REPORT OF RECE IS AND SBURSEMENT 2017 Prices Election

A CONTRACTOR OF THE PARTY OF TH	26
Name of Candidate JAMES PAIGE	
Address 1075 DEVONSHIRE DRIVE	co.
Telephone (Work) 601 594-5492 (Home) (Fax)	22
Contact Name JANUES MIGE Email Address FLACT JAMES HI	6Mp.1.000
Office Sought MARD 2 1174 KOUNTEL Political Party (if any) DEMOCRATIC P	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)	Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)Primary Pre-Ru	noff 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
	quired to terminate orting obligations

IMPORTANT

- *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 \$	+\$	s 5,935.00 s	5.935.00
Total amount of disbursements \$	+\$	s 245.00 s	,
Total amount of cash on hand		\$ 5,690.00	

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

4-26-2017

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).

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	TARRES MA	Page of 3
Name of Candidate or Committee 7AMAS PHIGE	10 th 6	
Reporting period AGUIRAY 1, 2017 through MAL 22, 2017	678 W	
	10000	?.
ITEMIZED RECEIP	TS A	2
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Fuil name	F1310	
BOLDEN BODY SHOP	<u> </u>	\$ 250,00
Malling Address		\$
City, State, Zip Code		
TACK GN MS 39202		\$
Name of Employer (Required)		
Bus		\$
Occupation (Required)	Aggregate	\$ 157200
SKLF	year-to-date	\$ 250,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
BRENDA WOLVERTON	# 1 VA 1 VA	\$ 300.00
Mailing Address	\Box , \Box , \Box	\$
100 W. BRADFORD PLACE		9
City, State, Zip Code		s
BIDGEAND MS 39110		<u> </u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ [320,00]
386F	year-to-date	\$ 30.00
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	A 120 112	\$ 300.00
DEWN IS C. SWEET JHE Mailing Address		
158 E. PASCAGOULA ST		\$
City, State, Zip Code		
		\$

Name of Employer (Required)

Occupation (Required)

TOSEPH Mailing Address

Pio Box City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

Full name

SALF

D. Source: Corporation PAC Individual Loan

39225-2683

Other (please specify)

\$ [

\$

\$

\$

\$

\$ 300.00

Amount of each

receipt

this period

\$ 250,00

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

Name of Candidate	or Committee TAMES PAIGE	
Reporting period	TANUARY 1, 2017 through ARK 22, 2017	
	ITEMIZED RECEIPT	S

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(11101) 54), 1041)	this period
Full name LEROY WALKER, JR. Mailing Address	图1图1图	\$ 500,00
		\$
City, State, Zip Code		
THEKSON MIS 39786		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500,00
B. Source: Corporation PAC Individual X Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
SIMON AND TEENWISSEN	12/12/12	\$ 750,00
Mailing Address		
City, State, Zip Code		\$
JANKSON MS 39205		\$
Name of Employer (Required)		\$
Occupation (Required)	A	
Occupation (Required)	Aggregate	A
STIZ		\$ 750.00
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each
	year-to-date	110.0
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TANNER AND \$55001ATES	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TANNER AND \$5001ATES Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\langle \langle \cos \cos \cos \end{array} \]
C. Source Corporation PAC Individual Loan Other (please specify) Full name TAUNA PUD ASSOCIATES Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name TANNER AND \$5001ATES Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\langle \langle \cos \cos \cos \end{array} \]
C. Source Corporation PAC Individual Loan Other (please specify) Full name TRUMA PAD \$5001ATES Malling Address City, State, Zip Code TRUMON PAS Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name TRUNKA PART ASSOCIATES Mailing Address City, State, Zip Code TACKSON PATE Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Amount of each receipt this period \$ \(\langle \langle \coo \coo \coo \coo \coo \coo \coo \co
C. Source Corporation PAC Individual Loan Other (please specify) Full name TRUMA PAD \$5001ATES Malling Address City, State, Zip Code TRUMON PAS Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name TANNA PART ASSOCIATES Mailing Address City, State, Zip Code TARRON PATES Name of Employer (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ \[\langle \langle \color \
C. Source Corporation PAC Individual Loan Other (please specify) Full name TANNA PART ASSOCIATES Mailing Address City, State, Zip Code TARRON PATES Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name TRUMA PAD #550C/ATES Malling Address City, State, Zip Code TRUMAN PAS Name of Employer (Required) Occupation (Required) Other (please specify) ACC Full name HOWARD CATERING	year-to-date Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ \[\langle \langle \color \
Other (please specify) Full name TRUMA PAD \$5001ATES Malling Address City, State, Zip Code TRUMAN PASS City, State, Zip Code Occupation (Required) Occupation (Required) Other (please specify) ACC Full name HOWARD (ATERIA) Mailing Address	year-to-date Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ \(\langle \langle \corr \co
C. Source Corporation PAC Individual Loan Other (please specify) Full name THUNKA AND ASSOCIATES Malling Address City, State, Zip Code STACKON MS Name of Employer (Required) Occupation (Required) Other (please specify) Other (please specify) Full name HOWARD CATERING Mailing Address City, State, Zip Code JACKSON MS	year-to-date Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ \(\frac{1}{2} \overline{\chicksig} \chicksig
C. Source Corporation PAC Individual Loan Other (please specify) Full name THUNER AND ASSOCIATES Malling Address City, State, Zip Code STACKON MS Name of Employer (Required) Occupation (Required) Other (please specify) Full name HOWARD (ATERING Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) // / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ \[\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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Page	12	- 4	3
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Name of Candidate or Committee TAMES PHUE]	
Reporting period JANIARY 1, 2017 through ARA 22, 2017	<u> </u>	
ITEMIZED RECEIP	TS	
	10	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	#1310	\$ 500,00
Malling Address		\$ 500,00
		\$
City, State, Zip Code	\Box . \Box . \Box	
TACKOW MS	_ ' _ ' _	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
3RLF	year-to-date	\$
B. Source: Corporation PAC Individual A Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
	'''	\$
Mailing Address		\$
City Days The Oads		7
City, State, Zip Code	$\Box_{I}\Box_{I}\Box$	\$
Name of Employer (Required)		
	므'니'	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan	year-to-date	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(mo., bay, rear)	this period
Full name		\$
Mailing Address		\$ [
	<u></u>	» []
City, State, Zip Code		\$
Name of Employer (Required)		
reame of Employer (required)	''''	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(1101, 52), 1521)	this period
Full name		\$
Mailing Address	\Box,\Box,\Box	\$
City, State, Zip Code		
CH CHOSHJV	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
W 92 89 FT	year-to-date	

Name of Candidate or Committee	THUL	75 VI	416E	
Reporting period Thursy 1,	2017	through _	APRIL 2%,	2017
-11			7	

ITEMIZED DISBURSEMENTS

A. Full name SPACEAGE MARKETING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 WAT NORTHSINE DRIVE City, State, Zip Code	414117	\$ 195.00
City, State, Zip Code 54 (WSQL) MS 39209	411117	\$ 195.00
TACKSON MS 39209 Purpose of Disbursement (Optional) PUSH CARTS	Aggregate Year-to-date	\$ 14 5.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code		s
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	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	'	\$
urpose of Disbursement (Optional)	_''	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$