Delbert Hosemann SECRETARY OF STATE

	wuriicipai Candidate							
	REPORT OF RECEIPTS AND DISBURSEMENTS	R 30 PM 2: 24						
1	Name Playise PATTERSON	LY CLERK						
A	Address 92/ ERSTUEWSTI County HIATOS	CASBA, MS						
7	Telephone 601-988-4291 Fax							
c	Office Sough JOHD 5 CITY COUNCIL Email Address PIAVISE C	Hotmail.Com						
	Check here if above is different from previous report							
_	April 30, 2013 Primary Pre-Election Report (January 1, 2013, through April 27, 2013)							
-	May 14, 2013 Primary Pre-Runoff Report (April 28, 2013, through May 11, 2013)							
-	May 28, 2013 General Pre-Election Report	Mandatory All Candidates must report						
-	January 31, 2014 Annual Report (January 1, 2013 through December 31, 2013)	Mandatory report unless terminated						
-	Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to obligations	terminate reporting						
141	Pro Election reports are mandates in the IMPORTANT							
(1)	Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditure.	n case, the candidate res during this period.						
(2)	Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordant. § 23-15-807 (b) (ii) and (iii).	dance with Miss. Code						
(3)	The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reportin falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p day before the deadline. Faxed reports are acceptable.	g day. If the deadline .m. on the first working						
	REPORTED CONTRIBUTIONS AND DISBURSEMENTS							
	Itemized + Non-itemized = This Posied	Calendar						

	REPORTED					
	Itemized + Non-ite	mized =	This Period		Calendar Year-To-Date	
Total amount of contributions	\$2500.00	\$	2500,0	O \$	2500,00	
otal amount of disbursements	\$2700,50	200 3000	nal 2700,	\$ 60	2700,00	
otal amount of cash on hand		\$	0,00			
I certify that I have examin Signature of Candidat	atten	he best of my know	ledge and belief it is _4~3 Date	s true, accu	irate, and complete. ひける	

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, Mutli-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.