

2013 ELECTION CYCLE

Dolbert Hosemann
SECRETARY OF STATE

Municipal Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Election



Name Zachery Williams
Address 4647 Meadows Edge County _____
Telephone 601-672-1792 Fax N/A
Office Sought City Council Ward 3 Email Address ZSW1911@page.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	\$ <u>0.00</u> +\$	\$	\$
Total amount of disbursements	\$ <u>3500</u> +\$ <u>1747.53</u>	\$	\$
Total amount of cash on hand	<u>1752.47</u>	\$	

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

Zachery Williams
Signature of Candidate

4/30/2013
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 38205 or fax to 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
CITY CLERK
JACKSON, MS
13 APR 30 PM 5:37
803 12-10

Name of Candidate or Committee Zachery Williams
 Reporting period January 1, 2013 through April 27, 2013

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Michael Dixon</u>	<u>3/18/13</u>	\$ <u>783</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>783</u>
<u>Chando swim, t-shirts, flyers</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Spice Age</u>	<u>4/15/13</u>	\$ 800 <u>605</u>
Mailing Address		
City, State, Zip Code	<u>4/23/13</u>	\$ <u>275</u>
<u>N side Dr</u>		
<u>Jan MS 392</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>880</u>
<u>flyers</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dynasties</u>	<u>4/5/13</u>	\$ <u>84.53</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>410 W. Discourge Rd</u>		
<u>Jan MS 39203</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>84.53</u>
<u>1 shirts</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>___/___/___</u>	\$ <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	\$

Name of Candidate or Committee Zachery Williams
 Reporting period through

ITEMIZED RECEIPTS

A. 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	____/____/____	\$ _____
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 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>Paul Cooley</u>	____/____/____	\$ <u>300.00</u>
Mailing Address <u>1400 Seventh Ave.</u>	____/____/____	\$ _____
City, State, Zip Code <u>JUN MS 39203</u>	____/____/____	\$ _____
Name of Employer (Required) <u>Systems Consultants Assoc.</u>	____/____/____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. 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>Keull Kitchens</u>	<u>3/17/13</u>	\$ <u>400.00</u>
Mailing Address <u>4500 N. State St</u>	____/____/____	\$ _____
City, State, Zip Code <u>JUN MS 39206</u>	____/____/____	\$ _____
Name of Employer (Required) <u>JPD</u>	____/____/____	\$ _____
Occupation (Required) <u>Police Officer</u>	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>Zachery Williams</u>	<u>3/11/13</u>	\$ <u>250.00</u>
Mailing Address <u>9647 Meadow Ridge Dr.</u>	____/____/____	\$ _____
City, State, Zip Code <u>JUN MS 39206</u>	____/____/____	\$ _____
Name of Employer (Required) <u>Self</u>	____/____/____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Jeff Good - 1095 Avondale 39216 Individual 3/11 100.00