

REPORT OF RECEIPTS AND DISBURSEMENTS  
2012 Annual Report

RECEIVED APR 30 2013  
1:35 PM

Name of Candidate GARY J. PONTHEUX

Address 212 SOUTH SEASIDE DRIVE

Telephone 228-563-5244 Fax \_\_\_\_\_

Office Sought ALDERMAN Email GARY.PONTHEUX@MISSISSIPPI.GOV

Check here if above is different from previous report

TYPE OF REPORT

\_\_\_\_ January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012).....Mandatory

\_\_\_\_ 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) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority 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. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.00 + \$ 2745.00	\$ 3245.00	\$ 5186.84
Total amount of disbursements	\$ +\$	\$	\$
Total amount of cash on hand		\$ 5186.84	

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

[Signature]  
Signature of Candidate

4-30-2013  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee GARY J. FORTMILK Page 1 of 1  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GULF BREEZE PROPERTIES</u>	<u>4/16/13</u>	\$ <u>500.00</u>
Mailing Address <u>14110 AIRPORT RD STE 200</u>	___/___/___	\$
City, State, Zip Code <u>GULFPORT MS, 39503</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: Corporation PAC Individual Loan 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	\$
C. Source: Corporation PAC Individual Loan 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	\$
D. Source: Corporation PAC Individual Loan 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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