2013 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
Municipal Candidate	SECRETART OF STATE
REPORT OF RECEIPTS AND DISBURSEMENTS	01 0.12
2013 Election 134	PR 30 PM 3: 12
Name Robert E. THOMPSUN, SR PEMISS	REGENVED
Address 203 SewAnjee DRIVI County HTING	CITY CLENN CKSORMUMS
Telephone 6019600508 (600) 9600509 Fax 6019600508	Letter -
Office Sought WAR 4 City Councilmm SACHEmail Address THOMPSCW429	590@Bellsath "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)	
May 28, 2013 Pre-Election Report (April 28, 2013, through May 25, 2013)	
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) obligation IMPORTANT	s
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In su shall submit a report indicating "0" (Zero) for total amount of reported contributions and expendit	ich case, the candidate cures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance. (2) 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 report falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 day before the deadline. Faxed reports are acceptable.	ting day. If the deadline p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-itemized = This Period	Calendar Year-To-Date
Total amount of contributions $3340,64$ () $3240,67$	3240.67
Total amount of disbursements $324,67+$ () $3244,67$	3240,67
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, acc Signature of Candidate Date	curate, and complete. 013
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 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, Election MS 39205 or fax to 601-576-2545.	s Division, P. O. Box 136, Jackson,

Page 2 of 2

Ribert nin Name of Candidate or Committee SP 2013 through Vii -217-2013 Reporting period _ 1-1-

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ITEMIZED DISBURSEMENTS

A. Full name Kibpoit E. Httompson/SR	Date (Mo., Day, Year)	Amount of each disbursement this period
Malting Address MR	1-10-13	\$ 800,00
City, State, Zip Code SANSIN, MS, 3209	L129113	\$2441,67
Purpose of Dispursement (Optional) Electric Sign's con public Copyons	Aggregate Year-to-date	\$ 3240,67
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	//	s
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	//	S
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	\$



2013 ELECTION CYCLE	1 .	Delbert Hosemann SECRETARY OF STATE
Municipal Ca	didate	SECRETART OF STATE
REPORT OF RECEIPTS AN		S
2013 Ele	Stion	13/00 23 0100 00
Name Dravin C. Mc. Caller		日日本30 創10:20
Address 4016 Hanging Moss Rd.	county Hinds	
1 = = = = = = = = = = = = = = = = = = =	Fax	MCKSCH. MS
$O' \cup C_{12}$ (1)	Email Address draving	a macallell Linn
Office Sought City Ward 3	Email Address Origening	g mecur fan. On
Check here if above is different from previous report		
April 30, 2013 Pre-Election Report (January 1, 2013, through Ap	oril 27, 2013)	Mandatory
May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 1	, 2013)	Runoff Candidates Only
May 28, 2013 Pre-Election Report (April 28, 2013, through May 2	25, 2013)	Mandatory
January 31, 2014 Annual Report (January 1, 2013 through	n December 31, 2013)	Mandatory
Termination Report (Candidate will no longer accept contributions Campaign expenditures and has no outstanding campaign debt ob	or make obliga	red to terminate reporting tions
IMPORTA		
(1) Pre-Election reports are mandatory, even if no contributions or shall submit a report indicating "0" (Zero) for total amount of re	expenditures have occurred. I ported contributions and expe	n such case, the candidate inditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodi Ann. § 23-15-807 (b) (ii) and (iii).	c reports must still be filed in	accordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required falls on a weekend or a holiday, the office must be in actual rece day before the deadline. Faxed reports are acceptable.	reports by 5:00 p.m. on the re ipt of the required reports by	porting day. If the deadline 5:00 p.m. on the first working
REPORTED CONTRIBUTIO	NS AND DISBURSEMENTS	
Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions $4600.0+$	\$ 4500.00	\$ 4500.00
Total amount of disbursements \$ 3790.60+\$	\$ 3790.60	\$ 3790.60
Total amount of cash on hand	0.10.00	
	\$ 709.40	
I certify that I have examined this report and to the best of my k Drawing C. McCell	\$ 709.40	accurate, and complete. 3
Bravin C. Mc. Cell Signature of Candidate	\$ 709.40 nowledge and belief it is true, 4/30/1 Date	accurate, and complete. 3
Bravin C. McCell	\$ 709.40 nowledge and belief it is true, 4/30/1 Date nents. unce with statutory deadlines, or fai	3

