

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election

Name of Candidate George L. Bass
 Address 20171 Lovers Lane Long Beach, MS
 Telephone (Work) _____ (Home) 2282341832 (Fax) _____
 Contact Name Philip Kies Email Address phil.kies@att.net
 Office Sought Mayor, Long Beach, MS Political Party (if any) Republican

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

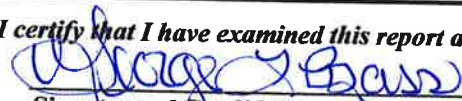
IMPORTANT

- (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) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2017.
- (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 CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized | + | Non-Itemized | This Period | Calendar year-to-date |
|-------------------------------|-------------|---|--------------|-------------|-----------------------|
| Total amount of contributions | \$ 13,888 | + | \$ 7116.19 | \$ 20404.19 | \$ 20404.19 |
| Total amount of disbursements | \$ 15015.55 | + | \$ 0 | \$ 15015.55 | \$ 15015.55 |
| Total amount of cash on hand | | | | \$ 5388.64 | |

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

April 25, 2017
Date

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).

RECEIVED APR 25 2017

1:45

GEORGE L. BASS

Name of Candidate or Committee

Reporting period JANUARY 1, 2017

through APRIL 22, 2017

ITEMIZED DISBURSEMENTS

| | | |
|--|---|--|
| A. Full name SOUTHERN PRINTING AND SILK SCREENING, INC. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 230 DAVIS AVENUE | 02 / 16 / 17 | \$ 1772.55 |
| City, State, Zip Code PASS CHRISTIAN, MS, 39571 | 02 / 24 / 17 | \$ 2913.08 |
| Purpose of Disbursement (Optional) SIGNS, T-SHIRTS, HATS, STICKERS | Aggregate Year-to-date | \$ 4685.63 |
| B. Full name SOUTHERN PRINTING AND SILK SCREENING, INC. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 230 DAVIS AVENUE | 03 / 07 / 17 | \$ 571.90 |
| City, State, Zip Code PASS CHRISTIAN, MS, 39571 | 03 / 06 / 17 | \$ 3490.88 |
| Purpose of Disbursement (Optional) SAME | Aggregate Year-to-date | \$ 4062.78 |
| C. Full name SOUTHERN PRINTING AND SILK SCREENING, INC. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 230 DAVIS AVENUE | 03 / 09 / 17 | \$ 433.35 |
| City, State, Zip Code PASS CHRISTIAN, MS, 39571 | 03 / 10 / 17 | \$ 32.10 |
| Purpose of Disbursement (Optional) SAME | Aggregate Year-to-date | \$ 465.45 |
| D. Full name SOUTHERN PRINTING AND SILK SCREENING, INC. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 230 DAVIS AVENUE | 03 / 29 / 17 | \$ 1928.68 |
| City, State, Zip Code PASS CHRISTIAN, MS, 39571 | 04 / 04 / 17 | \$ 488.19 |
| Purpose of Disbursement (Optional) SAME | Aggregate Year-to-date | \$ 2416.88 87 |
| E. Full name SOUTHERN PRINTING AND SILK SCREENING, INC. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 230 DAVIS AVENUE | 04 / 21 / 17 | \$ 746.82 |
| City, State, Zip Code PASS CHRISTIAN, MS, 39571 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) SAME | Aggregate Year-to-date | \$ 746.82 |
| F. Full name LOWE'S HOME IMPROVEMENT | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 2151 JOHN HILL BLVD | 03 / 01 / 17 | \$ 28.53 |
| City, State, Zip Code GULFPORT, MS 39507 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) SAND BAGS FOR SIGNS | Aggregate Year-to-date | \$ 28.53 |

Name of Candidate or Committee

GEORGE L. BASS

Reporting period JANUARY 1, 2017

through APRIL 22, 2017

ITEMIZED DISBURSEMENTS

| | | |
|--|---|--|
| A. Full name MAGNOLIA PRINTING & COPYING | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1829 25TH AVENUE | 03 / 01 / 17 | \$ 530.72 |
| City, State, Zip Code GULFPORT, MS 39501 | 03 / 31 / 17 | \$ 251.02 |
| Purpose of Disbursement (Optional) PUSH CARDS | Aggregate Year-to-date | \$ 781.74 |
| B. Full name THE PEOPLES BANK | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 298 JEFF DAVIS AVENUE | 03 / 01 / 17 | \$ 20.70 |
| City, State, Zip Code LONG BEACH, MS, 39560 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) BANK CHECKS | Aggregate Year-to-date | \$ 20.70 |
| C. Full name LONG BEACH CHAMBER OF COMMERCE | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 11975 SEAWAY ROAD | 03 / 03 / 7 | \$ 100 |
| City, State, Zip Code GULFPORT MS 39503 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) EVENT FEE | Aggregate Year-to-date | \$ 100 |
| D. Full name LONG BEACH BASEBALL BOOSTER CLUB | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address BASEBALL FIELDHOUSE 208 HORTH CLEVELAND AVENUE | 03 / 13 / 17 | \$ 150 |
| City, State, Zip Code LONG BEACH, MS 39560 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) DONATION | Aggregate Year-to-date | \$ 150 |
| E. Full name SHAWSIGNSONLINE.COM | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 21797 RIDGEVIEW DR. | 03 / 14 / 17 | \$ 200 |
| City, State, Zip Code SAUCIER, MS 39574 | 04 / 10 / 17 | \$ 200 |
| Purpose of Disbursement (Optional) SIGNS, BANNERS, BOTTLE LABELS | Aggregate Year-to-date | \$ 400 |
| F. Full name SHAWSSIGNSONLINE.COM | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 21797 RIDGEVIEW DR. | 04 / 15 / 17 | \$ 450 |
| City, State, Zip Code SAUCIER, NS 39574 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) SIGNS, BANNERS, BOTTLE LABELS | Aggregate Year-to-date | \$ 450 |

