

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Municipal Election

Name of Committee Friends of Gerald Austin Sr
 Address 11615 Truman Street County Hinds
 Telephone 601-813-4512 Fax _____
 Treasurer Arletta Austin Email Address Austinenterprise@yahoo.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
- _____ 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

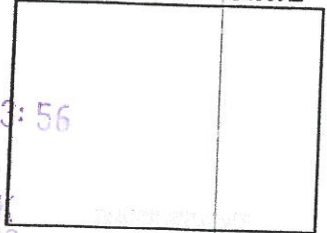
	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1250.00 +\$ 300.00	\$ 1550.00	\$ 1550.00
Total amount of disbursements	\$ 1340.55 +\$ 209.45	\$ 1550.00	\$ 1550.00
Total amount of cash on hand		\$ -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Arletta Austin _____ Date 4/29/13
 Signature of Director or Treasurer

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.

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



13 APR 30 PM 3:56

Name Gerald Austin Sr
 Address 1615 Truman St Jxn, MS County Hinds
 Telephone 601-813-4512 Fax _____
 Office Sought Councilman - Ward 4 Email Address austinenterprise@yahoo.com

Check here if above is different from previous report

- April 30, 2013 Primary Pre-Election Report (January 1, 2013, through April 27, 2013) **Mandatory**
Primary Candidates Only
- _____ May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013)..... **Mandatory**
Primary Runoff Candidates Only
- _____ May 28, 2013 General Pre-Election Report **Mandatory**
 (Primary Election Winners report April 28, 2013, through May 25, 2013) **All Candidates**
 (Independent Candidates report January 1, 2013, through May 25, 2013) **must report**
- _____ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)..... **Mandatory**
All Candidates must report unless terminated
- _____ 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).
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1250. ⁰⁰ + \$ 300.00	\$ 1550. ⁰⁰	\$ 1550.00
Total amount of disbursements	\$ 1250. ⁰⁰ + \$ 300.00	\$ 1550. ⁰⁰	\$ 1550.00
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, accurate, and complete.

Gerald Austin Sr
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 \$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.

GERALD AUSTIN SR

2013 CONTRIBUTIONS

13 APR 30 PM 3: 56

COMPANY AUSTIN ENTERPRISE
INDIVIDUAL ARLETTA LUCKETT-AUSTIN
ADDRESS PO BOX 1164 JACKSON, MS 39215
CASH \$300.00

RECEIVED
CITY CLERK
JACKSON, MS

COMPANY
INDIVIDUAL WILLIAM AUSTIN JR
ADDRESS 555 SPRYFIELD ROAD JACKSON, MS 39212
CASH \$350.00

COMPANY WESTSIDE BARBER SHOP
INDIVIDUAL GERALD AUSTIN SR
ADDRESS 1615 TRUMAN STREET JACKSON, MS 39209
CASH \$600.00

ITEMIZED DISBURSEMENTS

13 APR 30 PM 3:56

OFFICE DEPOT 03/28/2013	\$49.49
OFFICE DEPOT 03/28/2009	\$5.85
OFFICE DEPOT 03/27/2013	\$44.74
OFFICE DEPOT 03/26/2013	\$41.72
OFFICE DEPOT 03/11/2013	\$81.21
TOTAL	\$141.80

RECEIVED
CITY CLERK
JACKSON, MS

VISTA PRINT 03/23/2013	\$62.10
VISTA PRINT 03/25/2013	\$161.85
TOTAL	\$223.95

SPACE AGE GRAPHICS 4125 W. NORTHSIDE DRIVE JACKSON, MS 39209

03/13/2013	\$225.00
04/18/2013	\$565.00
04/26/2013	\$90.00
TOTAL	\$880.00

WHOLESALE T-SHIRTS

04/26/2013	\$40.90
04/29/2013	\$53.94
TOTAL	\$94.80

TOTAL ITEMIZED DISBURSEMENTS \$1340.55

TOTAL NON ITEMIZED \$209.45

Name of Candidate or Committee GERALD AUSTIN SR

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 _____	____/____/____	\$ _____
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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 _____	____/____/____	\$ _____
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. 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 _____	____/____/____	\$ _____
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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 _____	____/____/____	\$ _____
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____