REPORT OF RECEIPTS AND DISBURSEMENTS

2017 Municipal Election

Name of Candidate DEKEITHER STAMPS	CONTROLAMP CONTROL
Address 396 WOODCLIFF DRIVE JACKSON, MS 39212	200 F.
Telephone (Work)(Home) 559.335-3484(Fax) 855-3	35-3484
Contact Name DEKEITHER STAMPS Email Address DEKEITHER STAMPS	
Office Sought CITY COUNCIL WARD 4 Political Party (if any) DEMOCRATIC P	ACTY
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)	imary Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)	re-Runoff Election Report
Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*)	Pre-Election Report
Wednesday, January 31, 2018 (January 1, 2017, through December 31, 2017)	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	
*For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesda through May 6, 2017.	ay, May 30, 2017 is April 23, 2017,
(2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period.	such case, the candidate shall
(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 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 fi deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.	.m. on the reporting day. If the irst working day <i>before</i> the
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-Itemized This Period	Calendar year-to-date
Total amount of contributions \$ 7900. # +\$ 2825. # \$ 10,725. #	\$ 10,725. =
Total amount of disbursements \$ 5360.50 +\$ 3541.61 \$ 8902.11	\$ 8.902.=

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

Signature of Candidate

Total amount of cash on hand

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).

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

Name of Candidate	or Committee	DEKEITHER S	TAMES
Reporting period	1-1-17	through	4-22-17

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
RAINBOW ENTERNIES, INC	13/17	\$ 500.=
Mailing Address		1300.
		\$
City, State, Zip Code		* 1
		\$
JACKSUM, MS 39213		4
Name of Employer (Required)		
RAMBOW ENTERNES, INC.		\$
Occupation (Required)	Aggregate	e [= 2 2 2]
HOTEL DWDER	year-to-date	\$ 500. =
B. Source: Teorporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	7 2 6	
KIRITKUMAR DESAL GAMENTERPEUSES, INC	12/13/19	\$ 500.00
Mailing Address		
11790 m (a) AD FILLAG PILLA		\$
City, State, Zip Code		,
		\$
JACKSON, MS 39213		Ψ Ι
Name of Employer (Required)		\$
STAR MUTEL	<u> </u>	4
Occupation (Required)	Aggregate	e -
HOTEL OWNER	year-to-date	\$ 500.72
C. Source Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	তি ভি ভ	
YOUGI JACKSON, INC	21317	\$ 500.3
Mailing Address		
3173 W MORTHSIDE ORIVE		\$
City, State, Zip Code		
JACKSON, MS 39213		\$
Name of Employer (Required)		
PALACEIAN		\$
Occupation (Required)		
HOTEL OWNER	Aggregate year–to-date	\$ 500. =
D. Source: Corporation PAC Individual Loan	year-to-date	
5. Soulde. Solpoiation Ao Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	-	tilis period
HEMANT PATEL SW MOSKSYOF 63	21317	\$ 500,00
Mailing Address H8370 A119	passes passes	13001 _
201 Boung Street UBA1338	1 1	\$
City, State, Zip Code		
JACKSON, MS 39209 61:1 Nd SZ 84V L1	1 1	\$
Name of Employer (Required)		-
CROWN ENTERPEUG, INC	1 1 1	\$
Occupation (Required)	Aggrageta	ê
HOTEL OWNER	Aggregate year–to-date	\$ 500.5
	y car to-date	

Name of Candidate or Committee	DEKETHER STAMPS
Reporting period 1/1/17	through 4/22/17

