2014

City of Jackson, MS
Mayoral Campaign Contributions

Melvin Priester, Jr.

2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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

Name of Committee Committee to Elect Melvin Priester, Jr.

Address 5375 Executive Place Jackson, MS 39206 County Hinds

Telephone 601-353-2460 Fax 601-353-2074

Treasurer Charlene Priester Email Address info@electmelpriester.com

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☐ Check here if above is different from previous report

X April 1, 2014 Pre-Election Report (January 1, 2014 through March 29, 2014).....Mandatory

____ April 15, 2014 Pre-Runoff Report (March 30, 2014 through April 12, 2014).....Runoff Candidates Only

____ January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....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	$96705 +$ 7930	$ 104635	$ 104635
Total amount of disbursements	$ 64865.97 +$ 4210	$ 69075.97	$ 69075.97
Total amount of cash on hand		$ 35559.03	

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

L. Charlene Priester — 4-1-14

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 the Municipal Clerk.***

Name of Candidate or Committee: Melvin Priester Jr.

Reporting period: 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) **Full name:** Melvin Priester JR **Mailing Address:** 5375 Executive Place **City, State, Zip Code:** Jackson, MS **Name of Employer (Required):** Priester Law Firm **Occupation (Required):** Attorney	3/10/14 3/15/14 / / / / Aggregate year-to-date	$ 12,750 $ 4,705 $ $ $ 17,455
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) **Full name:** Charlene Priester **Mailing Address:** 5375 Executive Place **City, State, Zip Code:** Jackson, MS **Name of Employer (Required):** Priester Law Firm **Occupation (Required):** Attorney	3/18/14 3/31/14 / / / / Aggregate year-to-date	$ 10,000 $ 15,000 $ $ $ 25,000
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) **Full name:** Hattie Armstrong **Mailing Address:** 1736 Hamilton Way **City, State, Zip Code:** Jackson, MS **Name of Employer (Required):** **Occupation (Required):**	3/10/14 3/20/14 / / / / Aggregate year-to-date	$ 500 $ 500 $ $ $ 1000.
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) **Full name:** Medical Association **Mailing Address:** 5603 Ridgewood Rd **City, State, Zip Code:** Ridgeland, MS **Name of Employer (Required):** N/A **Occupation (Required):** N/A	3/25/14 / / / / / / Aggregate year-to-date	$ 1500. $ $ $ $ 1500.

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Name of Candidate or Committee Melvin Preister Jr

Reporting period 1-1-14 through 3/29/14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Wilfred Hogan	3 / 25 / 14	$ 5000.
Mailing Address: 34 Mowat Morris Park	/ /	$
City, State, Zip Code: NY, NY	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Developer	Aggregate year-to-date	$ 5000.
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jacob Miyasato	3 / 11 / 14	$ 2.50
Mailing Address: 300 W South St	/ /	$
City, State, Zip Code: Jackson, MS 39203	/ /	$
Name of Employer (Required): Boeing	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 250.
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Saminda Wijeyaratne Dandeniya	3 / 15 / 14	$ 500.
Mailing Address: 25 Camp St	/ /	$
City, State, Zip Code: San Francisco, CA	/ /	$
Name of Employer (Required): Box, Inc.	/ /	$
Occupation (Required): Programmer	Aggregate year-to-date	$ 500.
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Melissa Gambol	3 / 12 / 14	$ 500.
Mailing Address: 675 Middle Road	/ /	$
City, State, Zip Code: Hartshead, NY	/ /	$
Name of Employer (Required): Corning Inc.	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.