MS 39205 or fax to 601-576-2546. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Page 🕕 of 🗍

Name of Candidate or Committee Drawin. C. Mc(all		
Reporting period 1113 through 427 13		
ITEMIZED RECEIP	PT	
	10	
A. Source: Corporation PAC Individual X Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)		this period
John McGowan	411113	\$ 1000.00
Mailing Address		*
2749 Quail Run Rd.		\$
City, State, Zip Code		\$
Jackson, MS 3921		₽ [
Name of Employer (Required)		\$
MicGowan Working Partners	· · · · · · · · · · · · · · · · · · ·	
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual X Loan	year to date	Amount of each
B. Source. Corporation 1 Ho Individual A court	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	4,14,13	\$ 1000.00
Johnny H. Thames		+11000.00
Mailing Address		\$
2734 Quail Run Rd.	Long Contraction	
City, State, Zip Code		\$
Jackson, MB 39211		and the second second second second
Name of Employer (Required)		\$
Cccupation (Required)	Aggregate	
Owner	year-to-date	\$ 1000,00
C. Source Corporation PAC Individual K Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(110., Duy, Tear)	this period
Full name	4114173	\$
Benjamin Turnage		
2540 Eastover Dr.		\$
City, State, Zip Code		
		\$
Name of Employer (Required)		~
Turnage Investments	<u>1</u>	\$
Occupation (Required)	Aggregate	\$ 2500.00
Owner	year-to-date	
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
		\$
Mailing Address		\$
City, State, Zip Code	$\Box \Box \Box \Box$	\$
Name of Employer (Required)		tere al consecto a agreeta e a consecto a secondaria de la
	<u> </u>	\$
Occupation (Required)	Aggregate	\$
	year-to-date	the second secon

Name of Candidate or Committee Dravin C. McCal Reporting period	1 City Cu	Page of MMCI, Ward 2
ITEMIZED DISBURSEMENTS		
A. Full name Ron the Sign Man	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10016 Navarre PKWY	412113	\$ 1200.00
City, State, Zip Sode Novarre, FL 32566	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1200.00
B. Full name Ansh Fund + Fuel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2870 W. Northside Dr.	4 124/13	\$ 285.00
City, State, Zip Code Jackson, M5 39213	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 285.00
C. Full name WRTM Reidio Statim	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Box 9734	4.10.13	\$ 1000.00
City, State, Zip Code Jackson, M.S. 39286	4 123, 13	\$ 1200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 22 (50. 00)
D. Full name Southeastern Freight Lines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 420 Davegz Rd.	4.04.13	\$ 105. 60
City, State, Zip Code Levington, SC. 20073	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 105.60
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
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	\$
		SS04-06

