

**Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election**



13 APR 30 PM 3:12
RECEIVED
CITY CLERK
JACKSON, MS

Name Robert E. Thompson, Sr.
 Address 203 Sewanee Drive County Hinds
 Telephone (601) 960-0508 (cell) 960-0509 Fax 601-960-0508
 Office Sought Ward 4 City Councilman, Jackson Email Address Thompson42959D@Bellsouth.net

Check here if above is different from previous report

- April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013).....Mandatory
 - May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013).....Runoff Candidates Only
 - May 28, 2013 Pre-Election Report (April 28, 2013, through May 25, 2013)..... Mandatory
 - January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013).....Mandatory
- 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) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS			
	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3240.67 +\$ 0	\$ 3240.67	\$ 3240.67
Total amount of disbursements	\$ 3240.67 +\$ 0	\$ 3240.67	\$ 3240.67
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.

Robert E. Thompson, Sr. 4/30/2013
 Signature of Candidate Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Robert E. Thompson, SR

Reporting period

1-1-2013

through

4-27-2013

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Robert E. Thompson, SR</u>	<u>1/10/13</u>	\$ <u>800.00</u>
Mailing Address <u>203 Seward Dr</u>	<u>1/29/13</u>	\$ <u>2440.67</u>
City, State, Zip Code <u>JACKSON, MS. 39209</u>		
Purpose of Disbursement (Optional) <u>Electra signs and post cards</u>	Aggregate Year-to-date	\$ <u>3240.67</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	\$