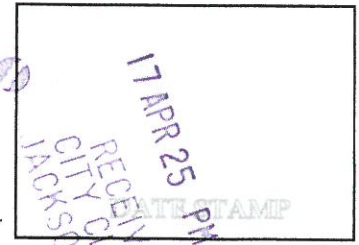


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate DEKEITHER STAMPS
 Address 396 WOODCLIFF DRIVE JACKSON, MS 39212
 Telephone (Work) _____ (Home) 559-335-3484 (Fax) 855-335-3484
 Contact Name DEKEITHER STAMPS Email Address DEKEITHER STAMPS
 Office Sought CITY COUNCIL WARD 4 Political Party (if any) DEMOCRATIC PARTY

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, 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

- (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 \$	7900. ⁰⁰	+	2825. ⁰⁰	\$ 10,725. ⁰⁰	\$ 10,725. ⁰⁰
Total amount of disbursements \$	5360. ⁵⁰	+	3541. ⁶¹	\$ 8902. ¹¹	\$ 8,902. ¹¹
Total amount of cash on hand				\$ 1,822. ⁸⁹	

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

4/25/17

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 DEKEITHER STAMPS

Reporting period 1-1-17 through 4-22-17

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>RAINBOW ENTERPRISES, INC</u>	<u>2</u> / <u>13</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>4770 MEOGAR EVERS BLVD</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>RAINBOW ENTERPRISES, INC</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>HOTEL OWNER</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KIRITKUMAR DESAI GAM ENTERPRISES, INC</u>	<u>2</u> / <u>13</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>4780 MEOGAR EVERS BLVD</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>STAR MOTEL</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>HOTEL OWNER</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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>YOUGI JACKSON, INC</u>	<u>2</u> / <u>13</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>3173 W NORTHSIDE DRIVE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39213</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>PALACE INN</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>HOTEL OWNER</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>HEMANT PATEL</u>	<u>2</u> / <u>13</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>201 BOUNG STREET</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39209</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>CROWN ENTERPRISES, INC</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>HOTEL OWNER</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee DEKEUTHER STAMPSReporting period 1/1/17 through 4/22/17**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>TRILOGY ENGINEERING SERVICES, LLC.</u>	<u>4/14/17</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>650 N SAM HOUSTON PKWY E SUITE 108</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>HOUSTON, TX 77060</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>TRILOGY ENGINEERING</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>ENGINEERING COMPANY</u>	Aggregate year-to-date	\$ <u>250.⁰⁰</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>INTEGRATED MANAGEMENT SERVICES, INC.</u>	<u>4/13/17</u>	\$ <u>1,000.⁰⁰</u>
Mailing Address <u>126 AMITE STREET</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>INTEGRATED MANAGEMENT SERVICES, INC.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>ENGINEERING COMPANY</u>	Aggregate year-to-date	\$ <u>1,000.⁰⁰</u>
C. 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>PSI-GA, LLC.</u>	<u>3/20/17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>4273 I-55 NORTH, SUITE 1B</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>PSI-GA, LLC.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>HAULING</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>US CONSOLIDATED, INC.</u>	<u>4/17/17</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>P.O. BOX 20073</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39289</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>US CONSOLIDATED, INC.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>WAREHOUSE</u>	Aggregate year-to-date	\$ <u>250.⁰⁰</u>

Name of Candidate or Committee DEKEITHER STAMPSReporting period 1/1/17 through 4/22/17

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>BURNS McDONNELL</u>	<u>4</u> / <u>7</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>9400 WARD PARKWAY</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>KANSAS CITY, MO 64114</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>BURNS + McDONNELL ENGINEERING CO., INC</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>ENGINEERING</u>	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>EARLE S. BANKS</u>	<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>2000.⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>STATE OF MISSISSIPPI</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>STATE REPRESENTATIVE</u>	Aggregate year-to-date	\$ <u>2000.⁰⁰</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>DELMER STAMPS</u>	<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>400.⁰⁰</u>
Mailing Address <u>2190 MORRISON CEMETERY ROAD</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>EDWARDS, MS 39066</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>STAMPS FARMS</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>FARMER</u>	Aggregate year-to-date	\$ <u>400.⁰⁰</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>AJA MANAGEMENT AND TECHNICAL SERVICES, INC</u>	<u>4</u> / <u>27</u> / <u>17</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>912 N WEST STREET</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39202</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>AJA MANAGEMENT AND TECHNICAL SERVICES, INC.</u>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>ENGINEERING CO.</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee DEKEITHER STAMPS

Reporting period 1-1-17 through 4-22-17

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>HONEY SUCKER + HONEY SUCKER, INC.</u>	<u>4/21/17</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3526</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON, MS 39207</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Honey sucker + HONEY SUCKER, INC</u>	□ / □ / □	\$ _____
Occupation (Required) <u>RENTALS</u>	Aggregate year-to-date	\$ <u>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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
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 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	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

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 CITY CLERK
 JACKSON, MS
 17 APR 25 PM 4:20

Name of Candidate or Committee DEKEITHEA STAMPSReporting period 1/1/17 through 4/22/17

ITEMIZED DISBURSEMENTS

A. Full name <u>WALMART</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>GREENWAY DRIVE</u>	<u>__/__/__</u>	\$ <u>346.52</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>346.52</u>
B. Full name <u>A2Z PRINTING</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>TV ROAD</u>	<u>__/__/__</u>	\$ <u>837.00</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>837.00</u>
C. Full name <u>SHELL SERVICE STATION</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>HWY 18</u>	<u>__/__/__</u>	\$ <u>284.36</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>284.36</u>
D. Full name <u>TECH SMITH</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$ <u>233.16</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>COMPUTER SOFTWARE</u>	Aggregate Year-to-date	\$ <u>233.16</u>
E. Full name <u>OFFICE DEPOT</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>ROBINSON ROAD EXT</u>	<u>__/__/__</u>	\$ <u>459.46</u>
City, State, Zip Code <u>JACKSON, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>459.46</u>
F. Full name <u>WMPR</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PECAN PARK CIRCLE</u>	<u>__/__/__</u>	\$ <u>3260.⁰⁰</u>
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3260.⁰⁰</u>

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JACKSON, MS
17 APR 25 PM 4:20