Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Municipal Election

APR 25 PM 1: 34

Name of Candidate Aaron Danks	ERK
Address 4722 Brookwood Place Jackson MS 39272	
Telephone (Work) 601-978-093 7Home) (Fax)	
Contact Name faron Banks Email Address electabanks @ gmail.	com
Office Sought City Cancil Word 6 Political Party (if any) Democrat	
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, April 25, 2017 (January 1, 2017, through April 22, 2017)	lection Report
Tuesday, May 9, 2017 (April 23, 2017, through May 6, 2017)	ection Report
Tuesday, May 30, 2017 (January 1, 2017, through May 27, 2017*)	ection Report
Wednesday, January 31, 2018 (January 1, 2017, through December 31, 2017)	nnual Report
*************************************	to terminate obligations

IMPORTANT

- *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 \$ 53.920 + \$ 3.884 14 \$ 9,203.34 \$ 9,203.34 Total amount of disbursements \$ 74.9874 + \$ 1,57.44 \$ 8,656.18 \$ 8,656.18 Total amount of cash on hand \$ 547.16 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 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 Friends to through 4/22/2017 2017 Reporting period | / / / / 17 APR 25 PM 1: 34 A. Source: Corporation PAC Individual 7 Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Mailing Address Couch \$ 3023 City, State, Zip Code Jackson 39 Name of Employer (Required) Malaco Occupation (Required) Aggregate \$ 500,00 Owner / Presider year-to-date Individual / Loan B. Source: Corporation PAC Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Barros **Mailing Address** City, State, Zip Code 3921 Jac KSON Name of Employer (Required) 294 Occupation (Required) Aggregate Professe 1 year-to-date Individual 7 C. Source Corporation [PAC Loan [Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 120117 200

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Individual V

Loan [

Solf-Emoboro

torne

Other (please specify)

Corporation |

PAC

tchings

392

Lasurance

Mailing Address

Name of Employer (Required)

Occupation (Required)

Howar

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Mailing Address

City, State, Zip Code

D. Source:

Full name

\$

\$ [

\$

\$ 1250

Amount of each

receipt

this period

500.00

Aggregate

year-to-date

Date

(Mo., Day, Year)

Aggregate

year-to-date

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Name of Candidate	or Co	mmittee	Friends to 1	2/0	4)	toran +	3.1
Reporting period	1	2017	through	4	22	2017	

Other (please specify)

FIF to Good

M

Full name

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

I LIMIZED RECEIP IS Corporation PAC Individual A. Source: Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Mailing Address \$ KOX City, State, Zip Code \$ Name of Employer (Required) Employed Occupation (Required) Aggregate \$ 13819,20 year-to-date Individual 7 B. Source: Corporation [PAC Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 500,00 Mailing Address 나 거 있 및 City, State, Zip Code Place 10000 \$ [Name of Employer (Required) Emokuo Occupation (Required) Aggregate year-to-date ne Corporation PAC C. Source Individual | Loan [Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ 250.00 arson (5 cours Mailing Address \$ 125 City, State, Zip Code \$ [Jackson 3920 Name of Employer (Required) \$ a w Occupation (Required) Aggregate \$ 4569,20 year-to-date Corporation PAC D. Source: Individual [Loan

Amount of each

receipt

this period

\$ 14819,20

\$ 250,

\$

\$

\$

Date

(Mo., Day, Year)

Aggregate year-to-date

Name of Condition	e.L	Page \(\sqrt{ of \(\sqrt{S} \)
Name of Candidate or Committee / riend to the Arch	D.	
Reporting period /// / through 4/20/17	- -	
ITEMIZED RECEIP	IS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	416177	\$ 7000
Mailing Address		* 600,w
1 242 Granville Ct	<u> </u>	\$
City, State, Zip Code	厂,厂, 厂	\$
Laton Rouge LA 70810		4
Name of Employer (Required) Se ($\Box \prime \Box \prime \Box$	\$
Occupation (Required)	Aggregate	\$ 521920
Danie Danie Latinia Latinia	year-to-date	0011.
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	\Box , \Box , \Box	\$ [
Mailing Address		\$
City, State, Zip Code		
	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		2 W7477-1107-4 Republication (64)
		\$
Mailing Address 'SW'NOSYDYC		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	le -

Occupation (Required)

Aggregate year–to-date

Name of Candidate	or Cdmn	nittee Friends	f.	Elect	A	4.	Bal	P	age of
Reporting period	1/1	12017		_ through _	41	199	117		

ITEMIZED DISBURSEMENT \$25 PM 1: 34

		RECEIVED
Lange of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Hailing Address 405 Country place pkwy	313117	\$ 1400.00
City, State, Zip Code Pear MS 39208	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1400.00
B. Full name Stratagies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 120117	\$302,40
City, State, Zip Code 39204	3 123117	\$ 486.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,188.40
Edge of Faifinity Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 59083	3-123117	\$ 375,00
City, State, Zip Code NS 39384	3 1271 17	\$ 750,00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$3313,40
Creative Denot LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Address 2640 Terry Rd Ste 360	3 127117	\$ 386.00
City, State, Zip Code School MS 39204	4-14-17	\$ 850.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4549.40
E. Full name Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4129117	\$ 1115,64
City, State, Zip Code Sacron MS. 39204		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$5665.04
F. Full name High Jump of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Presidential	4111117	\$ 335, °°
City, State, Zip Code Cocyclon MS 39213		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$600004

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Name of Candidate or Comm	nittee Friends	to Elect A	tery Dol	٧
Reporting period	2017	through 4	20/17	

ITEMIZED DISBURSEMENT'SAPR 25 PM 1: 35

		PECELVED
A. Full name U Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8000 Haskell Ave	3129117	\$ 248,70
City, State, Zip Code Van Nys Ca 91406		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$6248.74
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 405 Country place Pkyy	4122117	\$ 1000.00
City, State, Zip-Gode Pege MS 39202		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 7248.74
C. Full name De Miktric Bigas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2118117	\$ 250.00
City, State, Zip Code Occusion MS 39272		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,498,74
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		s