Full name TRILOGY ENGINEERING SERVICES, LLC, Mailing Address ESD A SAM HOUSTON PRWY E SUITE 108 City, State, Zip Code HOUSTON, TX 77060 Name of Employer (Required) TRILOGY ENGINEERING Occupation (Required) FOR CITY CONTROL FULL Name TNTECRATEO MANAGEMENT SERVICES, TNC. Walling Address I J J T \$ 1,000,000 TALKSON, MS 39301 Name of Employer (Required) ENGINEERING CONTRAY C. Source Corporation PAC Individual Loan Other (please specify) Other (please specify) TNTECRATEO MANAGEMENT SERVICES, TNC. Occupation (Required) ENGINEERING CONTRAY C. Source Corporation PAC Individual Loan Date (Mio., Day, Year) **INDIVIDUAL STREET City, State, Zip Code TALKSON, MS 39301 Name of Employer (Required) ENGINEERING CONTRAY C. Source Corporation PAC Individual Loan Date (Mio., Day, Year) **INDIVIDUAL STREET City, State, Zip Code TALE, Contray Contray C. Source Corporation PAC Individual Loan Date PSI - GA, LLC. Mailing Address UNIO. Day, Year) **INDIVIDUAL STREET City, State, Zip Code TALL. Amount of each receipt This period TITY STREET Amount of each receipt This period TITY STREET TITY ST	A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address LSD	Full name	77 - 17 E	
SON SAM HOUSTON PKWY E SUITE 108	TRILOGY ENGINEERING SERVICES, LLC.	19/19/11/	\$ 250,00
City, State, Zip Code HOUSTON, TX 77060 Name of Employer (Required) TRILOGY ENGINEERING B. Source: Individual Loan Other (please specify) Full name TATEGRATEO MANAGEMENT SERVICES, TAC. Namiling Address I Ab AMITE STREET City, State, Zip Code TACKSON, MS 39201 Name of Employer (Required) ENGINEERING COMPANY C. Source: Individual Loan Date (Mo., Day, Year) TATEGRATEO MANAGEMENT SERVICES, TAC. Aggregate year-to-date \$ 1,000,000 Aggregate year-to-date \$ 1,000,000 Aggregate year-to-date \$ 1,000,000 Amount of each receipt this period TACKSON, MS 39201 Name of Employer (Required) ENGINEERING COMPANY C. Source: Individual Loan Date (Mo., Day, Year) The GRATEO MANAGEMENT SERVICES, TAC. Mailing Address Up 1	Mailing Address		
City, State, Zip Code HOUSTON	650 1 SAM HOUSTON PIKLUY E SUITE 108	<u> </u>	\$
Name of Employer (Required) TRUCKS Comparation PAC Individual Loan	City, State, Zip Code		
Name of Employer (Required) Engineer (Required) Full name The Code State of Employer (Required) Engineer (Required) The Code State of Employer (Required) Engineer (Required) The Code State of Employer (Required) The Code State of Employer (Required) The Code (Mo., Day, Year) The C	HOUSTON, TX 77060	<u> </u>	\$
Aggregate year-to-date SOUTE SOU	Name of Employer (Required)		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year)	TRILOGY ENGINEERING	1 1	\$
B. Source: Corporation PAC Individual Loan Tother (please specify) Full name The Street City, State, Zip Code The Street Coorporation PAC Individual Loan Saggregate year-to-date The Grant Company C. Source Corporation PAC Individual Loan Other (please specify) Full name The Grant Company C. Source Corporation PAC Individual Loan Mailing Address U. I. I. S. Aggregate year-to-date (Mo., Day, Year) Full name The Grant Company C. Source Corporation PAC Individual Loan Mailing Address U. I. I. S. Amount of each receipt this period The Grant Company Amount of each receipt this period The Grant Company Amount of each receipt this period The Grant Company Amount of each receipt this period The Grant Company Amount of each receipt part of the period of the period The Grant Company Amount of each receipt part of the period The Grant Company Amount of each receipt part of the period The Grant Company Aggregate year-to-date The Grant Company Aggregate year-to-date PSI - GA, LLC. Cocupation (Required) PSI - GA, LLC. Cocupation (Required) PAC Individual Loan Aggregate year-to-date Amount of each receipt Amount of each receipt	Occupation (Required)	Aggregate	
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)	Engineering Company		\$ 250.0
TOTHER (please specify) Full name TOTE RATEO MANAGEMENT SERVICES, TOC. Mailing Address [126 Am ITE STREET City, State, Zip Code TOTE RATEO MANAGEMENT SERVICES, TOC. Name of Employer (Required) TOTE RATEO MANAGEMENT SERVICES, TOC. Aggregate PAC Individual Loan Date (Mo., Day, Year) * [1, 000, 62] * [1, 1] * [1, 000, 62] * [1, 1] * [1, 000, 62] * [2, 1] * [Amount of each
Full name The control of this period Full name For an	Female Francis	The second secon	
Full name TNTCGRATED MANAGEMENT SERVICES, INC. Mailing Address I 26 Am ITE STREET City, State, Zip Code TNTEGRATED MANAGEMENT SERVICES, INC. Occupation (Required) ENGINEERING COMPANY C. Source Corporation PAC Individual Loan PSI - GA, LLC. Mailing Address Li 3 17 \$ 1,000, 22 TI 1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Other (please specify)	(Mo., Day, Year)	
Mailing Address 126 AM ITE STREET		W 5 5	
Mailing Address 1	INTEGRATED MANAGEMENT SERVICES, INC.	14 13 111	\$ 11,000,00
City, State, Zip Code TACKSON, MS 3920 Name of Employer (Required) Engineer Security	Mailing Address		
City, State, Zip Code TACKSON, MS 3920 Name of Employer (Required) INTEGRATED MANAGEMENT SERVICES, INC. Occupation (Required) ENGINEERING COMPETRY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name PSI - GA, LLC. Mailing Address Gity, State, Zip Code JACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) PSI - GA, LLC. Occupation (Required) PSI - GA, LLC. Occupation (Required) HABUTIS Date City, State, Zip Code Aggregate year-to-date SOURCE Aggregate year-to-date Aggregate year-to-date Amount of each receipt SOURCE Amount of each receipt SOURCE Amount of each receipt Aggregate year-to-date Aggregate year-to-date Amount of each receipt Aggregate year-to-date Amount of each receipt Amount of each receipt	126 AMITE STORET	<u> </u>	\$
