Lisa Wynn
 Reporting period 03-2017 through 04-2017

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pollan Signs</u>	<u>03 2017</u>	\$ <u>892.05</u>
Mailing Address		
<u>Academy Rd</u>		
City, State, Zip Code		
<u>Star Kville, MS 39759</u>		
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		
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 or Committee Lisa Wynn
 Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerrall Wynn</u>	<u>03/13/17</u>	\$ <u>2,000.00</u>
Mailing Address <u>120 Sandfort Court</u>	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code <u>Phoenix, AL</u>	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required) <u>U.S. Military</u>	<input type="text"/>	\$ <input type="text"/>
Occupation (Required) <u>retired (Dec 2015)</u>	Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate David A. Little
 Address 100 Cypress Point Road, Starkville, MS 39759
 Telephone (Work) 662-765-0110 (Home) N/A (Fax) 662-323-8080
 Contact Name David Little Email Address dlittle@sfbcc.com
 Office Sought Alderman 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**
 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	\$ -0-	+	\$ 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	

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

David A. Little
Signature of Candidate

04/19/17
Date

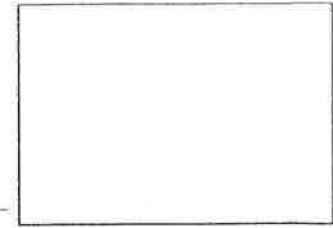
Authority: Miss. Code Ann. §23-15-801, et. seq.
 Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate 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 David A. Little
 Reporting period 01/01/17 through 12/31/17

ITEMIZED DISBURSEMENTS

A. Full name Starkville Daily News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 304 E. Lampkin Street	04 / 21 / 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	__ / __ / __	\$
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	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Kayla Gilmore
 Address P.O. Box 4698 Miss. State, ms 39762
 Telephone (Work) _____ (Home) 662-648-9333 (Fax) _____
 Contact Name Kayla Gilmore Email Address gilmore.kaylamarie@gmail.com
 Office Sought Ward 5 Alderman Political Party (if any) Democratic

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-Run off 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	500 ⁰⁰	+	769 ⁰⁰	\$ 1269 ⁰⁰	\$ 1269 ⁰⁰
Total amount of disbursements \$	—	+	823.83	\$ 823 ⁸³	\$ 823 ⁸³
Total amount of cash on hand				\$ 445 ¹⁷	

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

Kayla Gilmore
Signature of Candidate

4/25/17
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 Kayla Gilmore
 Reporting period January 1 through April 22, 2017

ITEMIZED DISBURSEMENTS

A. 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	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Kayla Gilmore
 Reporting period January 1 through April 22, 2017

INDIVIDUAL RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Kitty Henry</u>	<u>1/16/17</u>	\$ <u>500.00</u>
Mailing Address <u>201 Oakmont Rd.</u>	/ /	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	/ /	\$ _____
Name of Employer (Required) <u>Retired</u>	/ /	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500.00</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) _____		
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) _____		
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) _____		
Full name	/ /	\$ _____
Mailing Address	/ /	\$ _____
City, State, Zip Code	/ /	\$ _____
Name of Employer (Required)	/ /	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Patrick Miller
 Address 499 Broad Street Starkville, 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 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
- _____ 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	\$ 1500	+ \$ 250	\$ 1750	\$ 1750
Total amount of disbursements	\$ 1157.81	+ \$ 341.15	\$ 1498.96	\$ 1498.96
Total amount of cash 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.

Patrick Miller
Signature of Candidate

4/25/2017

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 Patrick MillerReporting period January 1, 2017 through April 25, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Dan Camp</u>		<u>2</u> / <u>21</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>104 1/2 Maxwell St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Cotton District/Dan Camp</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Developer</u>		Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Bohn and Robert Camp</u>		<u>2</u> / <u>21</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>104 1/2 Maxwell St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Camp Brothers</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Developer</u>		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Mike Brooks</u>		<u>3</u> / <u>21</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>121 N Jackson St</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>W M Brooks & Associates</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Appraiser</u>		Aggregate year-to-date	\$ <u> </u>
D. Source: <input checked="" 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 <u>Phi Delta Theta Fraternity</u>		<u>3</u> / <u>10</u> / <u>17</u>	\$ <u>300</u>
Mailing Address <u>04 Robert Louis Jones Cir</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Mississippi State University, MS 39762</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Phi Delta Theta Fraternity</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>International Fraternity</u>		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Patrick MillerReporting period January 1, 2017 through April 25, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Richard and Melanie Mullenax</u>		<u>4</u> / <u>19</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>112 East Pointe</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Monika Jankun-Kelly</u>		<u>4</u> / <u>17</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>310 Green Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Mississippi State University</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Professor</u>		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Jason Barrett</u>		<u>4</u> / <u>21</u> / <u>17</u>	\$ <u>200</u>
Mailing Address <u>427 Greensboro Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Starkville, MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Mississippi State University</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Professor</u>		Aggregate year-to-date	\$ <u> </u>
D. Source: <input checked="" 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 _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

