

2014

**City of Jackson, MS
Mayoral Campaign Contributions**

Tony Yarber

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Election



Name of Candidate Tony Yarber
 Address P.O. Box 1530 Jackson, MS 39215 County Hinds
 Telephone (Work) _____ (Home) (769) 798-6200 (Fax) _____
 Contact Name Tony Yarber Email Address tony@yarberformayor.com
 Office Sought Mayor
 Check here if above is different from previous report

TYPE OF REPORT

- May 27, 2014 Pre-Election Report** (January 1, 2014, through May 24, 2014) **Mandatory**
All Primary Candidates
- June 17, 2014 Pre-Runoff Report** (May 25, 2014, through June 14, 2014) **Mandatory**
Primary Runoff Candidates Only
- October 28, 2014 Pre-Election Report** (June 15, 2014, through October 25, 2014) **Mandatory**
All Candidates
- November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014) **Runoff Candidates**
Runoff Candidates only
- January 30, 2015 Annual Report** (January 1, 2014, through December 31, 2014) **Mandatory**
All Candidates that made expenditures in MS during the 2014 period
- 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) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss Code Ann. § 23-15-807(b) (ii) and (iii)
- (3) The receiving authority 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar Year-To-Date
Total amount of contributions	\$87,077.00 + \$8,639.00	\$95,716.00	\$95,716.00
Total amount of disbursements	\$94,509.65 + \$410.00	\$94,919.65	\$94,919.65
Total amount of cash on hand		\$796.35	

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

4.1.14

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or in accordance with Miss. Code Ann. §§23-15-811 and 813 (1972)

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
 3. Candidates for Municipal office should return forms to their Municipal Clerk.

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Reporting Period 3/1/2014 through 3/31/2014

ITEMIZED RECEIPTS

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 Socrates Garrett Mailing Address 2659 Livingston Rd City, State, Zip Code Jackson, MS 39213-6926 Name of Employer (Required) Garrett Enterprise Occupation (Required) Owner	03/03/2014	\$15,000.00
Aggregate year-to-date		\$15,000.00
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 Marcus Wallace Mailing Address 125 South Congress Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) M.A.C. & Associates Occupation (Required)	03/04/2014	\$5,000.00
Aggregate year-to-date		\$5,000.00
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 W, Hibbett Neel Mailing Address PO Box 22625 City, State, Zip Code Jackson, MS 39225-2625 Name of Employer (Required) Neel- Shaffer Occupation (Required)	03/05/2014	\$500.00
Aggregate year-to-date		\$500.00
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 Lydia Jones Mailing Address 314 S Extension St City, State, Zip Code Hazlehurst, MS 39083-3310 Name of Employer (Required) Self Occupation (Required)	03/11/2014	\$10,000.00
Aggregate year-to-date		\$10,000.00

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Reporting Period 3/1/2014 through 3/31/2014

ITEMIZED RECEIPTS

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 Robert Kelly Mailing Address PO Box 68701 City, State, Zip Code Jackson, MS 39286-8701 Name of Employer (Required) Retired Occupation (Required)	03/11/2014	\$1,500.00
Occupation (Required)		Aggregate year-to-date: \$1,500.00
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 Gerald Mumford Mailing Address 4808 N State St City, State, Zip Code Jackson, MS 39206-4823 Name of Employer (Required) The Mumford Law Firm PLLC Occupation (Required) Attorney	03/11/2014	\$300.00
Occupation (Required)		Aggregate year-to-date: \$300.00
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 Kelvin Robinson Mailing Address 238 Merrimack St City, State, Zip Code Jackson, MS 39209-3131 Name of Employer (Required) Self Occupation (Required)	03/11/2014	\$1,000.00
Occupation (Required)		Aggregate year-to-date: \$1,000.00
Source: <input checked="" 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 Capital Drywall LLC Mailing Address 3924 W Northside Dr City, State, Zip Code Jackson, MS 39209-2561 Name of Employer (Required)	03/13/2014	\$250.00
Occupation (Required)		Aggregate year-to-date: \$250.00

