

REPORT OF INCOME AND DISBURSEMENTS
2017



Name of Candidate: David Braud Sr.
 Address: 11 Periwinkle Lane Long Beach, MS 39560
 Telephone (Work): _____ Home: 228-326-6140 Cell: _____
 Contact Name: David Braud Email Address: braudboy@yahoo.com
 Office Sought: alderman Political Party (if any): republican

Check box if elected candidate with previous year's statement

STATE OF MISSISSIPPI

- Thursday, April 20, 2017 (January 1, 2017, through April 22, 2017) Primary Pre-Election Report
 _____ Thursday, May 4, 2017 (April 23, 2017, through May 1, 2017) Primary Post-Election Report
 _____ Monday, May 22, 2017 (January 1, 2017, through May 21, 2017) Pre-Election Report
 _____ Wednesday, January 11, 2017 (January 1, 2017, through December 31, 2017) Annual Report
 _____ Thursday, May 4, 2017 (Candidate will not report except contributions or make campaign special interest or large attending campaign debt obligation) Required or optional reporting obligation

INSTRUCTIONS

- (1) Primary reports are required for Primary Pre-Election Report for Thursday, April 20, 2017 to April 22, 2017, through May 4, 2017.
- (2) Post-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 reflecting "0" (zero) for both amount of reported contributions and expenditures during this period.
- (3) Annual Report is mandatory unless candidate has filed a Termination Report prior to December 31, 2017.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be advised, in writing, of the required reports by 5:00 p.m. on the reporting day. This deadline date is a condition of candidacy. Candidates must be in compliance with the required reports by 5:00 p.m. on the final reporting day before the deadline. Reports may be filed by hand, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Number	+	Per-Report	Year Period	Calendar month(s)
Total amount of contributions	<u>0</u>	<u>+</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total amount of disbursements	<u>0</u>	<u>+</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total amount of cash on hand				<u>0</u>	

I certify that I have read and understand the contents of my knowledge and belief of the accuracy and completeness.
 Signature: David Braud Sr. Date: 4/21/17

Authority: Miss. Code Ann. § 23-15-901, et seq.
 Candidates & candidates who file with the, or file to directly file, required reports in accordance with the statutory provision cannot be certified or elected to office unless and until he files all reports due as of the date of certification. The candidate who is elected to office shall resolve any delay or other communication for the filing system and shall file all reports required by statute.
 Miss. Code Ann. § 23-15-901 (1)(7).

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Name of Contributor or Donor: David Braud Sr.
 Reporting period: Jan 1, 2017 through Apr 22, 2017

ITEMIZED RECEIPTS

Source	Corporate	PAID	Individual	Other	Date	Amount of each receipt	
Other (please specify)					Date (Mo., Day, Year)	Amount of each receipt for period	
Name					<input type="checkbox"/>	<input type="checkbox"/>	\$
Mailing Address					<input type="checkbox"/>	<input type="checkbox"/>	\$
City, State, Zip Code					<input type="checkbox"/>	<input type="checkbox"/>	\$
Name of Employer (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
Occupation (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
					Aggregate year-to-date	\$	
Other (please specify)					Date (Mo., Day, Year)	Amount of each receipt for period	
Name					<input type="checkbox"/>	<input type="checkbox"/>	\$
Mailing Address					<input type="checkbox"/>	<input type="checkbox"/>	\$
City, State, Zip Code					<input type="checkbox"/>	<input type="checkbox"/>	\$
Name of Employer (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
Occupation (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
					Aggregate year-to-date	\$	
Other (please specify)					Date (Mo., Day, Year)	Amount of each receipt for period	
Name					<input type="checkbox"/>	<input type="checkbox"/>	\$
Mailing Address					<input type="checkbox"/>	<input type="checkbox"/>	\$
City, State, Zip Code					<input type="checkbox"/>	<input type="checkbox"/>	\$
Name of Employer (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
Occupation (if applicable)					<input type="checkbox"/>	<input type="checkbox"/>	\$
					Aggregate year-to-date	\$	

N/A

Name of Donor: David Braud Sr.
Reporting period: Jan 1, 2017 - Apr 22, 2017

ITEMIZED DISBURSEMENTS

NIA

Section	Date (Mo., Day, Year)	Amount of each disbursement in period
1. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$
2. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$
3. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$
4. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$
5. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$
6. Full name		
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Appropriate Year-to-date	\$