

**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.  
Signature of Candidate

4/30/2013  
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.



Name of Candidate or Committee

Robert E. Thompson, SR

Reporting period

1-1-2013

through

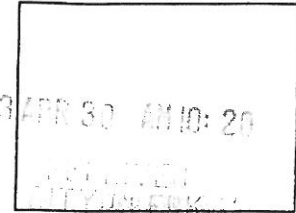
4-27-2013

## 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	\$



Municipal Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2013 Election



Name Dravin C. McCall  
 Address 4016 Hanging Moss Rd. County Hinds  
 Telephone 601-720-4952 Fax \_\_\_\_\_  
 Office Sought City Council, Ward 3 Email Address dravin@mccall4all.com

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
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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

**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	\$ 4500.00+\$	\$ 4500.00	\$ 4500.00
Total amount of disbursements	\$ 3790.60+\$	\$ 3790.60	\$ 3790.60
Total amount of cash on hand		\$ 709.40	

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

Dravin C. McCall  
Signature of Candidate

4/30/13  
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.  
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Name of Candidate or Committee Drawin. C. McCall  
 Reporting period 1/1/13 through 4/27/13

## 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>John McGowan</u>	<u>4/19/13</u>	\$ <u>1000.00</u>
Mailing Address <u>2749 Quail Run Rd.</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>McGowan Working Partners</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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>Johnny H. Thames</u>	<u>4/14/13</u>	\$ <u>1000.00</u>
Mailing Address <u>2734 Quail Run Rd.</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>The Park Co.</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. 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>Benjamin Turnage</u>	<u>4/16/13</u>	\$ <u>  </u>
Mailing Address <u>2540 Eastover Dr.</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Turnage Investments</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>2500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>  /  /  </u>	\$ <u>  </u>
Mailing Address _____	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code _____	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>  </u>





Name of Candidate or Committee Dravin C. McCall, City Council, Ward 3  
 Reporting period 1/1/13 through 4/27/13

## ITEMIZED DISBURSEMENTS

A. Full name <u>Ron the Sign Man</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>10016 Navarre Pkwy</u>	<u>4/2/13</u>	\$ <u>1200.00</u>
City, State, Zip Code <u>Navarre, FL 32566</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$ <u>1200.00</u>
B. Full name <u>Ansh Food + Fuel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2870 W. Northside Dr.</u>	<u>4/24/13</u>	\$ <u>285.00</u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Gasoline</u>	Aggregate Year-to-date	\$ <u>285.00</u>
C. Full name <u>WRTM Radio Station</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 9734</u>	<u>4/10/13</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Jackson, MS 39280</u>	<u>4/23/13</u>	\$ <u>1200.00</u>
Purpose of Disbursement (Optional) <u>Air time</u>	Aggregate Year-to-date	\$ <u>2200.00</u>
D. Full name <u>Southeastern Freight Lines</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>420 Davega Rd.</u>	<u>4/24/13</u>	\$ <u>105.60</u>
City, State, Zip Code <u>Lexington, SC 29073</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Delivery of signs</u>	Aggregate Year-to-date	\$ <u>105.60</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<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>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



2013 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

Municipal Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS



13 APR 30 AM 10:43  
RECEIVED  
CITY CLERK  
JACKSON, MS

Name Marcus Coleman  
Address 70 Timberridge Drive County Hinds  
Telephone 601983-7428 Fax \_\_\_\_\_  
Office Sought City Council Ward 7 Email Address dasoni72002@yahoo.com

Check here if above is different from previous report

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

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Total amount of contributions	\$ 0 +\$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 0 +\$ 290.00	\$ 290.00	\$ 290.00
Total amount of cash on hand	0	\$ 0	

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

Marcus Coleman  
Signature of Candidate

4-29-13  
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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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Delbert Hosemann  
SECRETARY OF STATE

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



13 APR 27 PM 12:13  
CITY CLERK  
JACKSON, MS

Name Richard C. Williams, Jr  
Address 109 N Cliff St. JACKSON County HINDS  
Telephone (601) 978-1996 (business) Fax (601) 978-1949  
Office Sought Mayor City of Jackson Email Address rcwjr@ms.att.net

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**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	\$ 409 + \$ 108	\$ 118. <sup>09</sup>	\$ 118. <sup>09</sup>
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.

Richard C. Williams, Jr  
Signature of Candidate

04-29-2013  
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).

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Name of Candidate or Committee RICHARD C WILLIAMS, Jr.  
 Reporting period 01/01/2013 through 04/27/2013

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BEEBON'S DRUGS</u>		
Mailing Address <u>NORTHSIDE DRIVE</u>	<u>03/14/2013</u>	\$ <u>1.15</u>
City, State, Zip Code <u>JACKSON, MS 39211</u>	__/__/__	\$
Purpose of Disbursement (Optional) <u>INDEX CARDS</u>	Aggregate Year-to-date	\$ <u>1.15</u>
B. Full name <u>FRED'S</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Old Canton Road</u>	<u>04/18/13</u>	\$ <u>2.94</u>
City, State, Zip Code <u>Jxn MS 39211</u>	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2.94</u>
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	\$