#### **Delbert Hosemann** SECRETARY OF STATE

#### REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Municipal Election

Name of Candidate Charles H. Tillman	n		RECEIVED
Address 986 Royal Oak Drive Ja		8	JACKSON, MS.
Telephone (Work)	(Home) 601-922-8844	<sub>(Fax)</sub> 601-923-6	3496
Contact Name	Email Address		
Office Sought Jackson City Council	Political Party (if any)	emocratic	
Check here if above information is different fr			
	TYPE OF REPORT		
XTuesday, April 25, 2017 (January 1, 2017,	through April 22, 2017)	Primary	Pre-Election Report
Tuesday, May 9, 2017 (April 23, 2017, thro	ough May 6, 2017)	Primary Pre-Ru	noff Election Report
Tuesday, May 30, 2017 (January 1, 2017, t	hrough May 27, 2017*)		Pre-Election Report
Wednesday, January 31, 2018 (January 1,	2017, through December 31, 2017) .		Annual Report
Termination Report (Candidate will no lor expenditures and ha	nger accept contributions or make can as no outstanding campaign debt oblig		uired to terminate orting obligations
(1) *For candidates who filed the Primary Pre-Election R	<u>IMPORTANT</u> Report, the reporting period for the Pre-Elec	ction Report due Tuesday, May	v 30, 2017 is April 23, 2017.
through May 6, 2017.	seport, the reporting period to the re-	inon report due ruesday, may	y 50, 2017 is ripin 25, 2017,

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.
DEPORTED CONTRIBUTIONS AND DISCUIDED ADVICE

Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall

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

submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.

Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 1500	+\$ 20	\$ 1520	\$ 1520
Total amount of disbursements \$ 150	+ \$ 0	\$ 150	\$ 150
Total amount of cash on hand		\$ 1370	

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

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).

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Name of Candidate or Committee	Charles H. Tillman		
Reporting period January 1, 2017	through	April 25, 2017	

## ITEMIZED RECEIPTS

A. Source:  Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name	4 / 10 / 17	\$ 200
Neel - Schaffer Mailing Address	Institute of the last	<b>4</b> 1200
		\$
P O Box 22625		<u> </u>
City, State, Zip Code		\$
Jackson, Ms. 39225-2625		<b>4</b> 1
Name of Employer (Required)	$\Box \iota \Box \iota \Box$	\$
Occupation (Required)	Aggregate	\$ 200
	year-to-date	\$ 200
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	4 / 11 / 17	
W. Hibbett Neel	4 1 11 1 17	\$ 200
Mailing Address		
P O Box 22625		\$
City, State, Zip Code		
Jackson, Ms. 39225	<u> </u>	\$
Name of Employer (Required)	$\Box$ $_{I}$ $\Box$ $_{I}$	\$
Occupation (Required)	Aggregate year-to-date	\$ 200
	The second secon	Control of the Contro
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Frank L & Donna O'Keefe		receipt
Full name Frank L & Donna O'Keefe Mailing Address	(Mo., Day, Year)	receipt this period \$ 200
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane	(Mo., Day, Year)	receipt this period
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 200
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110	(Mo., Day, Year)	receipt this period \$ 200
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 200
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110	(Mo., Day, Year)  4 / 10 / 17  1 /	receipt this period  \$ 200 \$
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)  4 / 10 / 17  - / - / - /	receipt this period  \$ 200  \$ 200  \$ 200
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)	(Mo., Day, Year)  4 / 10 / 17  1 /	receipt this period  \$ 200  \$
Other (please specify)  Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC ✓ Individual Loan	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200  \$ 200  \$ 200  Amount of each receipt this period
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC ✓ Individual Loan  Other (please specify)	(Mo., Day, Year)  4 / 10 / 17  1 /  /  /  /  /  /  /  /  /  /  /  /  /	receipt this period  \$ 200  \$ 200  \$ 200  Amount of each receipt
Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC ✓ Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200  \$ 200  \$ 200  Amount of each receipt this period  \$ 200
Other (please specify)  Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address  4266 Brussels Drive	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200  \$ 200  \$ 200  Amount of each receipt this period
Cother (please specify)  Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address  4266 Brussels Drive  City, State, Zip Code	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200 \$ \$ 200 \$ \$ 200  Amount of each receipt this period \$ 200 \$ 200
Cother (please specify)  Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address  4266 Brussels Drive  City, State, Zip Code  Jackson, Ms. 39211	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200  \$ 200  \$ 200  Amount of each receipt this period  \$ 200
City, State, Zip Code  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address  4266 Brussels Drive  City, State, Zip Code  Jackson, Ms. 39211  Name of Employer (Required)	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200 \$ \$ 200 \$ \$ 200  Amount of each receipt this period \$ 200 \$ 200
Cother (please specify)  Full name Frank L & Donna O'Keefe  Mailing Address  108 Northlake Lane  City, State, Zip Code  Madison, Ms. 39110  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC V Individual Loan  Other (please specify)  Full name  Amy Neel Boteler  Mailing Address  4266 Brussels Drive  City, State, Zip Code  Jackson, Ms. 39211	(Mo., Day, Year)  4 / 10 / 17  1 /  /	receipt this period  \$ 200 \$ 200 \$ 200 Amount of each receipt this period \$ 200 \$ 200

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Name of Candidate or Committee		Charles H. Tillman		
Reporting period January 1	2017	t	hrough	April 25, 2017

# ITEMIZED RECEIPTS

A. Source:  Corporation  PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joel H Hudnall	4 / 10 / 17	\$ 200
Mailing Address		
201 Ivy Brook Ct	1_/1_/1_	\$
City, State, Zip Code		
Madison, Ms. 39110-6517		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3 /5 / 17	e
Charles Jr & Mary Lindsay	13 / 13 / 117	\$ 150
Mailing Address		A [
1256 Belvoir Place	<u> </u>	\$
City, State, Zip Code		
Jackson, Ms. 39202	1 1 1 1	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 150
C. Source Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3 / 21 / 17	\$ 100
Roosevelt Turner Jr DBA Turner & Associates		4 1100
Mailing Address 5713 Regents Dr N		\$
City, State, Zip Code	+===	
Mobile, Al 36609-3275		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 100
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4 / 21 / 17	\$ 250
The May Law Firm	11. / 15. / 11/	₩  250
Mailing Address SW NOSYOVE TO THE PROPERTY OF		\$ [
City, State, Zip Code		\$
Jackson, Ms 39202		4
Name of Employer (Required) 80:7 HJ SZ JJV L1		\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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	_	4			Charles H. Tillman
lame	of	Candidate	or	Committee	

Reporting period January 1, 2017 through April 25, 2017

### ITEMIZED DISBURSEMENTS

A. Full name WMPR Radio 90.1 FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Park Circle	05 / 02 / 17	\$ <sup>150</sup>
City, State, Zip Code Jackson, MS 39209		s
Purpose of Disbursement (Optional) Radio Political Ads	Aggregate Year-to-date	<b>\$</b> 150
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		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
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		s
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name SM NOS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	'	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$