

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



17 APR 24 PM 2:50

Name of Committee Teamsters Local Union #891 Political Action Fund

Address 2560 Valley Street Jackson, MS 39204

Telephone 601-372-8322 Fax 601-371-8008

Treasurer Brent Corbello Email Address brentcorbello@hotmail.com



Check here if above 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 (Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) *For committees which 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 if the committee has received contributions or made expenditures in support of, or in opposition to, a 2017 municipal candidate.
- (3) Annual Reports are mandatory if the committee has received contributions or made expenditures in support of, or opposition to, a 2017 municipal candidate.
- (4) Until a committee files a Termination Report, annual and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) All municipal reports are filed with the Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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 \$	7,062.50	+\$	- 0 -	\$ 7,062.40	\$ 7,062.50
Total amount of disbursements \$	500.00	+\$	- 0 -	\$ 500.00	\$ 500.00
Total amount of cash on hand	\$ 82,267.42				

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

Brent Corbello
Signature of Director or Treasurer

April 24, 2017
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Name of Candidate or Committee Teamsters Local #891 Political Action FundReporting period 01/01/2017 through 04/22/2017

Received 2:50pm
City Clerk
April 24, 2017
SD

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Virgie Lindsay		
Mailing Address		
P. O. BOX #4855	03 / 17 / 17	\$ 500.00
City, State, Zip Code		
Jackson, Ms 39296	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Political Contribution		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
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		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Teamsters Local #891 Political Action FundReporting period 01/01/2017 through 04/22/2017

ITEMIZED RECEIPTS

Received
City Clerk
April 24, 2017
[Signature]

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>National C.R.I.V.E. DEPT.</u>		<u>01/17/17</u>	\$ <u>3,547.00</u>
Mailing Address <u>25 Louisiana Ave. N.W.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Washington, D. C. 20001</u>		<u>03/31/17</u>	\$ <u>3,515.50</u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>7,062.50</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 <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </u>		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"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </u>		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"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </u>		Aggregate year-to-date	\$ <u> </u>