Name of Candidate or Committee GEORGE L. BASS

Reporting period JANUARY 1, 2017 through APRIL 22, 2017

ITEMIZED DISBURSEMENTS

| | | |
|--|---|--|
| A. Full name MAGNOLIA PRINTING AND COPYING | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 1829 25TH AVENUE | 04 / 17 / 17 | \$ 158.15 |
| City, State, Zip Code GULFPORT, MS 39501 | __ / __ / __ | \$ |
| Purpose of Disbursement (Optional) PUSH CARDS | Aggregate Year-to-date | \$ 158.15 |
| B. Full name PERSONALIZEDDRINKWARE.COM | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address N.A. - ONLINE | 04 / 16 / 17 | \$ 336 |
| City, State, Zip Code | 04 / 20 / 17 | \$ 412.88 |
| Purpose of Disbursement (Optional) PERSONALIZED BOTTLE HUGGIES | Aggregate Year-to-date | \$ 748.88 |
| 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 GEORGE L BASS

Reporting period JANUARY 1, 2017 through April 22, 2017

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>GEORGE L BASS</u> | | <u>02</u> / <u>21</u> / <u>17</u> | \$ <u>400</u> |
| Mailing Address <u>20171 LOVERS LANE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>RETIRED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>FIREFIGHTER</u> | | | |
| | | Aggregate year-to-date | \$ <u>400</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>PHILLIP J. KIES</u> | | <u>02</u> / <u>14</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address <u>709 DOGWOOD DRIVE</u> | | <u>04</u> / <u>04</u> / <u>17</u> | \$ <u>488</u> |
| City, State, Zip Code <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>RETIRED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>U.S. COAST GUARD</u> | | | |
| | | Aggregate year-to-date | \$ <u>988</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>LEGGETS FIRESTONE TIRES</u> | | <u>02</u> / <u>21</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address <u>18015 PINEVILLE ROAD</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>DANNY LEGGETS</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | | | |
| | | Aggregate year-to-date | \$ <u>500</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>OIL PLUS</u> | | <u>20</u> / <u>22</u> / <u>17</u> | \$ <u>1000</u> |
| Mailing Address <u>19006</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, NS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>MELVIN BRISOLARA</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | | | |
| | | Aggregate year-to-date | \$ <u>1000</u> |

Name of Candidate or Committee GEORGE L BASS

Reporting period JANUARY . 2017 through APRIL 22, 2017

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------------------------------|--|
| Other (please specify) _____ | | | |
| Full name <u>DAD'S SUPER PAWN</u> | | <u>03</u> / <u>01</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address <u>3125 25TH AVENUE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>KEVIN RILEY</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | | Aggregate year-to-date | \$ <u>500</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>DALE YEAGER JR</u> | | <u>03</u> / <u>03</u> / <u>17</u> | \$ <u>1500</u> |
| Mailing Address <u>407 HOLLY STREET</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>N.A.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>RETIRED</u> | | Aggregate year-to-date | \$ <u>1500</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>ANNA & SARGENT MELLEN</u> | | <u>03</u> / <u>03</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address <u>1030 EAST AVENUE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>SELF EMPLOYED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>REAL ESTATE</u> | | Aggregate year-to-date | \$ <u>500</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>SUNNY OUSTALET</u> | | <u>03</u> / <u>03</u> / <u>17</u> | \$ <u>1500</u> |
| Mailing Address <u>119 EAST AZALEA DIRVE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) <u>N.A.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) <u>RETIRED</u> | | Aggregate year-to-date | \$ <u>1500</u> |

