

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election

Name of Candidate ASHBY M. Foote III
 Address 4714 CALVITA PLACE, JACKSON, MS 39211
 Telephone (Work) 601-981-1773 (Home) 601-918-1716 (Fax) _____
 Contact Name ASHBY Foote Email Address ashby@vectormm.com
 Office Sought CITY COUNCIL WARD 1 Political Party (if any) Republican

☐ Check here if above information is different from previous report

TYPE OF REPORT

_____ Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017) Primary Pre-Election Report
 _____ Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017) Primary Pre-Runoff Election Report
 _____ Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*) Pre-Election Report
 ✓ _____ Wednesday, January 31, 2017³ (January 1, 2017⁶, through December 31, 2017⁶) Annual Report
 _____ 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) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, May 30, 2017 is April 23, 2017, through May 6, 2017.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	2500 ⁰⁰	+	\$ —	\$ 2500	\$ 2500
Total amount of disbursements \$	540 ⁰⁰	+	\$ 578 ⁰⁰	\$ 1058	\$
Total amount of cash on hand				\$ 3,400 ⁰⁰	

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 Candidate

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee

ASHBY Fook

Reporting period

1 JANUARY 2016 through 31 December 2016

ITEMIZED DISBURSEMENTS

17 FEB -6 PM 5:12

RECEIVED
CLERK
15

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>INNOVATE MISSISSIPPI</u>	<u>2/16/17</u>	\$ <u>300⁰⁰</u>
Mailing Address		
<u>134 MARKET RIDGE DR.</u>		
City, State, Zip Code		
<u>RIDGELAND, MS 39157</u>	<u>2/16/17</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>GALA EVENT TICKETS</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ARISTOTLE.COM</u>	<u>2/26/17</u>	\$ <u>240⁰⁰</u>
Mailing Address		
<u>WWW.ARISTOTLE.COM</u>		
City, State, Zip Code		
	<u>2/26/17</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>CAMPAIGN SOFTWARE</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
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee ASHLEY FOOTE
 Reporting period 1/1/2016 through 12/31/2016

ITEMIZED RECEIPTS

RECEIVED
 CITY CLERK
 JACKSON, MS
 FEB-6 PM 5:12

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>J WEST CONTRACTORS LLC</u>		<u>11</u> / <u>30</u> / <u>16</u>	\$ <u>2500</u>
Mailing Address <u>P.O. Box 13412</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </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) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. 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 _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </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 _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>