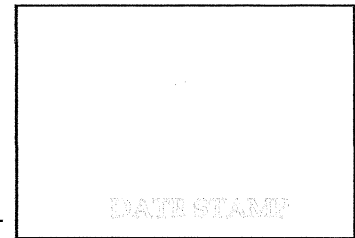




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Municipal Election



Name of Candidate George L. Bass
 Address 20171 Lovers Lane Long Beach, MS
 Telephone (Work) _____ (Home) 2282341832 (Fax) _____
 Contact Name Philip Kies Email Address phil.kies@att.net
 Office Sought Mayor, Long Beach, MS 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	\$ 17188.00	+	\$ 4606.19	\$ 3300.00	\$ 21794.19
Total amount of disbursements	\$ 20876.43	+	\$ 0	\$ 5860.88	\$ 20876.43
Total amount of cash on hand				\$ 917.76	

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

MAY 06, 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).

Name of Candidate or Committee GEORGE BASSReporting period APRIL 23, 2017 through MAY 6, 2017

ITEMIZED DISBURSEMENTS

A. Full name SOUTHERN PRINTING AND SILK SCREENING, INC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 230 DAVIS AVENUE	04 / 24 / 17	\$ 342.40
City, State, Zip Code PASS CHRISTIAN, MS, 39571	___ / ___ / ___	\$
Purpose of Disbursement (Optional) BANNER	Aggregate Year-to-date	\$ 5028.03
B. Full name MAGNOLIA PRINTING & COPYING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1829 25TH AVENUE	04 / 26 / 17	\$ 3766.95
City, State, Zip Code GULFPORT, MS 39501	___ / ___ / ___	\$
Purpose of Disbursement (Optional) PUSHCARDS & MAILOUT	Aggregate Year-to-date	\$ 4706.84
C. Full name QUALITY POULTRY & SEAFOOD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 895 DIVISION STREET	04 / 27 / 17	\$ 315.33
City, State, Zip Code BILOXI MS. 39530	___ / ___ / ___	\$
Purpose of Disbursement (Optional) MEAT FOR EVENT	Aggregate Year-to-date	\$ 315.33
D. Full name SHAWSIGNOLINE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 21797 RIDGEVIEW DRIVE	04 / 27 / 17	\$ 427.50
City, State, Zip Code SAUCIER, MS 39574	___ / ___ / ___	\$
Purpose of Disbursement (Optional) SIGNS	Aggregate Year-to-date	\$ 1277.50
E. Full name MILNER RENTAL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 940 PASS ROAD	04 / 28 / 17	\$ 288.90
City, State, Zip Code GULFPORT, MS. 39501	___ / ___ / ___	\$
Purpose of Disbursement (Optional) RENT TABLES & CHAIRS FOR AN EVENT	Aggregate Year-to-date	\$ 288.90
F. Full name SAM'S CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10431 OLD HWY	04 / 29 / 17	\$ 500
City, State, Zip Code GULFPORT, MS 39501	___ / ___ / ___	\$
Purpose of Disbursement (Optional) FISH & OIL FOR EVENT	Aggregate Year-to-date	\$ 500

Name of Candidate or Committee GEORGE BASS
 Reporting period APRIL 23, 2017 through MAY 6, 2017

ITEMIZED DISBURSEMENTS

A. Full name JESSE COUTER	Date (Mo., Day, Year) 04 / 29 / 17	Amount of each disbursement this period \$ 220
Mailing Address UNKNOWN	___ / ___ / ___	\$
City, State, Zip Code UNKNOWN	___ / ___ / ___	\$
Purpose of Disbursement (Optional) MUSIC FOR EVENT	Aggregate Year-to-date	\$ 220
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	\$
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	\$
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	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee GEORGE BASSReporting period APRIL 23, 2017 through MAY 06, 2017

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 HERMAN R. NECAISE	04 / 23 / 17	\$ 3000
Mailing Address 21041 COASTAL PARKWAY	□ / □ / □	\$ □
City, State, Zip Code GULFPORT, MS 39501	□ / □ / □	\$ □
Name of Employer (Required) SELF EMPLOYED	□ / □ / □	\$ □
Occupation (Required) CONTRACTOR	Aggregate year-to-date	\$ 3000
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input 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 MIKE HOLMES CONSTRUCTION LLC	04 / 29 / 17	\$ 300
Mailing Address 7445 PINE STREET	□ / □ / □	\$ □
City, State, Zip Code PASS CHRISTIAN, MS 39571	□ / □ / □	\$ □
Name of Employer (Required) SAME	□ / □ / □	\$ □
Occupation (Required) CONTRACTOR	Aggregate year-to-date	\$ 300
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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	□ / □ / □	\$ □
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	□ / □ / □	\$ □
Mailing Address	□ / □ / □	\$ □
City, State, Zip Code	□ / □ / □	\$ □
Name of Employer (Required)	□ / □ / □	\$ □
Occupation (Required)	Aggregate year-to-date	\$ □