Delbert Hosemann SECRETARY OF STATE

Municipal Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2013 Flection

19/20 20 EH 9: 50

	ZOTO LIECTION	SWEET GOVERNMENT
Name Charles H. Tillman		R. C. C.
Address 986 Royal Oak Dr	39209 county Hind	3s CILY CLERK
Telephone 601 922-8844		
Office Sought City Council Ward 5	Email Address	
Check here if above is different from p	revious report	
April 30, 2013 Primary Pre-Election Repo	ort (January 1, 2013, through April	27, 2013)Mandatory Primary Candidates Only
May 14, 2013 Primary Pre-Runoff Report	(April 28, 2013, through May 11, 2	013)Mandatory Primary Runoff Candidates Only
May 28, 2013 General Pre-Election Report	rt	Mandatory
(Primary Election Winners report April 2 (Independent Candidates report Januar	28, 2013, through May 25, 2013)	All Candidates must report
January 31, 2014 Annual Report (January		13) Mandatory Candidates must report unless terminated
Termination Report (Candidate will no long Campaign expenditures and has no outstan	트를 잃었다. 그래요하는 아마스에 P르토트라다는 점점이 보면하면 여러 여러 이번 없는 사용하다 하게 있다. 하는 여러 있다. 전에 하다 있다면 하는 것이다면 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른	Required to terminate reporting obligations
	IMPORTANT	
ma ment at a first transfer of the state of		

- 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.
- 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).
- 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 \$	1750 = +\$	\$	1750.00	\$	1750.00
Total amount of disbursements \$	3720學 #\$	\$	3720.43	\$	3720.43
Total amount of cash on hand		\$	1780.00		
Signature of Candidate	this report and to the best of m	ny knowl	edge and belief it is to	ue, ac	curate, and complete.
Authority: Refer to Miss. Code Ann. 623-1	5-801 (4972) of son for etatutory real	uiromonto	-		

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, Mutli-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.

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Name of Candidate or Committee	Charles H. Tillman		
Reporting period Jan 1.2013	through April 27, 2013		

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual V Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	04 / 15 / 13	\$ 200,00
Jones Walker	750 750	₹ 200,00
Mailing Address		\$
190 East Capitol St, Suite 800		4 1
City, State, Zip Code	厂,厂,厂	\$
Jackson, Ms. 39201		14
Name of Employer (Required)		\$
Jones Walker L.L. P.		*
Occupation (Required) Attorneys at law	Aggregate	\$ 200.00
	year-to-date	
B. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,,,,	this period
Full name	04 / 16 / 13	\$ 100.00
Roosevelt Turner Jr		+ 1100.00
Mailing Address		\$
5713 regents Dr N		•
City, State, Zip Code		\$
Mobile, Al 36609-3275	\ <u></u>	3 1
Name of Employer (Required)	厅,厅,厅	\$
DBA Turner & Associates	1-/-/-	1 1
Occupation (Required)	Aggregate	\$ 100.00
	year-to-date	¥ 1100.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	The second second	une periou
Intergrated Management Services DBA IMS Engineers	03 / 27 / 13	\$ 500.00
Malling Address		
126 Amite Street	! / ! / !	\$
City, State, Zip Code		
Jackson, Ms 39201	<u> </u>	\$
Name of Employer (Required)		
Occupation (Required)	1_/_/_	\$
	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
ull name	03 / 11 / 13	\$ 100.00
/irginia H. Jones	111111111111111111111111111111111111111	\$ 100.00
lailing Address 422 Greymont Ave		\$
fty, State, Zip Code		T
lackson, Ms 39202		\$
ame of Employer (Required)		
		\$
occupation (Required)	Aggregate year-to-date	\$ 100.00

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	Page	2	of	2

Name of Candidate or Committee	Charles H. Tillman
Reporting period Jan 1, 2013	through April 27, 2013