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Reporting Period 3/1/2014 through 3/31/2014

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hubbard Family Reunion Committee Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	03/13/2014	\$647.00
	Aggregate year-to-date	\$647.00
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 Joel Hudnall Mailing Address 201 Ivy Brook Ct City, State, Zip Code Madison, MS 39110-6517 Name of Employer (Required) Neel Schaffer Occupation (Required)	03/13/2014	\$500.00
	Aggregate year-to-date	\$500.00
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 Carla Kirkland Mailing Address 137 Munich Dr City, State, Zip Code Madison, MS 39110-9082 Name of Employer (Required) Marathon Education Group Occupation (Required)	03/13/2014	\$1,500.00
	Aggregate year-to-date	\$1,500.00
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 Barron Banks Mailing Address 115 Carriage Hills Dr City, State, Zip Code Jackson, MS 39212-3706 Name of Employer (Required) Jackson State University Occupation (Required) Professor	03/14/2014	\$130.00
	Aggregate year-to-date	\$1,130.00

Reporting Period 3/1/2014 through 3/31/2014

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackson Associate Local Mailing Address 104 Fair Oaks Dr City, State, Zip Code Jackson, MS 39212-2223 Name of Employer (Required) 	03/14/2014	\$300.00
Occupation (Required)	Aggregate year-to-date	\$300.00
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 Leroy Walker Mailing Address 5958 Holbrook Dr. City, State, Zip Code Jackson, MS 39206-2062 Name of Employer (Required) McDonalds	03/14/2014	\$500.00
Occupation (Required) Owner	Aggregate year-to-date	\$500.00
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 Diedra J Jones Mailing Address 5002 Harling Pl City, State, Zip Code Jackson, MS 39211-4742 Name of Employer (Required) Kool Smiles	03/17/2014	\$500.00
Occupation (Required) Dentist	Aggregate year-to-date	\$500.00
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 George B Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Retired	03/17/2014	\$250.00
Occupation (Required)	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" 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 Service Contractors LLC Mailing Address PO Box 1436 City, State, Zip Code Jackson, MS 39215-1436 Name of Employer (Required) 	03/17/2014	\$300.00
Occupation (Required)	Aggregate year-to-date	\$300.00
Source: <input checked="" 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 New England Contractors LLC Mailing Address PO Box 1633 City, State, Zip Code Jackson, MS 39215-1633 Name of Employer (Required) 	03/18/2014	\$300.00
Occupation (Required)	Aggregate year-to-date	\$300.00
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 Martha Jones Mailing Address 1679 Channel Creek Rd City, State, Zip Code Jackson, MS 39209-9404 Name of Employer (Required) Retired	03/20/2014	\$2,000.00
Occupation (Required)	Aggregate year-to-date	\$2,000.00
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 James Ashley Ogden Mailing Address 500 E Capitol St City, State, Zip Code Jackson, MS 39201-2703 Name of Employer (Required) Ogden & Associates	03/20/2014	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

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 Gilbert Sturgis Mailing Address 5738 Brownlee Dr City, State, Zip Code Jackson, MS 39206-2715 Name of Employer (Required) Retired Occupation (Required) 	03/20/2014	\$500.00
Aggregate year-to-date		\$500.00
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 L. Tanya Walker Mailing Address 2891 Terry Rd City, State, Zip Code Jackson, MS 39212-3051 Name of Employer (Required) Dental Associate of Ellis Isle Occupation (Required) Dentist	03/20/2014	\$300.00
Aggregate year-to-date		\$300.00
Source: <input checked="" 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 Capital Hotel Associates LLC Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	03/21/2014	\$1,000.00
Aggregate year-to-date		\$1,000.00
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 Jesse Simpson Mailing Address 103 Harper St City, State, Zip Code Ridgeland, MS 39157-8675 Name of Employer (Required) Southern Diagnostic Laboratories Occupation (Required) Owner	03/21/2014	\$1,000.00
Aggregate year-to-date		\$1,000.00

