

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election

Name of Candidate Tommy Moulton
 Address 5125 GATES AVE LOUG BEACH, MS
 Telephone (Work) 8637587 (Home) 2399102 (Fax) _____
 Contact Name KATHY MOULTON Email Address dognamedspark@yahoo.com
 Office Sought ELECTION COMMITTEE 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 \$	+	\$	\$	\$ 0
Total amount of disbursements \$	+	\$	\$	\$
Total amount of cash on hand	0	\$	0	\$

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

Thomas J Moulton
Signature of Candidate

4/27/17
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).

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ <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) _____		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	\$ <u>0</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ <u>0</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) _____		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	\$ <u>0</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. 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	\$ ϕ
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	\$ ϕ
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	\$ ϕ
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	\$ ϕ
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	\$ ϕ
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	\$ ϕ