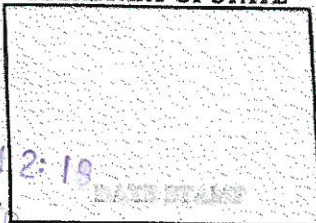


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Committee Democracy for America- MS
 Address PO Box 1717, Burlington VT 05402
 Telephone 802-651-3200 Fax 802-651-3299
 Treasurer Shelly Moskwa Email Address compliance@democracyforamerica.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
- X Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*) *Amendment to* 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 in 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 \$	0	+ \$ 0	\$ 2931.47	\$ 3931.47
Total amount of disbursements \$	0	+ \$ 0	\$ 2931.47	\$ 3931.47
Total amount of cash on hand			\$ 0	

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

Shelly R Moskwa
Signature of Director or Treasurer

6/6/2017
Date

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

Name of Candidate or Committee Democracy for America- MS

Reporting period May 7 2017 through May 27 2017

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Patricia Walker</u>	<u>4 / 26 / 17</u>	\$ <u>500.00</u>
Mailing Address <u>231 S Broadway Street</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>Medina OH 44256</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Walter & Jocke</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ralph Carroll</u>	<u>4 / 26 / 17</u>	\$ <u>500.00</u>
Mailing Address <u>581 Muskingum</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>Pacific Palisades CA 90272</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Homemaker</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Harvey Fernbach</u>	<u>4 / 24 / 17</u>	\$ <u>1931.47</u>
Mailing Address <u>8600 Split Oak Circle</u>	___ / ___ / ___	\$ _____
City, State, Zip Code <u>Bethesda MD 20817</u>	___ / ___ / ___	\$ _____
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>1931.47</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 _____	___ / ___ / ___	\$ _____
Mailing Address _____	___ / ___ / ___	\$ _____
City, State, Zip Code _____	___ / ___ / ___	\$ _____
Name of Employer (Required) _____	___ / ___ / ___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

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 CITY CLERK
 JACKSON, MS
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Name of Candidate or Committee Democracy for America- MSReporting period 5/7/17 through 5/27/17

ITEMIZED DISBURSEMENTS

A. Full name Committee to Elect Chokwe A. Lumumba	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 31762	<u>5</u> / <u>15</u> / <u>17</u>	\$ 2000.00
City, State, Zip Code Jackson, MS 38286	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	\$ 3931.47
B. Full name Committee to Elect Chokwe A. Lumumba	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 31762	<u>5</u> / <u>25</u> / <u>17</u>	\$ 931.47
City, State, Zip Code Jackson MS 38286	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Inkind Contribution: Telephone Calls	Aggregate Year-to-date	\$ 3931.47
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <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> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <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> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <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> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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