

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

Name of Committee Committee to Elect Robert A. Zumbado
 Address 3234 Maplewood Blvd County Hinds
 Telephone 601-362-0013 Fax 601-362-0021
 Treasurer Berry W. Howard Email Address bwhoward@bellgrove.net

Check here if above is different from previous report

- 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	\$91,543.10 + \$10,276.67	\$101,819.77	\$224,965.57
Total amount of disbursements	\$81,523.25 + \$3,244.10	\$84,817.95	\$169,570.30
Total amount of cash on hand	33,815.64	\$33,815.64	Amount not included in total cash

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 Director or Treasurer [Signature] Date 4/15/14

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 601-578-2545
 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.

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Name of Candidate or Committee Charles A. Lumbata

Reporting period 3/30/14 through 4/12/14

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>John Rahilly</u>	<u>4/12/14</u>	\$ <u>1941.70</u>
Mailing Address <u>8422 Crown Rd</u>	<u>4/12/14</u>	\$ <u>2427.20</u>
City, State, Zip Code <u>Hampton VA 23666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>4368.90</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 <u>Richard L. Schwartz</u>	<u>3/7/14</u>	\$ <u>485.20</u>
Mailing Address <u>388 Atlantic Dr. 3rd Floor</u>	<u>3/20/14</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Brooklyn NY 11216</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>985.20</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Francis Buckley, Esq</u>	<u>4/2/14</u>	\$ <u>250.00</u>
Mailing Address <u>2221 W. Dallas St #200</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Hampton VA 23666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>SELF</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</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) _____		
Full name <u>DERRICK C. LAMON</u>	<u>4/4/14</u>	\$ <u>250.00</u>
Mailing Address <u>402 Harwood Pt</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39157</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>250.00</u>

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Name of Candidate or Committee Robert A. Linder
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan
 Other (please specify) LLC

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>William McElroy Family Friends, LLC</u>	<u>4/4/14</u>	\$ <u>1375.00</u>
<u>4800 Top Willow Circle</u>	<u>4/2/14</u>	\$ <u>1,000.00</u> <i>In Kind</i>
<u>Jordan MS 39206</u>		\$
<u>Occupation (Required)</u>	<u>Aggregate year-to-date</u>	\$ <u>2375.00</u>

B. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Barry Wayne Howard</u>	<u>4/4/14</u>	\$ <u>1000⁰⁰</u>
<u>104 Derby Dr.</u>		\$
<u>Nasham MS 39110</u>		\$
<u>SELF</u>		\$
<u>Occupation (Required)</u>	<u>Aggregate year-to-date</u>	\$ <u>1000⁰⁰</u>

C. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Dr. Stanley J. Sims</u>	<u>4/4/14</u>	\$ <u>1,100⁰⁰</u>
<u>500 F. E. Woodson Wilson Ave</u>		\$
<u>Jordan MS 39216</u>		\$
<u>SELF</u>		\$
<u>Occupation (Required)</u>	<u>Aggregate year-to-date</u>	\$ <u>1,100⁰⁰</u>

D. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Jeffrey Stalenth</u>	<u>4/4/14</u>	\$ <u>1,000⁰⁰</u>
<u>6286 Hays Trl Rt 1 JACKSON, MS</u>		\$
<u>Jordan MS 39206</u>		\$
<u>NAME and Address</u>		\$
<u>Occupation (Required)</u>	<u>Aggregate year-to-date</u>	\$ <u>1,000⁰⁰</u>

Name of Candidate or Committee Robert A. Lumbard
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Gregory R. Borker</u>	<u>4/4/14</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 356</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>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walker Group, PC</u>	<u>4/4/14</u>	\$ <u>1,000</u>
Mailing Address <u>1410 Livingston Lane Ste A</u>	/ /	\$
City, State, Zip Code <u>Jackson MS 39213</u>	/ /	\$
Name of Employer (Required) <u>SELF</u>	/ /	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. 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 <u>Frontier Village Lely, Inc.</u>	<u>4/4/14</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 83040</u>	/ /	\$
City, State, Zip Code <u>Jackson MS 39203</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Janette C. Pinner</u>	<u>4/12/14</u>	\$ <u>250.00</u>
Mailing Address <u>1533 Raymond Rd. Apt 20</u>	/ /	\$
City, State, Zip Code <u>Jackson MS 39204</u>	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>250.00</u>