Name of Employer (Required) Integrated Management Services, Inc. Occupation (Required) Engineer (Mo., Day, Year) Full name PSI - GA, LCC. Mailing Address Gity, State, Zip Code TACKSON, MS 39206 Name of Employer (Required) PSI - GA, LCC. Mailing Address Gity, State, Zip Code TACKSON, MS 39206 Name of Employer (Required) PSI - GA, LCC. Aggregate year-to-date Aggregate year-to-date Date (Mio. Day, Year) Amount of each receipt this period Fig. 1 - GA, LCC. Aggregate year-to-date Date Amount of each receipt Aggregate year-to-date Amount of each receipt To Date receipt	City, State, Zip Code		
Name of Employer (Required) Integrated Management Services, Inc. Occupation (Required) Engine and Cometary C. Source Corporation PAC Individual Loan PSI - GA, LLC. Mailing Address Gity, State, Zip Code JACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUNG D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period I I I S SOO, S Aggregate year-to-date SOO, S Amount of each receipt sear-to-date Aggregate year-to-date Amount of each receipt sear-to-date Amount of each receipt sear-to-date Amount of each receipt sear-to-date			\$
TATEGRATED MANAGEMENT SERVICES, INC. Occupation (Required) ENGINEERING COMPANY C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name PSI - GA, LLC. Mailing Address 4273 I-SS NORTH SUITE IB City, State, Zip Code TACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) PSI - GA, LLC. Amount of each receipt this period I / / / \$ SOO! SOURCE Corporation Aggregate year-to-date PSI - GA, LLC. Occupation (Required) HAULING D. Source: Corporation PAC Individual Loan Date Amount of each receipt Amount of each receipt	Normal Employer (Bassissel)		
Cocupation (Required) Engine Conn Corn PAC Individual Loan Date Mo., Day, Year Full name PSI - GA, LLC. Mailing Address Mailing Address City, State, Zip Code Corporation PAC Individual PSI - GA, LLC. Name of Employer (Required) PSI - GA, LLC. Occupation (Required) Aggregate PSI - GA, LLC. Occupation (Required) Aggregate PAULIN L Date Mo., Day, Year SOO, Source Corporation PAC Individual Loan Date Amount of each PAC Individual Loan Date Amount of each Pace PAC Individual Loan Date Amount of each Pace PAC PACE Amount of each PAC PACE PACE Amount of each PACE PACE P			\$
C. Source Corporation PAC Individual Loan Other (please specify) Full name PSI - GA, LLC. Mailing Address City, State, Zip Code TACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) PAC Individual Loan Date (Mo., Day, Year) #### Amount of each receipt this period ###################################	Occupation (Required)		
C. Source Corporation PAC Individual Loan Other (please specify) Full name PSI - GA, LLC. Mailing Address Gity, State, Zip Code JACKSON, MS 39306 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUNG D. Source: Corporation Date Amount of each receipt this period Figure 17 SOURCE Amount of each receipt this period Figure 17 SOURCE Amount of each receipt Amount o			\$ 1,000,00
Date receipt this period		year-to-date	17,00
Full name PSI - GA, LLC. Mailing Address UA73 I-SS NORTH SUITE 1B City, State, Zip Code JACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAULIN (S) D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) this period this period this period this period Aggregate \$ 500. =	o. course V corporation PAC Individual Loan	Date	
Full name PSI - GA, LLC. Mailing Address UA73 I-SS NORTH SUITE 1B City, State, Zip Code JACKSON, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUN IS D. Source: Corporation PAC Individual Loan Date (Mo. Day Year)	Other (please specify)	(Mo., Day, Year)	
PSI - GA, LLC. Mailing Address 4273 I-SS north Suite 1B City, State, Zip Code JACKSon, MS 39206 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUN 6 D. Source: Corporation PAC Individual Loan Date Loan Date Amount of each receipt Pay Year Pay Year			this period
Mailing Address 4273 I-SS NORTH SUITE 1B City, State, Zip Code JACKSON, MS 39206 Name of Employer (Required) PSI - GA, LUC. Occupation (Required) HAUUN 6 D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)		3 120/17	\$ 500,00
City, State, Zip Code TACKSON, MS 39306 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUNG D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)	Mailing Address		. 1-00.
City, State, Zip Code JACKSon, MS 39306 Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAULING D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)			\$
TACKSON, MS 39306 Name of Employer (Required) PSI - GA, LUC. Occupation (Required) HAUUNG D. Source: Corporation PAC Individual Loan Date Company	City State Zin Code		,
Name of Employer (Required) PSI - GA, LLC. Occupation (Required) HAUUN L D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)			\$
PSI-GA, LLC. Occupation (Required) HAULING D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)			
Occupation (Required) Aggregate year-to-date D. Source: Corporation Aggregate year-to-date Source: Corporation Date Amount of each receipt			\$
D. Source: Corporation PAC Individual Loan Date (Mo. Day Year) (Mo. Day Year)	Occupation (Paguired)		
D. Source: Corporation PAC Individual Loan Date Amount of each receipt			\$ 500.00
Date (Mo Day Year) receipt		year-to-date	
this pariod	Other (please specify)	(Mo., Day, Year)	this period
Full name	Full name		uno portoca
US CONSOLIDATED, INC SH'HOSXDYT (1) 4/17/17 \$ 250.00	INS CONSOLIDATED INC SH'NOSHOYD 60	19 1117 1117	\$ 250.03
Mailing Address			
P.O.Box 20073	P.O.Box 20073	1_1_1_	\$
City, State, Zip Code	City, State, Zip Code		
JACKSON, Mr 39289 61:7 Hd SZ HdV L1 1 5	JACKSON, MY 39289 61:4 Hd SZ HdV/1	<u> </u>	\$
Name of Employer (Required)	Name of Employer (Required)		• [
US CONSOLIDATED, INC.			\$
Occupation (Required) Aggregate \$ 0.55 miles		Aggregate	\$ 250.04
WAREHOUSE vear-to-date			