Name of Candidate or Committee GEORGE L. BASS

Reporting period JANUARY 1, 2017 through APRIL 22, 2017

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|-------------------------------|------------------------------------|
| Other (please specify) _____ | | |
| Full name <u>SOUTHERN LINEN SERVICE</u> | <u>03 / 03 / 17</u> | \$ <u>1000</u> |
| Mailing Address <u>700 OLD SAVANNAH DRIVE</u> | <u> / / </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | <u> / / </u> | \$ <u> </u> |
| Name of Employer (Required) <u>DAVID FAYARD</u> | <u> / / </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | Aggregate year-to-date | \$ <u>1000</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | |
| Other (please specify) _____ | | |
| Full name <u>JAMES LEVENS</u> | <u>03 / 07 / 17</u> | \$ <u>1000</u> |
| Mailing Address <u>217 PINE STREET</u> | <u> / / </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS, 39560</u> | <u> / / </u> | \$ <u> </u> |
| Name of Employer (Required) <u>JLB</u> | <u> / / </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | Aggregate year-to-date | \$ <u>1000</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | |
| Other (please specify) _____ | | |
| Full name <u>PAT DONALD</u> | <u>03 / 07 / 17</u> | \$ <u>250</u> |
| Mailing Address <u>906 CATHERINE STREET</u> | <u> / / </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | <u> / / </u> | \$ <u> </u> |
| Name of Employer (Required) <u>N.A.</u> | <u> / / </u> | \$ <u> </u> |
| Occupation (Required) <u>RETIRED</u> | Aggregate year-to-date | \$ <u>250</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | |
| Other (please specify) _____ | | |
| Full name <u>GIBSON MAINTENANCE LLC</u> | <u>03 / 13 / 17</u> | \$ <u>500</u> |
| Mailing Address <u>P.O. BOX 175</u> | <u> / / </u> | \$ <u> </u> |
| City, State, Zip Code <u>LONG BEACH, MS 39560</u> | <u> / / </u> | \$ <u> </u> |
| Name of Employer (Required) <u>TERRY GIBSON</u> | <u> / / </u> | \$ <u> </u> |
| Occupation (Required) <u>OWNER</u> | Aggregate year-to-date | \$ <u>500</u> |

Name of Candidate or Committee GEORGE L BASSReporting period JANUARY 1, 2017 through APRIL 22, 2017

ITEMIZED RECEIPTS

| | | | |
|---|--|-----------------------------------|------------------------------------|
| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | | |
| <u>STEPHEN OR SARAH McNALLY</u> | | <u>03</u> / <u>17</u> / <u>17</u> | \$ <u>1000</u> |
| Mailing Address | | | |
| <u>407 BEATLINE ROAD</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>LONG BEACH, MS 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>BEATLINE STORAGE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>OWNER</u> | | Aggregate year-to-date | \$ <u>1000</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | | |
| <u>KEITH OR ELSIE STARITA</u> | | <u>03</u> / <u>23</u> / <u>17</u> | \$ <u>300</u> |
| Mailing Address | | | |
| <u>20281 LONGVIEW ROAD</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>CORNETT BOLT & SCREW</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>OWNER</u> | | Aggregate year-to-date | \$ <u>300</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | | |
| <u>ROBERT OR RHONDA KNESAL</u> | | <u>03</u> / <u>23</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address | | | |
| <u>111 LUNDGREN LANE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>GULFPORT, MS 39507-4421</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>UTILITIES PARTNERS</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>ENGINEER</u> | | Aggregate year-to-date | \$ <u>500</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name | | | |
| <u>HAROLD O. GRISSOM</u> | | <u>03</u> / <u>13</u> / <u>17</u> | \$ <u>500</u> |
| Mailing Address | | | |
| <u>1816 23RD AVENUE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>GULFPORT, MS 39501</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>SELF EMPLOYED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>ATTORNEY</u> | | Aggregate year-to-date | \$ <u>500</u> |

Name of Candidate or Committee GEORGE L. BASS

Reporting period JANUARY 1, 2017 through APRIL 22, 2017

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name | | | |
| <u>KEITH O. or ANNIE DAVIS</u> | | <u>03 / 25 / 17</u> | \$ <u>1000</u> |
| Mailing Address | | | |
| <u>5015 OAK DRIVE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>SELF EMPLOYED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>PUBLIC ACCOUNTANT</u> | | Aggregate year-to-date | \$ <u>1000</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | | |
| Full name | | | |
| <u>LARRY K. BATES SR.</u> | | <u>03 / 29 / 17</u> | \$ <u>300</u> |
| Mailing Address | | | |
| <u>5546 PAULA DRIVE</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>BEACON VAN LINES</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>MANAGER - OWNER?</u> | | Aggregate year-to-date | \$ <u>300</u> |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | | |
| Other (please specify) _____ | | | |
| Full name | | | |
| <u>HENERY KUONKA</u> | | <u>03 / 30 / 17</u> | \$ <u>250</u> |
| Mailing Address | | | |
| <u>139 SEA OAKS BLVD</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| <u>LONG BEACH, MS, 39560</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| <u>SELF EMPLOYED</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| <u>OWNER OF HOOTERS RESTURANT IN GULDPORT, MS</u> | | Aggregate year-to-date | \$ <u>250</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) _____ | | | |
| Full name | | | |
| _____ | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Mailing Address | | | |
| _____ | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | | |
| _____ | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | | |
| _____ | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| _____ | | Aggregate year-to-date | \$ <u> </u> |