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Name of Candidate or Committee: Melvin Priester, Jr

Reporting period: 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: Marcus Williams Mailing Address: 125 S. Congress St 16th City, State, Zip Code: Jackson, MS Name of Employer (Required): MRL Occupation (Required): Engineer	3/27/14 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	$ 2000 $ $ $ $ 2000
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: Dr. Marquitha Bolden Mailing Address: 152 Rollingwood Dr City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): Walmart Occupation (Required): Pharmacist	Date (Mo., Day, Year) 3/17/14 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	Amount of each receipt this period $ 1000 $ $ $ $ 1000
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: SOL Engineers Mailing Address: P.O. Box 1327 City, State, Zip Code: Canton, MS 39046 Name of Employer (Required): Occupation (Required): Engineering Company	Date (Mo., Day, Year) 3/19/14 ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	Amount of each receipt this period $ 1000 $ $ $ $ 1000
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Health Advocates Mailing Address: 5503 Ridgewood Rd Suite 310 City, State, Zip Code: Jackson, MS Name of Employer (Required): American Corp Occupation (Required): N/A	Date (Mo., Day, Year) ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ ☐/☐/☐ Aggregate year-to-date	Amount of each receipt this period $ 1000 $ $ $ $ 1000

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Name of Candidate or Committee: Melvin V Priester JR

Reporting period: 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pernilla Brown	3/12/14	$ 500.00
Mailing Address: P.O. Box 24613	3/12/14	$ 500.00
City, State, Zip Code: Jackson, MS	3/20/14	$ 2,000.00
Name of Employer (Required): PSB Ventures	☐/☐/☐	$
Occupation (Required):	Aggregate year-to-date	$ 12,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Maurice James	3/13/14	$ 1000.00
Mailing Address: 830 Camden	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39206	☐/☐/☐	$
Name of Employer (Required):	☐/☐/☐	$
Occupation (Required): Physician	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Betty Rutherford	3/11/14	$ 1000.00
Mailing Address: 1716 Poplar Blvd	☐/☐/☐	$
City, State, Zip Code: Jackson, MS	☐/☐/☐	$
Name of Employer (Required): Self	☐/☐/☐	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Precious Martin	3/21/14	$ 10,000
Mailing Address: 821 N. Congress	☐/☐/☐	$
City, State, Zip Code: Jackson, MS	☐/☐/☐	$
Name of Employer (Required): Self	☐/☐/☐	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 10,000

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Name of Candidate or Committee: Malvin V Priester JR

Reporting period: 1-1-14 through 2-28-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify):		
Full name: Joel Hudnall	3/6/14	$ 500.00
Mailing Address: 101 Ivy Brook ct	/ /	$
City, State, Zip Code: Madison Ms 39110	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hibbett Neal	/ /	$ 500.00
Mailing Address: P O Box 22625	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): Neal Shaffer	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gailya Porter	3/11/14	$ 500.00
Mailing Address: 1020 University Blvd	/ /	$
City, State, Zip Code: Jackson, Ms 39204	/ /	$
Name of Employer (Required): Porter Insurance	/ /	$
Occupation (Required): Insurance Agent	Aggregate year-to-date	$ 500.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jim Kibler	3/11/14	$ 250
Mailing Address: P.O. Box 18170	/ /	$
City, State, Zip Code: Hattiesburg Ms 39404	/ /	$
Name of Employer (Required): Kibler Assoc	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Melvin V Priester JR

Reporting period 1-1-14 through 3-24-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leroy Walker	3/17/14	$ 250
Mailing Address: 5956 Holbrook Dr	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): LTM Enterprise	/ /	$
Occupation (Required): Business Owner	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR M. Lewis Grubbs	3/19/14	$ 250.
Mailing Address: 1771 Lelia Dr	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 250

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Civil Tech	3/20/14	$ 250.
Mailing Address: P.O. Box 12852	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): N/a	/ /	$
Occupation (Required): Engineering	Aggregate year-to-date	$ 250.

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capital Drywall	3/24/14	$ 250
Mailing Address: 3924 W. Northside Dr	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required): N/a	/ /	$
Occupation (Required): Supplier	Aggregate year-to-date	$ 250

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Name of Candidate or Committee: Mesvin Priester Sr

Reporting period: 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Godwin Dafe	3/6/14	$ 250.00
Mailing Address: P.O. Box 11655		$
City, State, Zip Code: Jackson, MS		$
Name of Employer (Required): State Farm		$
Occupation (Required): Insurance Broker	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: New England Contractor	3/2/14	$ 300.00
Mailing Address: P.O. Box 16353		$
City, State, Zip Code: Jackson, MS 39236		$
Name of Employer (Required): N/a		$
Occupation (Required): Contractor/Builder	Aggregate year-to-date	$ 350.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DA Johnny Bridges		$ 250.00
Mailing Address: 324 Sunbury Way		$
City, State, Zip Code: Jackson, MS 39110		$
Name of Employer (Required): Self		$
Occupation (Required): Physician	Aggregate year-to-date	$ 250.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bradley Pigott	3/29/14	$ 250.00
Mailing Address: 1217 Pinehurst St		$
City, State, Zip Code: Jackson, MS		$
Name of Employer (Required): Pigott & Associates		$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Melvin V. Priester JR