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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 Joseph Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) The Simpson Group Occupation (Required)	03/21/2014	\$2,000.00
Aggregate year-to-date		\$2,000.00
Source: <input checked="" 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 SOL Engineering Service LLC Mailing Address PO Box 1327 City, State, Zip Code Canton, MS 39046-1327 Name of Employer (Required)	03/21/2014	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Tony Yarber Mailing Address 1605 Dorgan St City, State, Zip Code Jackson, MS 39204-4306 Name of Employer (Required) City Of Jackson Occupation (Required)	03/21/2014	\$20,000.00
Aggregate year-to-date		\$20,000.00
Source: <input checked="" 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 Greenway Schools/ Development Center Mailing Address 1633 Raymond Rd City, State, Zip Code Jackson, MS 39204-4204 Name of Employer (Required)	03/24/2014	\$500.00
Aggregate year-to-date		\$500.00

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Reporting Period 3/1/2014 through 3/31/2014

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Full Name Pirouette Companies LLC Mailing Address 1266 W Paces Ferry Rd NW City, State, Zip Code Atlanta, GA 30327-2306 Name of Employer (Required)	03/24/2014	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" 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 Southwest Maxillofacial Surgery & Implan Mailing Address 3885 Princeton Lakes Way SW City, State, Zip Code Atlanta, GA 30331-5599 Name of Employer (Required)	03/24/2014	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input checked="" 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 Sanjo Security Service Inc. Mailing Address 1615 S Gallatin St City, State, Zip Code Jackson, MS 39201-6406 Name of Employer (Required)	03/25/2014	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00
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 Robert Braddy Sr. Mailing Address 531 R T Braddy Rd City, State, Zip Code Florence, MS 39073-8084 Name of Employer (Required) Retired	03/26/2014	\$300.00
Occupation (Required)	Aggregate year-to-date	\$300.00

Reporting Period 3/1/2014 through 3/31/2014

ITEMIZED RECEIPTS

Source: <input checked="" 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 K & D Home Improvement Mailing Address 113 Pecan Ridge Dr City, State, Zip Code Terry, MS 39170-8722 Name of Employer (Required) 	03/26/2014	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00
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 Joe Tatum Mailing Address PO Box 22688 City, State, Zip Code Jackson, MS 39225-2688 Name of Employer (Required) Tatum & Wade 	03/27/2014	\$1,500.00
Occupation (Required)	Aggregate year-to-date	\$1,500.00
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 Barron Banks Mailing Address 115 Carriage Hills Dr City, State, Zip Code Jackson, MS 39212-3706 Name of Employer (Required) Jackson State University 	03/28/2014	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,130.00
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 Mitzi Bickers Mailing Address 3306 Bay View Dr City, State, Zip Code Jonesboro, GA 30236-5478 Name of Employer (Required) Self 	03/28/2014	\$4,000.00
Occupation (Required)	Aggregate year-to-date	\$4,000.00

ITEMIZED RECEIPTS

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 E. R. Mitchell	03/28/2014	\$10,000.00
Mailing Address 1045 Research Center Dr. SW		
City, State, Zip Code Atlanta, GA 30331		
Name of Employer (Required) E. R. Mitchell Construction		
Occupation (Required) President	Aggregate year-to-date	\$10,000.00

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Name of Candidate or Committee Tony YarberReporting Period 3/1/2014 through 3/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Theresa G Kennedy	03/07/2014	\$857.15
Mailing Address PO Box 391		
City, State, Zip Code Ridgeland, MS 39158-0391		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$5,058.89
Janene Tillman	03/07/2014	\$142.86
Mailing Address 6538 Lyndon B Johnson Dr		
City, State, Zip Code Jackson, MS 39213-2925		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$2,036.55
Tony Yarber	03/07/2014	\$800.00
Mailing Address 1605 Dorgan St		
City, State, Zip Code Jackson, MS 39204-4306		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$3,200.00
A to Z Printitng	03/10/2014	\$3,213.00
Mailing Address 5468 N State St		
City, State, Zip Code Jackson, MS 39206-3523		
Purpose of Disbursement (Optional) 700 Yard Signs and Stakes	Aggregate year-to-date	\$9,571.50
Warren Austin	03/10/2014	\$200.00
Mailing Address P.O. Box 34412		
City, State, Zip Code Jackson, MS 39225		
Purpose of Disbursement (Optional) Push Cards Printing	Aggregate year-to-date	\$400.00
Jackson F Press	03/10/2014	\$556.75
Mailing Address 125 S Congress St		
City, State, Zip Code Jackson, MS 39201-3300		
Purpose of Disbursement (Optional) advertisement	Aggregate year-to-date	\$1,296.25

