



# REPORT OF RECEIPTS AND DISBURSEMENTS

## 2017 Municipal Election

Name of Candidate JAMES PRIGE

Address 1075 DEVONSHIRE DRIVE

Telephone (Work) 601 594-5492 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Contact Name JAMES PRIGE Email Address ELACTJAMES@GMAIL.COM

Office Sought WARD 2 CITY COUNCIL 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 \$		+	\$	5,935.00	\$ 5,935.00
Total amount of disbursements \$		+	\$	245.00	\$
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

Date

4-26-2017

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

JAMES PRICE

Reporting period

JANUARY 1, 2017 through APRIL 22, 2017

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>BOLDEN BODY SHOP</u>		<u>4</u> / <u>13</u> / <u>17</u>	\$ <u>250.00</u>
Mailing Address <u>649 NORTH MILL STREET</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SELF</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>		Aggregate year-to-date	\$ <u>250.00</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) _____			
Full name <u>BRENDA WOLVERTON</u>		<u>4</u> / <u>17</u> / <u>17</u>	\$ <u>300.00</u>
Mailing Address <u>100 W. BRADFORD BLVD</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>RIDGEMONT MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>DENNIS C. SWEET III</u>		<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>300.00</u>
Mailing Address <u>158 E. PASCAGOULA ST.</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> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>JOSEPH M. HOLLOWAY</u>		<u>4</u> / <u>12</u> / <u>17</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 22683</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39225-2683</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>		Aggregate year-to-date	\$ <u>250.00</u>



Name of Candidate or Committee JAMES PAIGEReporting period JANUARY 1, 2017 through APRIL 22, 2017

## ITEMIZED RECEIPTS

A. 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>LEROY WALKER, JR.</u>	<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 9445</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39286</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>SIMON AND TEUWISSEN</u>	<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>750.00</u>
Mailing Address <u>621 E. NORTHSIDE DRIVE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>750.00</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) <u>LLC</u>		
Full name <u>TANNER AND ASSOCIATES</u>	<u>4</u> / <u>20</u> / <u>17</u>	\$ <u>1,000.00</u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>1,000.00</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) <u>LLC</u>		
Full name <u>HOWARD CATERING</u>	<u>4</u> / <u>12</u> / <u>17</u>	\$ <u>250.00</u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>SELF</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee JAMES PHILLIPSReporting period JANUARY 1, 2017 through APRIL 22, 2017

## ITEMIZED RECEIPTS

A. 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>LISA ROSS</u>		<u>4</u> / <u>13</u> / <u>17</u>	\$ <u>500.00</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>JACKSON MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>SELF</u>		Aggregate year-to-date	\$ <u>  </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" 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>

RECEIVED  
CITY CLERK  
JACKSON, MS.  
17 APR 26 AM 8:22



Name of Candidate or Committee

JAMES PAIGE

Reporting period

JANUARY 1, 2017

through

APRIL 22, 2017

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
SPACEAGE MARKETING	4/11/17	\$ 195.00
<b>Mailing Address</b>		
4125 WEAT NORTHSIDE DRIVE	4/11/17	\$ 50.00
<b>City, State, Zip Code</b>		
JACKSON MS 39209		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>
PUSH CARTS		245.00
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
	__/__/__	\$
<b>Mailing Address</b>		
	__/__/__	\$
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
	__/__/__	\$
<b>Mailing Address</b>		
	__/__/__	\$
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
	__/__/__	\$
<b>Mailing Address</b>		
	__/__/__	\$
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
	__/__/__	\$
<b>Mailing Address</b>		
	__/__/__	\$
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
	__/__/__	\$
<b>Mailing Address</b>		
	__/__/__	\$
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	<b>\$</b>