

RECEIVED

Delbert Hosemann  
SECRETARY OF STATE

Candidate JAN 31 2017  
 REPORT OF RECEIPTS AND DISBURSEMENTS  
 2017 Municipal Election

Name of Candidate Kayla Gilmore  
 Address P.O. Box 4698 Miss. State, MS 39762  
 Telephone (Work) 601-757-4144 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Kayla Gilmore Email Address gilmore.kaylamarie@gmail.com  
 Office Sought Ward 5 - candidate Political Party (if any) Democratic



Check here if above information is different from previous report

for period Jan 1 - Dec. 31, 2016

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        | + | 0            | \$ 0        | \$ 0                  |
| Total amount of disbursements \$ | 0        | + | 0            | \$ 0        | \$ 0                  |
| 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.

Signature of Candidate

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).

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2017 Municipal Election

Name of Candidate Roy A' Perkins; Ward 6  
 Address Post Office Box 678, Starkville, Mississippi 39760-0678  
 Telephone (Work) (662) 324-7300 (Home) (662) 323-5156 (Fax) (662) 324-8099  
 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  
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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

☒ Reporting period January 1, 2016 - January 31, 2017

IMPORTANT

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- (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 \$ | 525.00   | + | \$           | \$          | 525.00                |
| Total amount of disbursements \$ | 275.00   | + | \$           | \$          | 275.00                |
| Total amount of cash on hand     |          |   |              | \$ 250.00   |                       |

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

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).

JAN 31 2017

Starkville City Hall

Name of Candidate or Committee Roy A. Perkins, Alderman, Ward 6Reporting period January 1, 2016 through January 31, 2017

## ITEMIZED RECEIPTS

|                                                                                                                                                                         |  |                                   |                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|------------------------------------------|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____                                                                                                                                            |  |                                   |                                          |
| Full name<br><u>Roy A. Perkins, Esquire, Attorney at Law</u>                                                                                                            |  | <u>08 / 08 / 16</u>               | \$ <u>275.00</u>                         |
| Mailing Address<br><u>Post Office Box 678</u>                                                                                                                           |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Starkville, Mississippi, 39760-0678</u>                                                                                                     |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Self-Employed</u>                                                                                                                     |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Attorney; Alderman</u>                                                                                                                      |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____                                                                                                                                            |  |                                   |                                          |
| Full name<br><u>Robert D. Camp</u>                                                                                                                                      |  | <u>01 / 06 / 17</u>               | \$ <u>250.00</u>                         |
| Mailing Address<br><u>104 - 1/2 Maxwell Street</u>                                                                                                                      |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Starkville, Mississippi 39759</u>                                                                                                           |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Sole Proprietor</u>                                                                                                                   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Business Owner</u>                                                                                                                          |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____                                                                                                                                            |  |                                   |                                          |
| Full name<br>_____                                                                                                                                                      |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br>_____                                                                                                                                                |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br>_____                                                                                                                                          |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____                                                                                                                                    |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____                                                                                                                                          |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____                                                                                                                                            |  |                                   |                                          |
| Full name<br>_____                                                                                                                                                      |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br>_____                                                                                                                                                |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br>_____                                                                                                                                          |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____                                                                                                                                    |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____                                                                                                                                          |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |

Name of Candidate or Committee Roy A. Perkins, Alderman Ward 6  
 Reporting period January 1, 2016 through January 31, 2017

## ITEMIZED DISBURSEMENTS

|                                           |                                         |                                                          |
|-------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <b>A. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <u>Learnard Dickerson, MBA, DACO LLC</u>  |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>08 / 08 / 2016</u>                   | <u>\$ 275.00</u>                                         |
| <u>441 Northdale Drive</u>                |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
| <u>Columbus, Mississippi 39705</u>        |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
| <u>2500 Push Cards; 4x6; 2 sides</u>      |                                         |                                                          |
| <b>B. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
|                                           |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
|                                           |                                         |                                                          |
| <b>C. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
|                                           |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
|                                           |                                         |                                                          |
| <b>D. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
|                                           |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
|                                           |                                         |                                                          |
| <b>E. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
|                                           |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
|                                           |                                         |                                                          |
| <b>F. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
|                                           |                                         |                                                          |
| <b>Mailing Address</b>                    | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>City, State, Zip Code</b>              | <u>   /   /   </u>                      | <u>\$</u>                                                |
|                                           |                                         |                                                          |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | <b>\$</b>                                                |
|                                           |                                         |                                                          |