Name of Candidate or Committee Tony YarberReporting Period 3/1/2014 through 3/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Angela Grayson	03/11/2014	\$43.40
Mailing Address 3100 Woodbine St		
City, State, Zip Code Jackson, MS 39212-4278		
Purpose of Disbursement (Optional) Reimbursement	Aggregate year-to-date	\$1,093.40
WJMI & WKXI	03/11/2014	\$2,233.80
Mailing Address 731 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4800		
Purpose of Disbursement (Optional) Radio Advertisement	Aggregate year-to-date	\$5,733.80
WMPR	03/11/2014	\$500.00
Mailing Address 1018 Pecan Park Cir		
City, State, Zip Code Jackson, MS 39209-6913		
Purpose of Disbursement (Optional) Radio Advertisement	Aggregate year-to-date	\$2,300.00
George Jones	03/12/2014	\$126.01
Mailing Address 1728 Dewey St		
City, State, Zip Code Jackson, MS 39209-5615		
Purpose of Disbursement (Optional) Paid Canvassing	Aggregate year-to-date	\$1,276.01
WMPR	03/12/2014	\$1,800.00
Mailing Address 1018 Pecan Park Cir		
City, State, Zip Code Jackson, MS 39209-6913		
Purpose of Disbursement (Optional) Radio Show	Aggregate year-to-date	\$2,300.00
A to Z Printitng	03/13/2014	\$3,564.00
Mailing Address 5468 N State St		
City, State, Zip Code Jackson, MS 39206-3523		
Purpose of Disbursement (Optional) 100 4x8 Signs	Aggregate year-to-date	\$9,571.50

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Name of Candidate or Committee Tony YarberReporting Period 3/1/2014 through 3/31/2014

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Warren Austin		
Mailing Address P.O. Box 34412	03/13/2014	\$200.00
City, State, Zip Code Jackson, MS 39225		
Purpose of Disbursement (Optional) Push Cards Printing	Aggregate year-to-date	\$400.00
Capital Club		
Mailing Address PO Box 1432	03/13/2014	\$625.10
City, State, Zip Code Jackson, MS 39215-1432		
Purpose of Disbursement (Optional) Prayer Breakfast Food	Aggregate year-to-date	\$625.10
Jackson Jambalaya		
Mailing Address 855 S Pear Orchard Rd	03/13/2014	\$500.00
City, State, Zip Code Ridgeland, MS 39157-5113		
Purpose of Disbursement (Optional) Jackson Jambalaya Advertisement	Aggregate year-to-date	\$500.00
Lamar Companies		
Mailing Address 401 Country Place Pkwy	03/13/2014	\$1,260.00
City, State, Zip Code Pearl, MS 39208-6774		
Purpose of Disbursement (Optional) Billboards	Aggregate year-to-date	\$6,960.00
TNT Shirts		
Mailing Address 700 S State St	03/13/2014	\$780.84
City, State, Zip Code Jackson, MS 39201-5613		
Purpose of Disbursement (Optional) T shirts printing	Aggregate year-to-date	\$930.75
Broad Street		
Mailing Address 4465 1-55 North	03/13/2014	\$384.18
City, State, Zip Code Jackson, MS 39206		
Purpose of Disbursement (Optional) Meet & Greet Coffee	Aggregate year-to-date	\$837.52

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