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13 ELECTION CYCLE	
	Delbert Hosemann SECRETARY OF STATE
Munice Al Cardidate	
REPORT OF RECEIPTS AND ISBURSEMENTS	
REFORTOTINE	ISAM 30 AKIO: 43
	the second se
Name Mancus Coleman	
-20 timberriche Drie county Minob	CIT ULENN
Address	, minten Po
Telephone 601983-1988 Fax	72000000000000
Office Sought City Council Ward 7 Email Address dasani	TADQG Junou "C
Check here if above is different from previous report	
April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013)	Mandatory
April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013)	Runoff Candidates Only
May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013)	Mandatory
May 28, 2013 Pre-Election Report (April 28, 2013, through May 25, 2013)	Mendatory
January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)	
	to terminate reporting
Tamination Donor (Candidate Will no longer duopt continuous of ment	
Campaign expenditures and has no outstanding campaign debt obligation)	
IMPORTANT	
in the second seco	uch case, the candidate
Until a Candidate files a Termination Report, annual and periodic reports must still be filed in ac	cordance with MISS, Code
Amm & 23-15-807 (b) (ii) and (iii).	
	withe day. If the deadline
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reports by 5:00	nting day. If the deadline
falle on a weekend or a holiday, the office must be in actual receipt of the reduced topics	orting day. If the deadline 00 p.m. on the first working
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable.	orting day. If the deadline 00 p.m. on the first working
falle on a weekend or a holiday, the office must be in actual receipt of the reduitor reported of	orting day. If the deadline 00 p.m. on the first working Calendar
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable.	
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of of the required repo	Calendar
fails on a weekend or a holiday, the office must be in actual receipt of the requires reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-itemized = This Period	Calendar
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fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ \$ Total amount of disbursements \$ +\$ 290,00 \$ 290,00 \$	Calendar
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ Total amount of disbursements \$ +\$ 290,00 \$ 290,00 \$ Total amount of cash on hand \$ \$	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ Total amount of disbursements \$ +\$ 290,00 \$ 290,00 \$ Total amount of cash on hand \$ \$	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the requires report of the requires reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ Total amount of disbursements \$ +\$ 290,00 \$ 290,00 \$ Total amount of cash on hand \$ \$	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ Total amount of disbursements \$ +\$ 290 r00 \$ 290 r00 \$ 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, a	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the required reports of a day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ 990,00 \$ 290,00 \$ Total amount of disbursements \$ +\$ 990,00 \$ 290,00 \$ 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, a I certify that I have examined this report and to the best of my knowledge and belief it is true, a I certify that I have examined this report and to the best of my knowledge and belief it is true, a I certify that I have examined the report and to the best of my knowledge and belief it is true, a I certify that I have examined the report and to the best of my knowledge and belief it is true, a Athority: Refer to Miss. Code Ann. §23-16-801 (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 required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit required reports, or failure to submit reports in accordance with statutory deadlines.	Calendar Year-To-Date
falls on a weekend or a holiday, the office must be in actual receipt of the required reports of an day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-Itemized = This Period Total amount of contributions \$ +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Calendar Year-To-Date
fails on a weekend or a holiday, the office must be in actual receipt of the requires reported of the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Itemized + Non-itemized = This Period Total amount of contributions \$ +\$ 990 r00 \$ 290 r00 \$ Total amount of disbursements \$ +\$ 990 r00 \$ 290 r00 \$ 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, a I certify that I have examined this report and to the best of my knowledge and belief it is true, a I certify that I have examined this report and to the best of my knowledge and belief it is true, a Authority: Refer to Miss. Code Ann. §23-16-801 (1972) et. seq. for statutory requirements.	Calendar Year-To-Date

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2013 ELECTION CYCLE Munipol Catalidate REPORT OF RECEPTS AND DISBURSEMENTS OFFICE Sought Mayor C. WILLIAMS Jr. Address 109 NGHT St. JAOKSON County HINDS Telephone (66) 978-1996 (business) Fax (601) 978-1999 Office Sought Mayor CITY of JACKSON Email Address rcwjxnms	Delbert Hosemann SECRETARY OF STATE
April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013)	Mandatory
April 36, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013)	
May 14, 2013 Pre-Election Report (April 28, 2013, through May 25, 2013)	
January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)	
Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Obligation IMPORTANT	o terminate reporting s
 (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In su shall submit a report indicating "0" (Zero) for total amount of reported contributions and expendit (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordant. § 23-15-807 (b) (ii) and (iii). 	ures during this period.
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the report falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 day <i>before</i> the deadline. Faxed reports are acceptable. 	
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 $$1409 + 105 $118.49 $$	118.09
Total amount of cash on hand \$ O	
I certify that I have examined this report and to the best of my knowledge and belief it is true, acc Image: Ima	0/3
SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections MS 39205 or fax to 601-576-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.	: Division, P. O. Box 136, Jackson,

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Page _2 of _2

Name of Candidate or Committee Lichano C WILLIAMS	Jr.	•
Reporting period <u>01/01/2013</u> through	2013	
ITEMIZED DISBUI		S
A. Full name BEEMON'S Drives	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Noverhaside Dryve	~ 03 1 14 1 2013	\$ 1.2-
City, State, Zip Code Acceson, MS 39211	· · / _ / /	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s /. 15
B. Full name made	Date . (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Old Centon Rasp	<u>04/18/13</u>	\$ 2.94
City, State, Zip Code JXN MS 39211	·//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2.94
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.,₅Day, Year)	Amount of each disbursement this period
Mailing Address	//	S
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
Malling Address	_/_/_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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