Name of Candidate or Committee	DEKELTHER STAMPS
Reporting period ////7	through 4/22/17

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	417117	\$ 500,=
BURNS MCDONNECC Mailing Address		1300. =
		\$
9400 WARO PARKWAY	<u></u>	Ψ [
City, State, Zip Code		_
KANSAS CITY, MO 64114		\$
Name of Employer (Required)		
BURNS + MEDDANGE FAGINEGERAGE CO 100	<u> </u>	\$
BURNS + MCOONNEL ENGINEERING CO., INC Occupation (Required)	Aggregate	
En Gin E Erin G	year-to-date	\$ 500,00
B. Source: Corporation PAC Individual Loan	your to dute	America
	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		uns period
	14 120 117	\$ 2000. =
		1 20001
Mailing Address		\$
		4
City, State, Zip Code		
JACKSON, MS	<u> </u>	\$
Name of Employer (Required)		
STATE OF MISSISSIPPI	1 1	\$
Occupation (Required)	A	
STATE REPRESENAIVÉ	Aggregate year–to-date	\$ 2000,00/
	year-to-date	
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
		this period
Full name	412010	\$ 400.00
DELMER STAMPS	11101	¥1700. =
Mailing Address		\$
2190 MORRISON CEMETERY ROAD		Ψ
City, State, Zip Code		A [
EDWARDS, MS 39066	<u> </u>	\$
Name of Employer (Required)		
STAMPS FARMS	<u> </u>	\$
Occupation (Required)	Aggregate	
FARMER	year-to-date	\$ 400.00
		Amount of each
D. Source: V Corporation PAC Individual Loan		
D. Source: Corporation PAC Individual Loan	Date	
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	
Other (please specify) Full name		receipt this period
Full name A TA MANA GEMENT AND TECHNICAL SCAVICES, ENC.	(Mo., Day, Year)	receipt this period
Full name A TA MANAGEMENT AND TECHNICAL SCAVICES, ENC. Mailing Address	(Mo., Day, Year)	receipt this period
Full name A TA MANA GEMENT AND TECHNICAL SERVICES, ENC. Mailing Address 912 1 WEST STREET	(Mo., Day, Year)	receipt this period
Full name A TA MANA GEMENT AND TECHNICAL SERVICES, ENC. Mailing Address GIZ N WEST STREET City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ \[\sum_{00} \cong \equiv \] \$
Full name A TA MANA GEMENT AND TECHNICAL SERVICES, ENC. Mailing Address GIA N WEST STREET City, State, Zip Code TACKSON, MS 39202	(Mo., Day, Year)	receipt this period
Full name A TA MANA GEMENT AND TECHNICAL SERVICES, ENC. Mailing Address GIZ N WEST STREET City, State, Zip Code TACKSON, MS 39202 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 5.00.9
Full name A TA MANA GEMENT AND TECHNICAL SCAVICES, ENC. Mailing Address 912 N WEST STREET City, State, Zip Code JACKSON, MS 39202 Name of Employer (Required) A JA MANAGEMENT AND TECHNICAL SCAVICES, INC.	(Mo., Day, Year)	receipt this period \$ 5.00.9
Full name A TA MANA GEMENT AND TECHNICAL SERVICES, ENC. Mailing Address GIZ N WEST STREET City, State, Zip Code TACKSON, MS 39202 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 5.00.9