Reporting period 1-1-14 through 3-24-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Hilda Jones	3/13/14	$ 500
Mailing Address: 6049 Woodlea Road		$
City, State, Zip Code: Jackson, MS 39206		$
Name of Employer (Required): Retired		$
Occupation (Required): Educator	Aggregate year-to-date	$ 500.
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Samuel Kelly	3/11/14	$ 500
Mailing Address: 111 Spring Oak Dr		$
City, State, Zip Code: Madison MS		$
Name of Employer (Required): Brunini Law Firm		$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr Dorothy Foster	3/17/14	$ 300.
Mailing Address: P.O. Box 5-9182	3/27/14	$ 200.
City, State, Zip Code: Jackson, MS 39284		$
Name of Employer (Required): MAP, Inc		$
Occupation (Required): CPA	Aggregate year-to-date	$ 500.
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J E Lauderdale	3/17/14	$ 1000.
Mailing Address: 5420 Saratoga Dr		$
City, State, Zip Code: Jackson, MS 39211		$
Name of Employer (Required): Self		$
Occupation (Required): Developer	Aggregate year-to-date	$ 1000.

Name of Candidate or Committee Melvin Priester

Reporting period 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Gary Anderson	3/25/14	$ 500.00
Mailing Address: 5909 Holbrook Dr		
City, State, Zip Code: Jackson, MS		
Name of Employer (Required): Self		
Occupation (Required): Financial Advisor	Aggregate year-to-date	$ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Annette Rollins	3/29/14	$ 250.00
Mailing Address: 908 Rutherford Dr		
City, State, Zip Code: Jackson, MS 39206		
Name of Employer (Required): Collins Funeral Home		
Occupation (Required): Business Owner	Aggregate year-to-date	$ 250.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Brown	3/29/14	$ 500.00
Mailing Address: P.O. Box 2522		
City, State, Zip Code: Jackson, MS 39130		
Name of Employer (Required): MAP, Inc.		
Occupation (Required): Program Director	Aggregate year-to-date	$ 500.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Randall Wall	3/25/14	$ 250
Mailing Address: 190 E. Capitol St		
City, State, Zip Code: Jackson, MS 39201		
Name of Employer (Required): Jones Walker		
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Mel Priester JR

Reporting period 1-1-14 through 3-24-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr Carl Reddix	3/24/14	$ 500.00
Mailing Address: 6090 Woodlea Rd	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr Michael Reddix	3/24/14	$ 500.00
Mailing Address: 106 Southern Ridge Dr	/ /	$
City, State, Zip Code: Madison, MS	/ /	$
Name of Employer (Required): Reddix Medical Group	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Odom Investments	3/24/14	$ 500.00
Mailing Address: 6128 Hanging Moss	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): N/a	/ /	$
Occupation (Required): Property Manager	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EUA - Fred Proter	3/24/14	$ 500
Mailing Address: 829 Woodlake DR	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Educators	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Melvin Priester JR

Reporting period 1-1-14 through 3-24-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Alex Geralyn Thomas	3/24/14	$ 300
Mailing Address: P.O. Box 11804		$
City, State, Zip Code: Jackson, MS 39283		$
Name of Employer (Required): Retired / Educator		$
Occupation (Required): Professional	Aggregate year-to-date	$ 300.
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Peterson Group	3/25/14	$ 250.
Mailing Address: 310 Edgewood Terrace		$
City, State, Zip Code: Jackson, MS		$
Name of Employer (Required): Law Firm		$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Percy Bland State Farm	3/25/14	$ 300.
Mailing Address: 1602 24th St		$
City, State, Zip Code: Meridian, MS		$
Name of Employer (Required): State Farm		$
Occupation (Required): Ins. Agency	Aggregate year-to-date	$ 300.
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert McNish	3/21/14	$ 500.
Mailing Address: 10079 Hillside Dr		$
City, State, Zip Code: Scottsdale, AZ 85255		$
Name of Employer (Required): Self		$
Occupation (Required):	Aggregate year-to-date	$ 500.

