Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2013 Municipal Election

2013 Municipal Election	
Name of Committee Home Bullaers ASSOCIATION Jackson PA	PAPR 19 PN 3: 48
Address P.D. Box 19,000 Ridgeland 39158 County Madison	L SELECTION STANGE
Telephone (0) 1762.650 Fax (0).982.768	4 MCKSON MS
Treasurer MAYKE VANG Email Address MENANG	@globalassetconsultants.c
Check here if above is different from previous report	v
April 30, 2013 Primary Pre-Election Report (January 1, 2013, through April 27, 2017)	13) Mandatory ary Candidates and Committees Only
May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013) Primary Runo	
May 28, 2013 General Pre-Election Report	Mandatory
(Primary Election Winners report April 28, 2013, through May 25, 2013) (Independent Candidates report January 1, 2013, through May 25, 2013)	All Candidates and Committees must report
January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013) All Candidates Committee	Mandatory tees must report unless terminated
	uired to terminate reporting gations
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 \$ 1000 ° +\$ \$ \$ \$ Total amount of disbursements \$ +\$ \$ \$ Total amount of cash on hand \$ I certify that Thave examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

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, Mutli-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.
- 3. Candidates for Municipal office should return forms to their Municipal Clerk.

Signature of Director or Treasurer

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Name of Candidate or Committee	HBAJ Political	Artin 1's	mmittee			
Name of Candidate of Committee	11015 101111961	11/10/16/1	111111111111111111111111111111111111111			
Reporting period 2/1/13	through _	4/27/13				

ITEMIZED DISBURSEMENTS

A. Full name Jord Han Lee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 555 Jampia Dee Street	4,11,13	\$ 1000,00
City, State, Zip Code () A (+CM) MS 39211	//	\$
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	\$