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Name of Candidate or Committee Charles A. Lomaha

Reporting period 3/30/14 through 4/2/14

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Charlomet Labor Federal Bank</u>	<u>4/1/14</u>	\$ <u>500.00</u>
Mailing Address <u>1615 St. Philip Street</u>		\$ _____
City, State, Zip Code <u>New Orleans, LA 70116</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Doban Sales</u>	<u>3/18/14</u>	\$ <u>400.00</u>
Mailing Address <u>200 Riverport Dr. #18K</u>		\$ _____
City, State, Zip Code <u>Detroit, MI 48226</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Cristina Guerrero</u>	<u>4/2/14</u>	\$ <u>250.00</u>
Mailing Address <u>3612 Anner St.</u>		\$ _____
City, State, Zip Code <u>London TX 77103</u>		\$ _____
Name of Employer (Required) <u>Self</u>		\$ _____
Occupation (Required) <u>Employer</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>U.S. Consolidated, Inc</u>	<u>4/1/14</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 20023</u>		\$ _____
City, State, Zip Code <u>Jackson MS 39287</u>		\$ _____
Name of Employer (Required)		\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee Charles A. Lumber
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>CCC</u>		
Full name <u>Denton Law Firm</u>	<u>4/4/14</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 23144</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Jackson MS 39225</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Chester Engle's</u>	<u>4/3/14</u>	\$ <u>1,000.00</u>
Mailing Address <u>1555 Corvallis Heights Rd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Main Trp, Pennsylvania 15108</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. 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>Marilyn H. Marshhead Trk</u>	<u>4/6/14</u>	\$ <u>300.00</u>
Mailing Address <u>8850 Boyne City Rd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code <u>Charlevoix, MI 49720</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="checkbox"/>

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Name of Candidate or Committee Chabone A. Zimmerman

Reporting period 3/30/14 through 4/2/14

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>Dr. Ted J. Watson</u>		<u>4/6/14</u>	\$ <u>1,000</u>
Mailing Address <u>4671 Hwy 18</u>		□ / □ / □	\$ _____
City, State, Zip Code <u>Brandon MS 39042</u>		□ / □ / □	\$ _____
Name of Employer (Required) <u>Solid Rock Structural</u>		□ / □ / □	\$ _____
Occupation (Required) <u>ROSTER</u>		Aggregate year-to-date	\$ <u>1,300.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>EMC</u>		<u>4/8/14</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 1404</u>		□ / □ / □	\$ _____
City, State, Zip Code <u>Brandon MS 39046</u>		□ / □ / □	\$ _____
Name of Employer (Required)		□ / □ / □	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
C. 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>John Darnik</u>		<u>4/8/14</u>	\$ <u>500.00</u>
Mailing Address <u>Unknown</u>		□ / □ / □	\$ _____
City, State, Zip Code		□ / □ / □	\$ _____
Name of Employer (Required)		□ / □ / □	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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		□ / □ / □	\$ _____
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 Chloe A. Lumbas
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. 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 <u>BJA Management and Technical Services</u>	<u>4/1/14</u>	\$ <u>1,000</u>
Mailing Address <u>912 N. Wood St.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39202</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris Walker</u>	<u>3/31/14</u>	\$ <u>591.00</u>
Mailing Address <u>5804 Kristen Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>591.00</u>
C. 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 <u>LPS, LLC</u>	□ / □ / □	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 16051</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39236</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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 <u>JACKSON, MS</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>CITY CLERK</u>	□ / □ / □	\$ _____
Occupation (Required) <u>RECEIVED</u>	Aggregate year-to-date	\$ _____

