

REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



17 APR 25 AM 11:31
RECEIVED
CITY CLERK
JACKSON, MS

Name of Candidate Ernest Slaughter
Address 815 Mccliver Rd.
Telephone (Work) 601 813 3495 (Home) _____ (Fax) _____
Contact Name Ernest Slaughter Email Address ESlaughter67@aol.com
Office Sought Ward 6 Councilman Political Party (if any) DEMOCRATIC

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 \$		+	\$	\$	\$ 2,050.00
Total amount of disbursements \$		+	\$	\$	\$
Total amount of cash on hand			\$	\$ 300.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Ernest E. Slaughter Signature of Candidate 4/25/17 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).

Name of Candidate or Committee ERNEST SLAGHTER
 Reporting period January 1, 2017 through 4.22.2017

ITEMIZED DISBURSEMENTS

A. Full name <u>ATB 2 Printing (A22)</u>	Date (Mo., Day, Year) <u>4/1/17</u>	Amount of each disbursement this period \$ <u>1445.00</u>
Mailing Address <u>2125 TV Rd.</u>		
City, State, Zip Code <u>Jackson, MS 39204</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Signs</u>	Aggregate Year-to-date	\$
B. Full name <u>Janice Singleton</u>	Date (Mo., Day, Year) <u>4/12/17</u>	Amount of each disbursement this period \$ <u>305.00</u>
Mailing Address		
City, State, Zip Code <u>Jackson, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Shirts</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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