ITEMIZED RECEIPTS

Other (please specify)	Date (Mo., Day, Year)	Amount of each
Full name		
Joel H. Hudnall	03 / 28 / 13	\$ 200.00
Mailing Address		
201 lvy Brook Ct	_ _ / _ /	\$
City, State, Zip Code	Lance Learn have	_ presentation
Madison, Ms. 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
B. Source: Corporation PAC Individual ✓ Loan	Jour to date	Amount of eac
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	[02 . [02 . [03	
Hibbett Neel	03 / 28 / 13	\$ 200.00
Mailing Address	productive production promotion	
P. O. Box 22625		\$
City, State, Zip Code	Personal Security Personal	500 100 00
Jackson, Ms. 39225	_ _ / _ / _	\$
Name of Employer (Required) Neel - Schaffer	- [_,_,_	\$
Occupation (Required)	Agranata	
	Aggregate year-to-date	\$ 200.00
C. Source Corporation PAC Individual ✓ Loan Other (please specify)		1
Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period
Other (please specify) Gull name Matthew W. Thomas	year-to-date Date (Mo., Day, Year)	Amount of eac
Other (please specify) Other Watthew W. Thomas Calling Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Other (please specify) Watthew W. Thomas Ialling Address 547 Fairwood Circle	year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period
Other (please specify) Full name Matthew W. Thomas Malling Address 547 Fairwood Circle Sity, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period
Other (please specify) Other (please specify) Full name Matthew W. Thomas Mailing Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213	year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period \$ 250.00
	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
Other (please specify) Other (please specify) Full name Matthew W. Thomas Malling Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 Jame of Employer (Required)	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / /	Amount of each receipt this period \$ 250.00 \$
Other (please specify) Other (please specify) Full name Matthew W. Thomas Mailing Address 547 Fairwood Circle City, State, Zip Code ackson, Ms. 39213 Jame of Employer (Required) tate Wide General Insurance Agency ccupation (Required) insurance	year-to-date Date (Mo., Day, Year)	Amount of eac receipt this period \$ 250.00
Other (please specify) Other (please specify) Full name Matthew W. Thomas Iailing Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency ccupation (Required) issurance	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / / / / Aggregate	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt
Other (please specify) Other (please specify) Full name Matthew W. Thomas Failing Address 547 Fairwood Circle Fity, State, Zip Code Fackson, Ms. 39213 Fame of Employer (Required) Fattet Wide General Insurance Agency Coupation (Required) Four of Employer (Required)	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each each each each each each each each
Other (please specify) Other (please specify) Full name Matthew W. Thomas Malling Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 Jame of Employer (Required) tate Wide General Insurance Agency Coupation (Required) Insurance Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 04	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt
Other (please specify) Cull name Matthew W. Thomas Mailing Address 547 Fairwood Circle City, State, Zip Code Cackson, Ms. 39213 Came of Employer (Required) Catate Wide General Insurance Agency Cocupation (Required) Individual Loan Other (please specify) Cull name Deel - Schaffer	year-to-date Date (Mo., Day, Year) 04	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 200.00
Other (please specify) Other (please specify) Full name Matthew W. Thomas Iailing Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency ccupation (Required) ssurance Source: Corporation PAC Individual Loan Other (please specify) Juli name eel - Schaffer ailing Address	year-to-date Date (Mo., Day, Year) 04	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period
Other (please specify) Cull name Matthew W. Thomas Malling Address 547 Fairwood Circle City, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency accupation (Required) nsurance Source: Corporation PAC Individual Loan Other (please specify) uil name deel - Schaffer ailing Address O. Box 22625 ty, State, Zip Code	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / Aggregate year-to-date Date (Mo., Day, Year) 03 / 28 / 13	Amount of each receipt this period \$ 250.00 \$ \$ 250.00 Amount of each receipt this period \$ 200.00 \$
Other (please specify) Gull name Watthew W. Thomas Malling Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency Ccupation (Required) Insurance Source: Corporation PAC Individual Loan Other (please specify) Juli name Meel - Schaffer	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / Aggregate year-to-date Date (Mo., Day, Year) 03 / 28 / 13	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 200.00
Other (please specify) Cull name Matthew W. Thomas Malling Address 547 Fairwood Circle City, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency Cocupation (Required) Insurance Source: Corporation PAC Individual Loan Other (please specify) Cull name Reel - Schaffer Calling Address O. Box 22625	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / Aggregate year-to-date Date (Mo., Day, Year) 03 / 28 / 13 / / /	Amount of each receipt this period \$ 250.00 \$ \$ 250.00 Amount of each receipt this period \$ 200.00 \$
Other (please specify) Gull name Watthew W. Thomas Malling Address 547 Fairwood Circle Sity, State, Zip Code ackson, Ms. 39213 ame of Employer (Required) tate Wide General Insurance Agency Ccupation (Required) Insurance Source: Corporation PAC Individual Loan Other (please specify) Juli name Meel - Schaffer	year-to-date Date (Mo., Day, Year) 04 / 03 / 13 / / / Aggregate year-to-date Date (Mo., Day, Year) 03 / 28 / 13 / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 250.00 \$ \$ 250.00 Amount of each receipt this period \$ 200.00 \$

ma of Candidate or Committee	harles H. Tillman
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Reporting period Jan 1, 2013 through April 27, 2013

ITEMIZED DISBURSEMENTS

A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Misiling Address 4708 Robinson Road	04 / 04 / 13	\$ 62.04
City, State, Zip Code Jackson, Ms 39209	03 / 11 / 13	\$ 20.97
Purpose of Disbursement (Optional) fliers / copy paper	Aggregate Year-to-date	\$ 83.01
B. Full name Lowes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2250 Greenway D ^{yrive}	03 / 29 / 13	\$ 9.53
City, State, Zip (Code Jackson, Ms 39204	_''	\$
Punose of Dist sement (Optional) sign sakes	Aggregate Year-to-date	\$ 9.53
C. Full ame Realty Sigrery vice	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 116 B East State Street	03 / 08 / 13	\$ 1348.20
City, State, Zip Code Ridgeland, Ms 39157		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1348.20
D. Full name Sir Speedy	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 1701 North State Street	03 / 11 / 13	\$ 2279.69
City, State, Zip Code ackson, Ms 39216	_/_/_	\$
Purpose of Disbursement (Optional) Printing Pushcards	Aggregate Year-to-date	\$ 2279.69
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
lailing Address	_'_'_	\$
ity, State, Zip Code	_''	\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ailing Address	_/_/_	\$
ty, State, Zip Code		\$
rpose of Disbursement (Optional)	Aggregate Year-to-date	\$