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

Councilman Ward 1

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Name of Candidate KICNW & Seller 5		RECEIVED		
Address 5155 McCoy Dr. Jackson, MS3	9211County Hinds	CITY CLERK		
Office Sought Jackson City Councilman - Word	Email Address Rich	ar Agellers @ Kve.com		
		•		
Check here if above is different from previous report		•		
November 25, 2014 Pre-Election Report (January 1, 2014 thro	ough November 22, 2014)	Mandatory		
December 9, 2014 Pre-Election Report (January 1, 2014 throu	igh December 6, 2014)	Runoff Candidates Only		
January 30, 2015 Annual Report (January 1, 2014 through De	cember 31, 2014)	Mandatory		
Termination Report (Candidate will no longer accept contributions or make Required to terminate reporting				
Campaign expenditures and has no outstanding campaign deb	t obligation)	ligations		
IMPORT	TANT			
(1) Pre-Election reports are mandatory, even if no contributions of shall submit a report indicating "0" (Zero) for total amount of	or expenditures have occurre reported contributions and e	ed. In such case, the candidate xpenditures during this period.		
(2) Until a Candidate files a Termination Report, annual and period Ann. § 23-15-807 (b) (ii) and (iii).	odic reports must still be filed	in accordance with Miss. Code		
(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 CONTRIBUT	IONS AND DISBURSEMENTS			
Itemized + Non-itemized =	This Period	Calendar Year-To-Date		
Total amount of contributions \$ 2305,34+\$	\$ 2305,34	\$ 2305,39		
Total amount of disbursements \$ 230534+\$	\$ 2305,39	\$ 2305,34		
Total amount of cash on hand	\$ 0			
I certify that I have examined this report and to the best of m	y knowledge and belief it is t	rue, accurate, and complete.		
<i>#/////////</i>		5-14		
Signature of Cardidate	Date			
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requ		or failure to submit velid reports shall		

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.

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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Name of Candidate or Committee	Richard Sellers
Reporting period 1-1-2014	through 11-22-20(4)

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 3 / 14	\$ 520.00
Richard Scilers Mailing Address		720,00
	9 1 18 1 14	\$ 352.06
5159 MCCoy Dr.		72.100
City, State, Zip Code	9/14/14	\$ 720,60
Jackson, MG 39211		\$ 720,60
Name of Employer (Required)	911914	¢ (1 d s //)
Rankin County School District		\$ 498.41
Occupation (Required)	Aggregate	\$
Teacher	year–to-date	Ψ
B. Source: Corporation PAC I Individual Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, rear)	this period
Full name	41 . 53 . W	
Budrad Seller 5 (Lentinued)	12/22/14	\$ 2,3,82
Mailing Address		
maining Addition	<u>□ </u>	\$
City, State, Zip Code		\$
Name of Employer (Required		\$
Occupation (Required)	Aggregate	\$ 24% 20
	4	Ψ 24/91 12/24
	year-to-date	\$ 2305.34
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date	Amount of each
	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Plame of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code P'ame of Employer (Required) Occupation [Required]	Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code P'ame of Employer (Required) Occupation [Required] D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code P'ame of Employer (Required) Occupation [Required]	Date (Mo., Day, Year)	Amount of each receipt this period \$ \$ Amount of each receipt this period
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Other (please specify) Full name Mailing Address City, State, Zip Code Cocupation [Required] D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$

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Richard Sellers.

Reporting period 1-1-2014

through 11-22-2014

ITEMIZED DISBURSEMENTS

A. Full name		
Jim Hendrix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5:06 Old Canton	1113114	\$ 520,00
City, State, Zip Code	/	S
Purpose of Disbursement (Optional)	Aggregate	\$ 520.00
Advertishment on Jackson Jambalaya	Year-to-date	920.
Nailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 45 Haydn Ave. City, State, Zip Code	9/18/14	\$ 352.06
	//	\$
Purpose of Disbursement (Optional) Pax man tor they and other from that items	Aggregate Year-to-date	\$ 352.06
C. Full name		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9804 Gray Blyd	4114114	\$ 720,60
City, State, Zip Code Lustin, Tx 78759		\$
Purpose of Disbursement (Optional)	Aggregate	
Yand Sign 5	Year-to-date	\$ 720.60
D. Full name Politicallawn Signs. Com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9,10,114	\$ 11 0 6 1
City, State, Zip Code	9/19/14	\$ 498.91
Negnah, WI 54956 Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional) Yand Si gwy	Aggregate Year-to-date	\$ 448,91
E. Full name	Date	Amount of each
Fucebook Ads Team	(Mo., Day, Year)	disbursement this period
Po Box 10005. Pale Alto, Ca	11/22/14	\$ 214.04 \$2 13.82
City, State, Zip Code Pale Alto (A 94303		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 214.0 \$ 1213.82
F. Fuli name	Date	Amount of each
r. Full harte	(Mo., Day, Year)	disbursement this period
Mailing Address	(Mo., Day, Year)	\$
	(Mo., Day, Year)	