

Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election



13 MAY -3 AM 8:19
RECEIVED
CITY CLERK
ACKNOWLEDGEMENTS

Name Tony T. Varber
Address 11605 DORGAN St. County HINDS
Telephone 769 798 6200 Fax _____
Office Sought City Councilman Email Address tonyvarber@gmail.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	\$ 3650.00 + \$ 0	\$ 3,650.00	\$ 9,250.00
Total amount of disbursements	\$ 5,600 + \$ 0	\$ 5,600.00	\$ 5,600.00
Total amount of cash on hand	3,366.00	\$ 3,366.00	

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

[Signature] Date 5.3.13

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 Campaign for Tony Yarber
 Reporting period Jan 1 - ~~2020~~ through Apr 30

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TCL Financial</u>	□ / □ / □	\$ <u>500.⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Luther Ott</u>	□ / □ / □	\$ <u>1,000.⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>West Engineers</u>	□ / □ / □	\$ <u>500.⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>New Orleans, LA</u>	□ / □ / □	\$ _____
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 checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ramell Cotton</u>	□ / □ / □	\$ <u>500.⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code <u>Jax, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Tony Harber
 Reporting period Jan 1 through Apr. 30

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FMS Engineering</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>300.⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JXN, MS</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kane Ditts</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>400.⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>TX</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

TONY T YARBER DBA

Account # 75179796

Page: 2

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1026
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/18/13

Pay to the Order of: Virginia Mathis, MD / Michael Pinner! \$ 40.00
 One Hundred and no/100 Dollars

For: Groceries

Signature: [Handwritten Signature]

10842012784 75179796

04/19/2013 \$40.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1029
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/28/13

Pay to the Order of: Kimberly V. Jones \$ 750.00
 Seven Hundred and no/100 Dollars

For: Field Consulting

Signature: [Handwritten Signature]

10842012784 75179796

1029 04/29/2013 \$750.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1028
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/26/13

Pay to the Order of: Michael Dixon \$ 190.00
 One Hundred and ninety Dollars and no/100

For: Rick Cards

Signature: [Handwritten Signature]

10842012784 75179796

04/26/2013 \$190.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1050
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/15/13

Pay to the Order of: Michael Dixon & Margarita Mathis \$ 622.74
 Six hundred twenty-two Dollars and 74/100

For: Field signs

Signature: [Handwritten Signature]

10842012784 75179796

1050 04/15/2013 \$622.74

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1009
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 3/21/13

Pay to the Order of: MYSO \$ 25.00
 Twenty five Dollars and no/100

For: Donation La Add

Signature: [Handwritten Signature]

10842012784 75179796

1009 04/12/2013 \$25.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 3051
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/15/13

Pay to the Order of: Michael Dixon & Margarita Mathis \$ 185.00
 One hundred eighty-five Dollars and no/100

For: Rick Cards

Signature: [Handwritten Signature]

10842012784 75179796

3051 04/15/2013 \$185.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1025
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: 4/14/13

Pay to the Order of: Triton Broadcasting operating \$ 600.00
 Six Hundred Dollars and no/100

For: Campaign Ads

Signature: [Handwritten Signature]

10842012784 75179796

1025 04/15/2013 \$600.00

DEBIT

NAME: Campaign for Tony Yarber
 Account: One Hundred Dollars

AMOUNT: \$ 75.00

75179796

7252

#999999# 40842012784

999999 04/26/2013 \$75.00

TONY T YARBER DBA 12-12 CAMPAIGN FOR TONY YARBER 1027
 1906 DORGAN ST. 709-709-4200 JACKSON, MS 39204-4200

DATE: April 18, 2013

Pay to the Order of: Jackson Free Press \$ 270.00
 Two Hundred and seventy Dollars and no/100

For: Advertis

Signature: [Handwritten Signature]

10842012784 75179796

1027 04/18/2013 \$270.00

DEBIT

NAME: Campaign for Tony Yarber
 Account: One Hundred Dollars

AMOUNT: \$ 100.00

75179796

7252

#999999# 40842012784

999999 04/30/2013 \$100.00