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Name of Candidate or Committee Chlorine A. Lumbard
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Dwight Vitz</u>	<u>4/7/14</u>	\$ <u>500.00</u>
Mailing Address <u>712 Sherwood Drive</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39216</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Volkert</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Bridge Engineer</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Subhan Rashid</u>	<u>4/8/14</u>	\$ <u>300.00</u>
Mailing Address <u>3946 Azalea Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39206</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Laborers, PAC</u>	<u>4/7/14</u>	\$ <u>2,000.00</u>
Mailing Address <u>1990 Pleasant Ave</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39203-6234</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</u>
D. 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>Halbert E. Dockins, JR</u>	<u>4/9/14</u>	\$ <u>300.00</u>
Mailing Address <u>6520 Drywood View Parkway, Suite B</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39213</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</u>

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Name of Candidate or Committee Charles A. Lumsden
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Owens Moss PLLC</u>	<u>4/7/14</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 808</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>PA7 Alexander</u>	<u>4/7/14</u>	\$ <u>300.00</u>
Mailing Address <u>1435 Fourth Ave.</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson MS 39203-2413</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Michael W. Walker, Esq.</u>	<u>3/30/14</u>	\$ <u>750.00</u>
Mailing Address <u>580 Washington Avenue</u>	□ / □ / □	\$
City, State, Zip Code <u>Brooklyn, NY 11238-2705</u>	□ / □ / □	\$
Name of Employer (Required) <u>self</u>	□ / □ / □	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>750.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Evony Phillips</u>	<u>4/4/14</u>	\$ <u>400.00</u>
Mailing Address <u>334 Forest Ave</u>	□ / □ / □	\$
City, State, Zip Code <u>Jackson MS 39206</u>	□ / □ / □	\$
Name of Employer (Required) <u>JACKSON MS CITY CLERK RECEIVED</u>	□ / □ / □	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>900.00</u>

Name of Candidate or Committee Chabre A. Lomena
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sabiston Consultants LLC</u>	<u>4/10/14</u>	\$ <u>500.00</u>
Mailing Address <u>501 Basin St Ste. F</u>	□ / □ / □	\$
City, State, Zip Code <u>New Orleans, LA 70112</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>James Dimick</u>	<u>4/2/14</u>	\$ <u>250.00</u>
Mailing Address <u>4112 Fernway St</u>	□ / □ / □	\$
City, State, Zip Code <u>Houston TX 77004</u>	□ / □ / □	\$
Name of Employer (Required) <u>self</u>	□ / □ / □	\$
Occupation (Required) <u>cashier</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. 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 <u>Tony L. Council</u>	<u>4/2/14</u>	\$ <u>500.00</u>
Mailing Address <u>10902 Cranbrook Rd.</u>	□ / □ / □	\$
City, State, Zip Code <u>Houston, TX 77042</u>	□ / □ / □	\$
Name of Employer (Required) <u>self</u>	□ / □ / □	\$
Occupation (Required) <u>Att</u>	Aggregate year-to-date	\$ <u>500.00</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 <u>Atul Raj</u>	<u>4/2/14</u>	\$ <u>250.00</u>
Mailing Address <u>15 Greenway Plaza Unit 1250</u>	□ / □ / □	\$
City, State, Zip Code <u>Houston TX 77046</u>	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>250.00</u>

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Name of Candidate or Committee Quality Communities Inc.
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>Quality Communities, Inc.</u>	<u>4/10/14</u>	\$ <u>1,000</u>
Mailing Address <u>3510 DeKalb Technology Park Suite 165</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Atlanta GA 30340</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Rudy Warnock</u>	<u>4/10/14</u>	\$ <u>4,000⁰⁰</u>
Mailing Address <u>P.O. Box 1623</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Contra MS 39046</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>4,000⁰⁰</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warnock and Associates, LLC</u>	<u>4/11/14</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 1623</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Contra MS 39046</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Andrew Jenkins</u>	<u>4/11/14</u>	\$ <u>5,000</u>
Mailing Address <u>116 Highland Meadow Rd</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flora MS 39071</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>CLERK</u>	Aggregate year-to-date	\$ <u>5,000</u>

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Name of Candidate or Committee Arthur A. Lomax

Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Joe H. Sheddall</u>	<u>4/10/14</u>	\$ <u>2,000</u>
Mailing Address <u>201 Ivy Brook Ct</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Tracy, MS 39110-6517</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self-employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>2,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Thomas W. Alexander</u>	<u>4/7/14</u>	\$ <u>300.00</u>
Mailing Address <u>2511 Hamrick Ave</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39209</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Hibbett Neal</u>	<u>4/11/14</u>	\$ <u>2,000</u>
Mailing Address <u>P.O. Box 22625</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39225-2625</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self-employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>2,500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Johnny A. Tates</u>	<u>4/2/14</u>	\$ <u>250.00</u>
Mailing Address <u>15123 Oldman Bridge Ct</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Sugar Land, TX 77498</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self-employed</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>250.00</u>

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Name of Candidate or Committee John A. Landa

Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>TK Hawthorn Agency Inc</u>	<u>2</u> / <u>3</u> / <u>14</u>	\$ <u>100.10</u>
Mailing Address	<u>818 Howard Ave Ste 300</u>		\$ _____
City, State, Zip Code	<u>New Orleans, LA 70113</u>		\$ _____
Name of Employer (Required)			\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>100.10</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>LLC</u>			
Full name	<u>Bryant Hewitt + Partners LLC</u>	<u>7</u> / <u>7</u> / <u>14</u>	\$ <u>500.00</u>
Mailing Address	<u>6875 Hwy 84 W</u>		\$ _____
City, State, Zip Code	<u>Ferriday, LA 71334</u>		\$ _____
Name of Employer (Required)			\$ _____
Occupation (Required)	<u>Engineer</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>PLC</u>			
Full name	<u>Bennet Law Firm</u>	<u>4</u> / <u>2</u> / <u>14</u>	\$ <u>350.00</u>
Mailing Address	<u>1776 Yorktown, Suite 100</u>		\$ _____
City, State, Zip Code	<u>Shelby, TN 37056</u>		\$ _____
Name of Employer (Required)			\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>350.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>PLC</u>			
Full name	<u>The Smith Law Firm</u>	<u>7</u> / <u>2</u> / <u>14</u>	\$ <u>300.00</u>
Mailing Address	<u>2429 Summit H. JACKSON MS</u>		\$ _____
City, State, Zip Code	<u>Shelby, TN 37054</u>		\$ _____
Name of Employer (Required)			\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

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Name of Candidate or Committee Chare A. Zimmerman

Reporting period 3/30/14 through 4/2/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>James Matthew Syfas</u>	<u>4/2/14</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>5318 Colburn Road,</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hampton, TX 77021</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Kirby Anderson</u>	<u>4/2/14</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>20619 Imperial Oaks Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Magdalena, TX 77355</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Kaslyn J. Gazzelle</u>	<u>4/2/14</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3424</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hampton, TX 77023</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>SELF</u>	□ / □ / □	\$ _____
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" 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 <u>Zephyr Green Campaign</u>	<u>4/2/14</u>	\$ <u>1,000</u>
Mailing Address <u>3401 Louisiana St Suite 200 JACKSONVILLE</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hampton, TX 77002</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>RECEIVED CITY CLERK APR 15 PM 4:36</u>	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee Charles A. Sumner
 Reporting period 3/30/14 through 4/12/14

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Charlotte Reams</u>	<u>4/11/14</u>	\$ <u>2,000.00</u>
Mailing Address <u>P.O. Box 23278</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39225-3278</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Self A-E Realty</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Real Estate Broker</u>	Aggregate year-to-date	\$ <u>2,500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee Bush II</u>	<u>4/6/14</u>	\$ <u>242.85</u>
Mailing Address <u>432 Buena</u>	<u>4/7/14</u>	\$ <u>727.95</u>
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 checked="" 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 <u>Margot Seigle</u>	<u>4/6/14</u>	\$ <u>970.70</u>
Mailing Address <u>14N844 Loc. D. Beatrice</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>West Dundee, IL 60118</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>970.70</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 <u>Maurice Bovee</u>	<u>4/6/14</u>	\$ <u>242.85</u>
Mailing Address <u>38 Kettering Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Upper Marlboro, MD 20774</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>242.85</u>

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