Name of Candidate	or Committee	DEKE	THER ST	Ames
Reporting period	1-1-17		through	4-22-17

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
HONEYSUCKER + HONEYSUCKER, INC.	412117	\$ 500.0
Mailing Address		
P.O. BOX 35 26	1_11_11_	\$
City, State, Zip Code		
JACKSON, ms 39207		\$
Name of Employer (Required)	Γ , Γ , Γ	\$
Occupation (Required)		9
Rentals'	Aggregate	\$ 500,00
B. Source: Corporation PAC Individual Loan	year–to-date	
b. cource. corporation 1 Ac marriada Coan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
		\$
Mailing Address		\$
		4
City, State, Zip Code		\$
		9
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year–to-date	3
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
Miliante		\$
Mailing Address		
		\$
City, State, Zip Code		\$
		V
Name of Employer (Required)	\Box / \Box / \Box	\$
Occupation (Required)	Aggregate	\$
	year-to-date	4
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
040	1 1 1	\$
Mailing Address		\$
OLLY CLERK		& I
City, State, Zip Code 03A 1338		\$
Name of Employer (Required)		
Name of Employer (Required)	1 1 1	\$
Occupation (Required)	Aggregate	\$
	year-to-date	

Name	of Candidate	or	Committee	DEKEITHER STAMPS

Reporting period 1/1/17 through 4/22/17

ITEMIZED DISBURSEMENTS

ount of each
ement this period
46,52
16.52
ount of each ement this period
•
37.00
37.00
ount of each
ement this period
84.36
84.36
ount of each
ement this period
33,16
33.16
ount of each
ement this period
59.46
59.46
ount of each ement this period
260,36
260.%