Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

$P \setminus A \subset \mathcal{A}$	17				
Name of Candidate NODER SYALAM	On Bres				
Address 8 LAKEWOOD	ZCE 6				
Telephone (Work) 601-968-6689 (Home) 601-713-2830 (Fax) 601=	NE AM				
Contact Name Robert Grohan Email Address	곳 =	_			
Office Sought MAYOR OF JACKSEN Political Party (if any) DEMOCR	HYC "				
Check here if above information is different from previous report					
JAN-2016 - DECEMBER 2016 TYPE OF REPORT					
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)Pri	mary Pre-Electio	n 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-Electio	n Report			
Wednesday, January 31, 2018 (January 1, 2017, through December 31, 2017)					
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to ter reporting obliga				

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	2	\$	14.500 0
Total amount of disbursements \$	D	+ \$	0	s	0	\$	
Total amount of cash on hand				\$	*		
^	The second second		The state of the s			30	

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

2-8-2017

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).

Robert Graham for Mayor 2017

Date	Nome	Street Address	City	State	Zip	Occupation	Emplayes	Amount
8/16/16	Property Solutions Plus	P.O. Box 12263	Jackson	Ms	39236		Property Solution Plus	\$500.00
9/14/16	statewide general insurance	3073 jr lynch st	jackson	ms		insurance company		\$250.00
9/14/16	pamela a files	35 eastbrooke circle	jackson	ms		business		\$250.00
10/14/16								
10/14/16	Shirley Graham	8 lakewood cv	jackson	ms	39213	indiyidual	self	\$1,000.00
10/18/16			la de la companya de					
10/18/16								
10/19/16	Richard B. Schwartz	p.o.box 3949	jaçkson	ms	39207	lawyer	self	\$2,000.00
10/21/16	bert h. rubinsky	#1 east hill place	Jackson	ms	39216	business owner		\$500.00
10/26/16	robert s. Jacobs	p.o. box 16463	jackson	ms	3,9236	indiyidual	self	\$2,000.00
10/26/16	robert graham					individual		\$5,000.00
11/18/16	Shirley Graham	8 lakewood cv	Jackson	Ms	39213	individual	self	\$1,000.00
12/13/16		6363 s. Fiddlers Green cir	floor Greenvo	Co	80111	EMS service	Public	\$1,000.00
12/13/16	robert graham	8 lakewood cv	jackson	ms	39213	personal	self	\$1,000.00
12/26/16								\$14,500.00
12/26/16								\$0.00
12/26/16								\$14,500.00

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Name of Candidate or Committee Crahon For Mayor	1	Page of					
Reporting period JAN 2016 through Dec 2016	_						
ITEMIZED RECEIPTS							
A. Source: Corporation PAC Individual Loan	Date	Amount of each					
Other (please specify)	(Mo., Day, Year)	receipt this period					
uli name		\$					
Mailing Address		\$					
City, State, Zip Code		4					
		\$					
Name of Employer (Required)		\$					
Occupation (Required)	Aggregate	\$					
3. Source: Corporation PAC Individual Loan	year-to-date						
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period					
full name	\Box , \Box , \Box	\$					
Mailing Address		•					
		\$					
City, State, Zip Code/	$\square_I \square_I \square$	\$					
Name of Employer (Required)	\Box , \Box , \Box	\$					
Occupation (Required)	Aggregate	\$					
C. Source Corporation PAC Individual Loan	year-to-date						
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period					
ull name		\$					
Mailing Address		•					
Nu Chata Zin Chata	//	\$					
City, State, Zip Code	$\square_{I}\square_{I}\square_{I}$	\$					
Name of Employer (Required)	$\square_I \square_I \square$	\$					
Occupation (Required)	Aggregate year-to-date	\$					
D. Source: Corporation PAC Individual Loan	Date	Amount of each					
Other (please specify)	(Mo., Day, Year)	receipt this period					
ull name		\$					
Mailing Address		\$ 7					
City, State, Zip Code		\$					
Name of Employer (Required)							

Occupation (Required)

Aggregate year-to-date