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Name of Candidate or Committee Melvin Priester Sr.

Reporting period 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: Zach & Mary Taylor Mailing Address: 190 E. Capitol St City, State, Zip Code: Jackson, MS 39201 Name of Employer (Required): Jones Walker Occupation (Required): Atorney	3/29/14	$ 250.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) Full name: Alan Walters Mailing Address: 1514 Riverwood Dr City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): First Commercial Occupation (Required): Banker	3/29/14	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 500.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Radiation Medical Group Mailing Address: 5903 Ridgewood Rd City, State, Zip Code: Jackson, MS 39211 Name of Employer (Required): N/A Occupation (Required): N/A	3/29/14	$ 500.00
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$ 500.00
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	☐/☐/☐	$
	Aggregate year-to-date	$

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14 APR -1 PM 4:46

Name of Candidate or Committee: Melvin J Priester

Reporting period: 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)		
Full name: Donovan Drake	☐/☐/☐	$ 250.00
Mailing Address: 85 Cypress Place	☐/☐/☐	$
City, State, Zip Code: Sausalito, CA	☐/☐/☐	$
Name of Employer (Required): Free Range Games	☐/☐/☐	$
Occupation (Required): Game Developer	Aggregate year-to-date	$ 250
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brant Hazzard	3/25/14	$ 1000.00
Mailing Address: 2501 River Oaks Blvd	☐/☐/☐	$
City, State, Zip Code: Jackson, MS	☐/☐/☐	$
Name of Employer (Required): Self	☐/☐/☐	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hap Owens	☐/☐/☐	$ 2.50
Mailing Address: 2229 Wild Valley DR	☐/☐/☐	$
City, State, Zip Code: Jackson, MS	☐/☐/☐	$
Name of Employer (Required): Self	☐/☐/☐	$
Occupation (Required): Communications Art director	Aggregate year-to-date	$ 250
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Control Brown	3/29/14	$ 2.50
Mailing Address: 214 Hancock St	☐/☐/☐	$
City, State, Zip Code: New York, NY 11216	☐/☐/☐	$
Name of Employer (Required): Pratt Spectrum	☐/☐/☐	$
Occupation (Required): Architect	Aggregate year-to-date	$ 2.50

Name of Candidate or Committee Melvin Priester JR for Mayor

Reporting period 1-1-2014 through 3-29-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ANNA MAKANJU	3/30/☐	$ 250.00
Mailing Address: 1304 Park Rd NW	☐/☐/☐	$
City, State, Zip Code: Washington, DC	☐/☐/☐	$
Name of Employer (Required): Dept of Defense	☐/☐/☐	$
Occupation (Required): Chief of Staff - Atty	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Cory	3/30/14	$ 1,000.00
Mailing Address: 213 S Lamar St	☐/☐/☐	$
City, State, Zip Code: Jackson, MS	☐/☐/☐	$
Name of Employer (Required): Baker Cory	☐/☐/☐	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00
C. Source ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cayce Pittman	3/27/14	$ 1,000
Mailing Address: 410 S. President St	☐/☐/☐	$
City, State, Zip Code: Jackson MS 39201	☐/☐/☐	$
Name of Employer (Required): Self	☐/☐/☐	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BANCorpSouth	3/25/14	$ 500.00
Mailing Address: 325 E. Capitol	☐/☐/☐	$
City, State, Zip Code: Jackson, MS 39201	☐/☐/☐	$
Name of Employer (Required): N/A	☐/☐/☐	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Melissa Priester JD

Reporting period 1-1-14 through 3-29-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Burk-Kleinpeter Inc.	3 / 26 / 14	$ 500
Mailing Address: 2660 Ridgewood Rd	/ /	$
City, State, Zip Code: Jackson MS	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

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Name of Candidate or Committee Committee to Elect Melvin Prieter JR

