

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate John David Wheeler
 Address 6598 Pine Tree Loop E. Southaven ms 38672
 Telephone (Work) 901-359-0256 (Home) _____ (Fax) _____
 Contact Name John Wheeler Email Address WheelerJ11c@AOL.COM
 Office Sought Alderman ward 5 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 \$ | 3,850 | + \$ 1,750 | \$ 5,600 | \$ 5,600 |
| Total amount of disbursements \$ | 7,357.58 | + \$ - | \$ 7,357.58 | \$ 7,357.58 |
| Total amount of cash on hand | | | \$ 3,087 | |

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 4/24/17

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).

Name of Candidate or Committee John David WheelerReporting period 1/1/17 through 4/22/17

ITEMIZED RECEIPTS

| A. Source: <input 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>William K. Nottingham</u> | <u>3/28/17</u> | \$ <u>350⁰⁰</u> |
| Mailing Address <u>2131 W Glen Alden Dr</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Germantown, TN 38139</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>Wheeler Homes</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Superintendent Construction</u> | Aggregate year-to-date | \$ <u>350⁰⁰</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>Barney Brothers of MS</u> | <u>3/28/17</u> | \$ <u>1000⁰⁰</u> |
| Mailing Address <u>50 Claringdon Dr</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Southaven, MS 38671</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>Self Employed</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Flouring Company owner</u> | Aggregate year-to-date | \$ <u>1000⁰⁰</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" 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 <u>Underwood Sales</u> | <u>3/29/17</u> | \$ <u>500⁰⁰</u> |
| Mailing Address <u>2783 Longate Drive</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Memphis, TN 38132</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>Self Employed</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500⁰⁰</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 <u>Oliver M. Burch, IV</u> | <u>3/18/17</u> | \$ <u>500⁰⁰</u> |
| Mailing Address <u>PO Box 807</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Holly Springs, MS 38625</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>Self Employed</u> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Real Estate Broker</u> | Aggregate year-to-date | \$ _____ |

Name of Candidate or Committee Shirley Reed Wharta

Reporting period 1/1/17 through 4/26/17

ITEMIZED RECEIPTS

| A. Source: <input 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>Sidney Lonier Hurdle Jr</u> | <u>3/16/17</u> | \$ <u>500⁰⁰</u> |
| Mailing Address | | |
| <u>PO Box 150</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | |
| <u>Southaven, MS 38671</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 developer</u> | Aggregate year-to-date | \$ <u>500⁰⁰</u> |
| B. Source: <input 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>OMC Consulting Services</u> | <u>4/14/17</u> | \$ <u>1000⁰⁰</u> |
| Mailing Address | | |
| <u>20011 Legacy Court</u> | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code | | |
| <u>Esteros, FL 33928</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>Logistics Specialist</u> | Aggregate year-to-date | \$ <u>1000⁰⁰</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) _____ | | |
| 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> |
| 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> |