## REPORT OF RECEIPTS AND DISBURSEMENTS

2017 Municipal Election

17	APR	28	PH	4:	42
	CIT	CE	BEN	) KN	/IIP

N	Jame of Candidate MONKOR JULKSON SK. CITYACTERKMIP			
A	address 3219 ASNIBY CIVCIP			
T	elephone (Work) 60) 981-3208 (Home) 769 233 7732 (Fax)			
C	Contact Name MONTO & TWEKSON ST. Email Address MONTO & SSIT @ G MONTO COM			
C	Office Sought MWWW Political Party (if any) DEMOCVP+			
	Check here if above information is different from previous report			
	TYPE OF REPORT			
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)				
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)				
Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*)				
-	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 terminate reporting obligations			
C)				
(1)	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)				
(4)	(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 CONTRIBUT			
	Itemized + Non-Itemized	This Period		Calendar year-to-date
Total amount of contributions \$	NON*	\$	\$	
Total amount of disbursements \$	+ \$	\$	\$	00.0041
Total amount of cash on hand	0	\$	1	7.0

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

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	Mankes Zacker Sk.
Reporting period \-\-\	through 1x 25 17

## ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
CAREYSPARKS	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
City, State, Zip Code	4/1/17	\$ 1400,00
Purpose of Disbursement (Optional)	4,7,71	\$ 1900,00
	Aggregate Year-to-date	\$
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	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	s
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 SW 'NOS X3V'  VECT LI LOS X3V  VECT LI LOS X3VI  VET LI LOS X	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  City State 7in Code  2th 27 Hd 82 8dW L1	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$