

Name of Candidate or Committee JAMES PAIGE  
 Reporting period 01-01-2013 through 04-27-2013

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> SPACE AGE MARKETING		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 4125 WEAT NORTHSIDE DRIVE		02 / 19 / 13	\$ 415
<b>City, State, Zip Code</b> JACKSON MS 39209		02 / 25 / 13	\$ 1500
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> SPACE AGE MARKETING		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		02 / 26 / 13	\$ 560
<b>City, State, Zip Code</b>		03 / 11 / 13	\$ 1434
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> SPACE AGE MARKETING		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		03 / 22 / 13	\$ 230
<b>City, State, Zip Code</b>		04 / 03 / 13	\$ 1437
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b> SPACE AGE MARKETING		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		04 / 19 / 13	\$ 615
<b>City, State, Zip Code</b>		/ /	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$ 6,194
<b>E. Full name</b> POPIESCREATIONS		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		03 / 15 / 13	\$ 600
<b>City, State, Zip Code</b>		/ /	\$
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$ 600
<b>F. Full name</b> WMPR		<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. BOX 9782		04 / 10 / 13	\$ 500
<b>City, State, Zip Code</b> JACKSON MS 39206		04 / 15 / 13	\$ 400
<b>Purpose of Disbursement (Optional)</b>		<b>Aggregate</b> <b>Year-to-date</b>	\$ 900

Name of Candidate or Committee JAMES PAIGE

Reporting period 01-01-2013 through 04-27-2013

# ITEMIZED RECEIPTS

A. 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>ANTHONY SIMON</u>	<u>04</u> / <u>25</u> / <u>13</u>	\$ <u>350</u>
Mailing Address <u>P.O. BOX 749</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON MS 39205</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>350</u>
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>E. CARLOS TANNER</u>	<u>03</u> / <u>15</u> / <u>13</u>	\$ <u>250</u>
Mailing Address <u>1012 PARKWOOD PLACE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON MS 39206</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>DOJ</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>250</u>
C. 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>PIETER TEEUWISSEN</u>	<u>04</u> / <u>25</u> / <u>13</u>	\$ <u>350</u>
Mailing Address <u>P.O. BOX 16787</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>350</u>
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

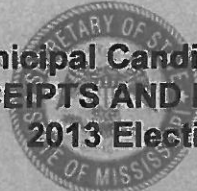
Name of Candidate or Committee James Paige

Reporting period January 1, 2013 through April 24, 2013

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name WILLIE ADAMS		03 / 05 / 13	\$ 300
Mailing Address 180 FAIRFIELD DRIVE		□ / □ / □	\$ □
City, State, Zip Code JACKSON MS 39206		□ / □ / □	\$ □
Name of Employer (Required) SELF		□ / □ / □	\$ □
Occupation (Required) _____		Aggregate year-to-date	\$ 300
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name SAMUEL BOYD		02 / 23 / 13	\$ 300
Mailing Address 6216 WINTHROP CIR.		□ / □ / □	\$ □
City, State, Zip Code JACKSON, MS 39206		□ / □ / □	\$ □
Name of Employer (Required) SELF		□ / □ / □	\$ □
Occupation (Required) _____		Aggregate year-to-date	\$ 300
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name EULIS BROWN		03 / 04 / 13	\$ 500
Mailing Address 6112 WAVERLY DRIVE		03 / 28 / 13	\$ 170
City, State, Zip Code JACKSON MS 39206		□ / □ / □	\$ □
Name of Employer (Required) RETIRED		□ / □ / □	\$ □
Occupation (Required) _____		Aggregate year-to-date	\$ 670
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name JOE M. HOLLOWOMON		04 / 25 / 13	\$ 250
Mailing Address P.O. BOX 22683		□ / □ / □	\$ □
City, State, Zip Code JACKSON, MS 39225-2683		□ / □ / □	\$ □
Name of Employer (Required) SELF		□ / □ / □	\$ □
Occupation (Required) ATTORNEY		Aggregate year-to-date	\$ 250

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



13 APR 30 PM 3:51  
RECEIVED  
CITY CLERK  
JACKSON, MS  
ELECT JAMES PAIGE @GMAIL.com

Name JAMES PAIGE  
Address 1075 DEVONSHIRE DRIVE County HINDS  
Telephone 601 554-5482 Fax \_\_\_\_\_  
Office Sought \_\_\_\_\_ Email Address ELECT.JAMES.PAIGE@GMAIL.COM

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 Only
- \_\_\_\_\_ May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013) ..... **Mandatory**  
Primary Runoff Candidates Only
- \_\_\_\_\_ May 28, 2013 General Pre-Election Report ..... **Mandatory**  
(Primary Election Winners report April 28, 2013, through May 25, 2013) ..... *All Candidates must report*  
(Independent Candidates report January 1, 2013, through May 25, 2013)
- \_\_\_\_\_ January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013) ..... **Mandatory**  
*All Candidates 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	\$ 3,720 + \$ 9,228.00	\$ 12,948.00	\$ 12,948.00
Total amount of disbursements	\$ 7,694 + \$ 3,247.00	\$ 10,941.00	\$ 10,943.53
Total amount of cash on hand		\$ 1,964.47	

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 Candidate

Date

4-30-2013

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.