Reporting period January 1, 2014 through March 29, 2014

ITEMIZED DISBURSEMENTS

A. Full name Best Buy Mailing Address County Line Rd City, State, Zip Code Jackson, MS Purpose of Disbursement (Optional) Telephones	Date (Mo., Day, Year) 3/10/14 3/10/14 Aggregate Year-to-date	Amount of each disbursement this period $ 437.95 $ 87.59 $ 525.54
B. Full name Lamar Outdoor Mailing Address P.O. Box 96030 City, State, Zip Code Baton Rouge, LA 70896 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/15/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 4705.00 $ $ 4705.00
C. Full name Ron the Sign Man Mailing Address 10016 Navarre Parkway City, State, Zip Code Navarre, Fl 32566 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/10/14 3/20/14 Aggregate Year-to-date	Amount of each disbursement this period $ 12,750.00 $ 2000.00 $ 14,750.
D. Full name Tadlock Print Work Mailing Address Stall 4-133 Millsaps Ave City, State, Zip Code Jackson, Ms 39202 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/8/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1300.00 $ $ 1300.00
E. Full name Borrowed Products Mailing Address 133 Millsaps Ave City, State, Zip Code Jackson, Ms 39202 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/10/14 3/23/14 Aggregate Year-to-date	Amount of each disbursement this period $ 1,000.00 $ 1500.00 $ 2500.00
F. Full name Josh Haley Stapp Mailing Address 1333 E. NS Drive City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/10/14 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 400.00 $ $ 400.00

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Name of Candidate or Committee Melvin V. Priester Jr

Reporting period 1-1-14 through 3-29-14

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: SAM's Club Mailing Address: City, State, Zip Code: JACKSON, MS Purpose of Disbursement (Optional):	3/11/14	$ 92.61
	3/21/14	$ 21.01
	Aggregate Year-to-date	$ 113.62
B. Full name: Sid's First Mailing Address: 4950 I-55 N City, State, Zip Code: JACKSON, MS 39211 Purpose of Disbursement (Optional):	3/11/14	$ 10.80
	__/__/__	$
	Aggregate Year-to-date	$ 10.80
C. Full name: WKXI-Radio Mailing Address: 731 S. Pear Orchard Rd City, State, Zip Code: Ridgeland, MS 39157 Purpose of Disbursement (Optional):	3/12/14	$ 35.15.60
	3/20/14	$ 2500.00
	Aggregate Year-to-date	$ 6015.60
D. Full name: Southern Freight Mailing Address: P.O. Box 1691 City, State, Zip Code: Columbia, S.C 29202 Purpose of Disbursement (Optional):	3/11/14	$ 549.47
	3/13/14	$ 342.06
	Aggregate Year-to-date	$
E. Full name: WMPR Mailing Address: 1018 Pecan Park Cir. City, State, Zip Code: Jackson, MS 39209 Purpose of Disbursement (Optional):	3/12/14	$ 700.00
	__/__/__	$
	Aggregate Year-to-date	$ 700.00
F. Full name: ASAP Mailing Address: 2801 Bayfair Dr. City, State, Zip Code: Flowood MS 39232 Purpose of Disbursement (Optional):	3/13/14	$ 1682.00
	3/13/14	$ 5000.00
	Aggregate Year-to-date	$ 6682.00

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Name of Candidate or Committee Melvin Priester Jr for Mayor

