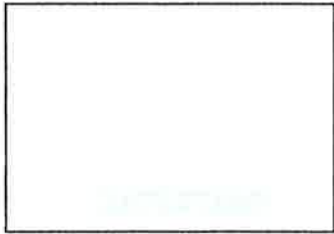


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2017 Municipal Election**



Name of Candidate Gary J. Ponthieux  
 Address 212 South Seashore Avenue  
 Telephone (Work) 228-216-4183 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Gary Ponthieux Email Address Garyjponthieux@gmail.com  
 Office Sought Mayor-Long Beach 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	\$ 3250.00	+	\$ 2450.00	\$ 5700.00	\$
Total amount of disbursements	\$ 3481.2	+	\$ 224.17	\$ 3705.37	\$
Total amount of cash on hand				\$ 1994.63	

*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

April 25, 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).

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4:55

Name of Candidate or Committee Gary Ponthieux

Reporting period 1/1/17 through 4/22/17

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Southern Printing		
<b>Mailing Address</b>	1 / 25 / 17	\$ 2945.18
230 Davis Ave.		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Pass Christian, MS 39571		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2945.18
Signs		
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
USPS		
<b>Mailing Address</b>	1 / 18 / 17	\$ 182.00
Klondyke Road		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Long Beach, MS 39560		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 182.00
Postage		
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Kacey Edwards		
<b>Mailing Address</b>	1 / 25 / 17	\$ 29.22
101 Azelea Lane		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Pass Christian, MS 39571		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 29.22
Web Page		
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Bay Printing Design		
<b>Mailing Address</b>	1 / 21 / 17	\$ 74.90
998-B		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Bay St. Louis, MS 39520		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 74.90
Cards		
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Vista Printing		
<b>Mailing Address</b>	1 / 28 / 17	\$ 249.90
Hudsonweg-8		
<b>City, State, Zip Code</b>	__ / __ / __	\$
Venlo, Netherlands, 5928 LW		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 249.90
Push-Cards		
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

Name of Candidate or Committee Gary Ponthieux

Reporting 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 Dennis Stieffel	2 / 6 / 17	\$ 500.00
Mailing Address 13061 Shriners Blvd. Suite-C	/ /	\$
City, State, Zip Code Biloxi, MS 39532	/ /	\$
Name of Employer (Required) Self-employed	/ /	\$
Occupation (Required) Businessman	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Silver Slipper, LLC	3 / 28 / 17	\$ 1000.00
Mailing Address P.O. Box 3270	/ /	\$
City, State, Zip Code Bay St. Louis, MS 39521	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Ronald Price	4 / 19 / 17	\$ 500.00
Mailing Address 9109 Compton Court	/ /	\$
City, State, Zip Code Baton Rouge, LA 70808	/ /	\$
Name of Employer (Required) Retired	/ /	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name EMS Mangement LLC	3 / 20 / 17	\$ 1000.00
Mailing Address 6363 S. Fiddlers Green Circle	/ /	\$
City, State, Zip Code Greenwood Village, CO 80111	/ /	\$
Name of Employer (Required) EMS	/ /	\$
Occupation (Required) Ambulance Service	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Gary PonthieuxReporting period 1/1/17 through 4/22/17

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Walker Rent-All</u>		<u>4</u> / <u>12</u> / <u>17</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 718</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Frankie Walker</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Renter Service</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>James Parrish</u>		<u>2</u> / <u>21</u> / <u>17</u>	\$ <u>250.00</u>
Mailing Address <u>111 Main Street Suite-E</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Bay St. Louis, MS 39560</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>Businessman</u>		Aggregate year-to-date	\$ <u>250.00</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 _____		<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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
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>