

Delbert Hosemann
SECRETARY OF STATE

Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election

Name William E. BRIGHT
Address 586 SPRYfield Rd. County HINDS
Telephone 769-257-4577 Fax _____
Office Sought MAYOR Email Address Williambright1962@gmail.com

☐ Check here if above is different from previous report

<input checked="" type="checkbox"/>	April 30, 2013 Primary Pre-Election Report (January 1, 2013, through April 27, 2013)	Mandatory <i>Primary Candidates Only</i>
<input type="checkbox"/>	May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013)	Mandatory <i>Primary Runoff Candidates Only</i>
<input type="checkbox"/>	May 28, 2013 General Pre-Election Report (Primary Election Winners report April 28, 2013, through May 25, 2013) (Independent Candidates report January 1, 2013, through May 25, 2013)	Mandatory <i>All Candidates must report</i>
<input type="checkbox"/>	January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)	Mandatory <i>All Candidates must report unless terminated</i>

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	\$600.00 + \$800.00	\$1400.00	\$1400.00
Total amount of disbursements	\$1368.58 + \$	\$1368.58	\$1368.58
Total amount of cash on hand		\$90.25	

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

William B. Birk
Signature of Candidate

4/24/2013
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.
3. Candidates for Municipal office should return forms to their Municipal Clerk.

Name of Candidate or Committee WILLIAM E. BRIGHT
 Reporting period 01-01-2013 through 04-27-2013

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ROBERT HOOKER</u>	<u>2</u> / <u>5</u> / <u>13</u>	\$ <u>100.00</u>
Mailing Address <u>113 LEVON OWENS DR.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RAYMOND, MS. 39154</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MS. BUREAU OF NARCOTICS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>COMMANDER</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>SODDY GALLMAN</u>	<u>2</u> / <u>26</u> / <u>13</u>	\$ <u>500.00</u>
Mailing Address <u>152 E. SOUTH ST.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS. 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>BUSINESS OWNER</u>	Aggregate year-to-date	\$ <u>500.00</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) <u>CASH DONATIONS</u>		
Full name <u>N/A</u>	<u>3</u> / <u>8</u> / <u>13</u>	\$ <u>250.00</u>
Mailing Address <u>N/A</u>	<u>2</u> / <u>20</u> / <u>13</u>	\$ <u>200.00</u>
City, State, Zip Code <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>450.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) <u>CASH DONATIONS</u>		
Full name <u>N/A</u>	<u>3</u> / <u>27</u> / <u>13</u>	\$ <u>350.00</u>
Mailing Address <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee William E. BRIGHT
 Reporting period 01-01-2013 through 04-27-2013

ITEMIZED DISBURSEMENTS

A. Full name <u>Candlestick Park Station</u>	Date (Mo., Day, Year) <u>2/18/13</u>	Amount of each disbursement this period \$ <u>50.14</u>
Mailing Address		
City, State, Zip Code <u>JACKSON, MS, 39212</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50.14</u>
B. Full name <u>JUSTIN'S PRINTS</u>	Date (Mo., Day, Year) <u>3/5/13</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address <u>P.O. Box 12547</u>		
City, State, Zip Code <u>JACKSON, MS, 39236</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>FLYERS</u>	Aggregate Year-to-date	\$
C. Full name <u>Budget Signs</u>	Date (Mo., Day, Year) <u>3/8/13</u>	Amount of each disbursement this period \$ <u>71.69</u>
Mailing Address <u>2358 Hwy 80 West</u>		
City, State, Zip Code <u>JACKSON, MS, 39204</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>71.69</u>
D. Full name <u>ARDDID PRINTING</u>	Date (Mo., Day, Year) <u>3/28/13</u>	Amount of each disbursement this period \$ <u>1075.35</u>
Mailing Address <u>5632 Terry Rd.</u>		
City, State, Zip Code <u>BYRAM, MS, 39272</u>	<u>4/4/13</u>	\$ <u>21.40</u>
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>1096.75</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <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> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$