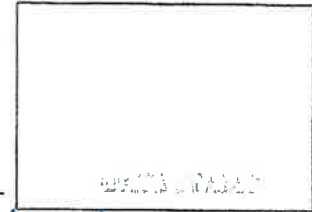
Name of Candidate or Committee Patrick Miller
 Reporting period January 1, 2017 through April 25, 2017

ITEMIZED DISBURSEMENTS

A. Full name Super Cheap Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9200 Waterford Centre Blvd #100	4 / 12 / 17	\$ 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 Address 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
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	\$



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Roy A. Perkins, Ward 6
 Address Post Office Box 678, Starkville, Mississippi 39760-
 Telephone (Work) (662) 324-7300 (Home) (662) 323-5156 (Fax) (662) 324-8099 0678
 Contact Name Roy A. Perkins Esquire Email Address royaperkins@hotmail.com
 Office Sought Ward 6 - Alderman Political Party (if any) Democratic

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
 _____ 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 (This Period)	Non-Itemized	TOTAL This Period	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			\$ - 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Roy A. Perkins, Esquire
 Signature of Candidate
April 25, 2017
 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 Roy A. Perkins, Alderman, Ward 6
 Reporting period JANUARY 31, 2017 through April 25, 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Roy A. Perkins, Esquire, Attorney At-Law</u>		<u>04/07/17</u>	\$ <u>46.00</u>
Mailing Address <u>Post Office Box 678</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Starkville Mississippi 39760-0678</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self-Employed</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney, Alderman</u>		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Roy A. Perkins Alderman Ward 6
 Reporting period JANUARY 31, 2017 through April 25, 2017

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Starkville Daily News</u>		
Mailing Address		
<u>Post Office Box 1068</u>	<u>04/07/17</u>	\$ <u>296.00</u>
City, State, Zip Code		
<u>Starkville Mississippi 39760</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Political Ads</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate Margareta Ann Moore
 Address P.O. Box 1286
 Telephone (Work) 684-9291 (Home) 323-3818 (Fax) _____
 Contact Name Ann Email Address annmoore57@att.net
 Office Sought Alderman Ward 7 Political Party (if any) Democratic

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
 _____ 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 \$		+	\$	\$	\$
Total amount of disbursements \$		+	<u>798.00</u>	\$	\$ <u>798.00</u>
Total amount of cash on hand				\$ <u>100.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Margareta A. Moore Signature of Candidate
Apr. 25, 2017 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 _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <i>Larry Moore</i>	Date (Mo., Day, Year) <i>3/9/17</i>	Amount of each disbursement this period \$ <i>100.00</i>
Mailing Address <i>300 Littlewood Drive</i>		
City, State, Zip Code <i>Starkville, Ms. 39759</i>	___/___/___	\$
Purpose of Disbursement (Optional) <i>Campaign</i>	Aggregate Year-to-date	\$
B. Full name <i>Melance Smith</i>	Date (Mo., Day, Year) <i>4/13/17</i>	Amount of each disbursement this period \$ <i>100.00</i>
Mailing Address <i>302 Littlewood Drive</i>		
City, State, Zip Code <i>Starkville, Ms. 39759</i>	___/___/___	\$
Purpose of Disbursement (Optional) <i>Campaign</i>	Aggregate Year-to-date	\$
C. Full name <i>Frank Miles</i>	Date (Mo., Day, Year) <i>3/16/17</i>	Amount of each disbursement this period \$ <i>100.00</i>
Mailing Address <i>P.O. Box 2600</i>		
City, State, Zip Code <i>Starkville, Ms. 39760</i>	___/___/___	\$
Purpose of Disbursement (Optional) <i>Campaign</i>	Aggregate Year-to-date	\$
D. Full name <i>Jimmie Flemings</i>	Date (Mo., Day, Year) <i>2/20/17</i>	Amount of each disbursement this period \$ <i>25.00</i>
Mailing Address		
City, State, Zip Code <i>Starkville, Ms. 39759</i>	___/___/___	\$
Purpose of Disbursement (Optional) <i>Campaign</i>	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 or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>