Reporting period 1-1-14 through 3-29-14

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: WAPT Mailing Address: 7616 Channel 16 Way City, State, Zip Code: Jackson, MS 39209 Purpose of Disbursement (Optional)	3/13/14	$ 5920.25
	—/—/—	$
	Aggregate Year-to-date	$ 5920.25
B. Full name: WLBT Mailing Address: 715 S Jefferson St City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional)	3/12/14	$ 3931.25
	3/20/14	$ 5911.75
	Aggregate Year-to-date	$ 9843.00
C. Full name: TNT Printing Mailing Address: 700 S State St City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional)	3/12/14	$ 508.00
	—/—/—	$
	Aggregate Year-to-date	$ 508.00
D. Full name: Jackson Advocate Mailing Address: 100 W Hampton St City, State, Zip Code: Jackson, MS 39206 Purpose of Disbursement (Optional)	3/20/14	$ 900.00
	3/18/14	$ 500.00
	Aggregate Year-to-date	$ 1400.00
E. Full name: Lowritha Baber Mailing Address: 280 Fairfield Dr City, State, Zip Code: Jackson, MS 39206 Purpose of Disbursement (Optional)	3/21/14	$ 1000.00
	3/29/14	$ 600.00
	Aggregate Year-to-date	$ 1600.00
F. Full name: MS Link Mailing Address: 2659 Livingston Rd City, State, Zip Code: Jackson, MS 39213 Purpose of Disbursement (Optional)	3/18/14	$ 400.00
	—/—/—	$
	Aggregate Year-to-date	$ 400.00

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Name of Candidate or Committee Melvin Priester

Reporting period 1-1-14 through 3-29-14

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: ASAP Printing Mailing Address: 2801 Layfair Dr City, State, Zip Code: Flowood Purpose of Disbursement (Optional)	3/26/14	$ 161.59
	3/28/14	$ 411.82
	Aggregate Year-to-date	$ 573.41
B. Full name: WAPT Mailing Address: 7616 Channel Way City, State, Zip Code: Jackson, MS Purpose of Disbursement (Optional)	3/28/14	$ 246.50
	__/__/__	$
	Aggregate Year-to-date	$ 246.50
C. Full name: ASAP Printing Mailing Address: 2801 Layfair Dr City, State, Zip Code: Flowood, MS Purpose of Disbursement (Optional)	3/21/14	$ 1130.20
	__/__/__	$
	Aggregate Year-to-date	$ 1130.20
D. Full name: McMillian Stamp Mailing Address: 145 Millsaps Ave City, State, Zip Code: Jackson, MS 39202 Purpose of Disbursement (Optional)	3/21/14	$ 452.30
	3/26/14	$ 226.80
	Aggregate Year-to-date	$ 452.30
E. Full name: Southern Freight Mailing Address: P.O. Box 1691 City, State, Zip Code: Columbia, SC 29202 Purpose of Disbursement (Optional)	3/28/14	$ 209.53
	__/__/__	$
	Aggregate Year-to-date	$ 209.53
F. Full name: United States Post Office Mailing Address: Maywood Mart City, State, Zip Code Purpose of Disbursement (Optional) Postage	3/26/14	$ 294.00
	__/__/__	$
	Aggregate Year-to-date	$ 294.00

Name of Candidate or Committee Melvin Priester

Reporting period 1-1-14 through 3-29-14

ITEMIZED DISBURSEMENTS

A. Full name: Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 4950 - I-55 North	3/14/14	$ 83.14
City, State, Zip Code: Jackson, MS	3/27/14	$ 352.75
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 435.89
B. Full name: Home Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 4955 - I-55 North	3/14/14	$ 29.35
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 29.35
C. Full name: Lenny's Sub Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 2829 N. State St	3/24/14	$ 54.45
City, State, Zip Code: Jackson, MS 39216	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 54.45
D. Full name: Eric Clowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 2615 Holmes Ave	3/21/14	$ 140.00
City, State, Zip Code: Jackson, MS 39213	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 140.00
E. Full name: Earl Clowers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 2615 Holmes Ave	3/14/14	$ 500.00
City, State, Zip Code: Jackson, MS 39213	3/21/14	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
F. Full name: Fondren Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 3502 N. State St	3/28/14	$ 90.00
City, State, Zip Code: Jackson, MS 39216	3/28/14	$ 180.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 270.00

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Name of Candidate or Committee Melvin Priester

Reporting period 1-1-14 through 3-29-14

ITEMIZED DISBURSEMENTS

A. Full name Sandy McCall Mailing Address 1368 Hollowman Ave City, State, Zip Code Jackson, McCall 39213 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 3/22/14 3/31/__ Aggregate Year-to-date	Amount of each disbursement this period $ 500.00 $ 500.00 $ 1000
B. Full name WLBT Mailing Address 715 S. Jefferson City, State, Zip Code Jackson, MS 39201 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 765.00 $ $ 10,608
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $

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