

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2013 Municipal Election

Name of Committee Jackson 20/20
 Address P O Box 3133 Jackson MS 39207 County Hinds
 Telephone 601.260.9575 Fax _____
 Treasurer ~~Mike Lewis~~ Mike Lewis Email Address _____

☐ Check here if above is different from previous report

- ☒ **April 30, 2013 Primary Pre-Election Report** (January 1, 2013, through April 27, 2013) **Mandatory**
Primary Candidates and Committees Only
- ____ **May 14, 2013 Primary Pre-Runoff Report** (April 28, 2013, through May 11, 2013)..... **Mandatory**
Primary Runoff Candidates and Committees Only
- ____ **May 28, 2013 General Pre-Election Report** **Mandatory**
 (Primary Election Winners report April 28, 2013, through May 25, 2013) *All Candidates and Committees*
 (Independent Candidates report January 1, 2013, through May 25, 2013) *must report*
- ____ **January 31, 2014 Annual Report** (January 1, 2013 through December 31, 2013)..... **Mandatory**
All Candidates Committees must report unless terminated

____ **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	\$ 347.63 + \$ 650	\$ 997.63	\$ 997.63
Total amount of disbursements	\$ 250 + \$ 399	\$ 649	\$ 649.00
Total amount of cash on hand		\$ 4548.63	

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

Signature of Director or Treasurer

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.
3. Candidates for Municipal office should return forms to their Municipal Clerk.

Name of Candidate or Committee Jackson 20/20Reporting period January 1, 2013 through April 27, 2013

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends DeKeither Stamps		
Mailing Address	<u>3</u> / <u>11</u> / <u>13</u>	\$ 250
PO Box 59117		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Jackson, MS 39284		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Contribution to the Campaign		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$