2013 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
Municipal Cardidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
Name ONTO DOWNING MISS	
Address 210 BEACH 57 County Hinds	a statistic of age of the
Address 210 BEACH 57 County HiNUS Telephone (769) 251-10903 CH) Fax(60) 969-6620	
Office Sought C: TS COMNO! 43 Email Address	
Check here if above is different from previous report	
April 30, 2013 Pre-Election Report (January 1, 2013, through April 27, 2013)	
May 14, 2013 Pre-Runoff Report (April 28, 2013, through May 11, 2013)	
January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)	5 mg/s
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 (4) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In suc	h cosa the condidate
shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditu	res during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordant. § 23-16-807 (b) (ii) and (iii).	rdance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p day before the deadline. Faxed reports are acceptable.	ng day, if the deadline o.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$00 +\$ -00 \$00 \$.00
Total amount of disbursements \$ +\$ \$	
Total amount of cash on hand // 34.00 \$ 1/38.00	***
Signature of Candidate I certify that I have examined this report and to the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best of my knowledge and belief it is true, acount of the best o	ate, end 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 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, mutil-county and all legislative offices should return form to Secretary of State, Elections Di MS 38206 or fax to 801-576-2666. 2. Candidates for county-wide and county district offices should return forms to their county Clork	vision, P. O. Box 136, Jackson,