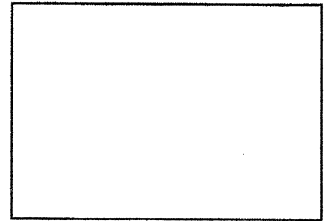


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate RON ROBERTSON
 Address 108 DRIFTWOOD DRIVE
 Telephone (Work) 228-224-3079 (Home) 228-224-3039 (Fax) NA
 Contact Name RON Email Address SHORTYROBERTSON@YAHOO.COM
 Office Sought ALDERMAN WARD 1 Political Party (if any) REP

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 \$		+	\$	\$ 0	\$ 0
Total amount of disbursements \$		+	\$	\$ 2268.10	\$ 2268.10
Total amount of cash on hand			\$	\$ -2268.10	

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

Ron Robertson
Signature of Candidate

4-25-2017
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 27 2017
9:05 AM

Name of Candidate or Committee RON ROBERTSON
 Reporting period 1-01-17 through 4-22-17

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>0</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</u>
B. 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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. 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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee RON ROBERTSON
 Reporting period 1-01-17 through 4-22-17

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>U.S. POST OFFICE</u>	<u>4/17/17</u>	\$ <u>204.00</u>
Mailing Address <u>220 KLONDYKE RD</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>LONG BEACH, MS 39560</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>STAMPS</u>	Aggregate Year-to-date	\$ <u>204.00</u>
B. Full name <u>HARALSON CO. CIRCUIT CLERK</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4/12/17</u>	\$ <u>22.00</u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>22.00</u>
C. Full name <u>SOUTHERN PRINTING</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>230 DAVIS AVE</u>	<u>2/10/17</u>	\$ <u>2042.10</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>SIGNS, PUSH CARDS, MAILER</u>	Aggregate Year-to-date	\$ <u>2042.10</u>
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	\$