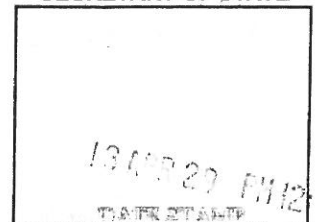


Delbert Hosemann  
SECRETARY OF STATE

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



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

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	\$ 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).

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