

2014

**City of Jackson, MS
Mayoral Campaign Contributions**

Albert Wilson

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
City of Jackson Special Election for Mayor



Name of Committee Friends of Albert Wilson
 Address 4914 N. State Street County Hinds
 Telephone 601-362-6734 Fax 601-362-6737
 Treasurer D.L. Crume Email Address Al.39206@yahoo.com

RECEIVED
CITY CLERK
JACKSON, MS
14 APR - 1 PM 12:46

Check here if above is different from previous report

- April 1, 2014 Pre-Election Report (January 1, 2014 through March 29, 2014).....
- April 15, 2014 Pre-Runoff Report (March 30, 2014 through April 12, 2014).....Runoff Candidate
- January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....
- 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. 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 business 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	\$ 0 + \$ 1378.52	\$ 1378.52	\$ 1378.52
Total amount of disbursements	\$ 1378.52 + \$ 0	\$ 1378.52	\$ 1378.52
Total amount of cash on hand		\$	\$

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

D.L. Crume
Signature of Director or Treasurer

4/1/14
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 will 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 the Municipal Clerk.

Name of Candidate or Committee Friends of Albert Wilson
 Reporting period 2/1/2014 through 4/1/2014

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>A2Z Printing</u>	<u>3/12/14</u>	\$ <u>370.00</u>
Mailing Address <u>5468 N. State Street</u>	<u>3/12/14</u>	\$ <u>370.00</u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>3/12/14</u>	\$ <u>370.00</u>
Purpose of Disbursement (Optional) <u>Campaign signs / literature</u>	Aggregate Year-to-date	\$ <u>370.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ron the Sign Man</u>	<u>3/10/14</u>	\$ <u>1108.52</u>
Mailing Address <u>10016 Navarre Pkwy</u>	<u>3/10/14</u>	\$ <u>1108.52</u>
City, State, Zip Code <u>Navarre, FL 32566</u>	<u>3/10/14</u>	\$ <u>1108.52</u>
Purpose of Disbursement (Optional) <u>Campaign signs</u>	Aggregate Year-to-date	\$ <u>1478.52</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JACKSON, MS CITY CLERK</u>	___/___/___	\$
Mailing Address <u>RECEIVED</u>	___/___/___	\$
City, State, Zip Code <u>14 APR - 1 PM 4:46</u>	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$