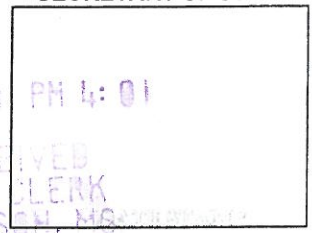


**Municipal Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2013 Election**



13 MAY 20 11 PM 4: 01



Name Cornelius Griggs  
 Address P.O. Box 12452 Sen, MS 39236 Hinds  
 Telephone 601-559-5692 Fax \_\_\_\_\_  
 Office Sought Mayor Email Address griggs4mayor@yahoo.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	\$ 300 +\$ 441.62	\$ 741.62	\$ 741.62
Total amount of disbursements	\$ 407.67 \$ 153.95	\$ 561.62	\$ 561.62
<b>Total amount of cash on hand</b>		<b>\$ 180.00</b>	

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

Cornelius Griggs  
Signature of Candidate

5/28/13  
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.

Name of Candidate or Committee Cornelius Briggs  
 Reporting period 4-28-13 through 5-25-13

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Signs First</u>	<u>5/23/13</u>	<u>\$ 407.67</u>
Mailing Address <u>4950 T. SS N Jackson</u>	<u>5/23/13</u>	<u>\$ 407.67</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$ 407.67</u>
<b>B. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>C. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>D. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   /   /   </u>	\$
City, State, Zip Code	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Cornelius Griggs : 01  
 Reporting period 4-28-13 through 5-25-13

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Cornelius Griggs</u>	<u>3/18/13</u>	\$ <u>300</u>
Mailing Address <u>P.O. Box 12452</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Sxn, Ms 39236</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self Employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Independent Contractor</u>	Aggregate year-to-date	\$ <u>300</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
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) _____		
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
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 type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____