



Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2021 Municipal Election

Name of Candidate John David Wheeler  
 Address 5598 Pinetree Loop East City/State/Zip Southaven MS 38672  
 Telephone (Work) 901-359-0255 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name John Email Address wheelerj1@aol.com  
 Office Sought Alderman Political Party (if any) Rep.

Check here if above information is different from previous report

**TYPE OF REPORT**

- \_\_\_\_\_ Tuesday, March 30, 2021 (January 1, 2021 through March 27, 2021) ..... Primary Pre-Election Report  
 \_\_\_\_\_ Tuesday, April 20, 2021 (March 28, 2021 through April 17, 2021) ..... Primary Pre-Runoff Election Report  
 Tuesday, June 1, 2021 (January 1, 2021 through May 29, 2021\*) ..... General Pre-Election Report  
 \_\_\_\_\_ Monday, January 31, 2022 (January 1, 2021 through December 31, 2021) ..... 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, June 1, 2021 is March 28, 2021 through May 29, 2021.  
 (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. Unopposed candidates are not required to file Pre-Election Reports.  
 (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2021.  
 (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 \$	4,500	+	4,200	\$ 646.81	\$ 9,346.81
Total amount of disbursements \$	5,194	+		\$	\$ 5,194.50
Total amount of cash on hand				\$ 4152.88	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]  
 Signature of Candidate

June 1 2021  
 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 John Wheeler  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4/16/21	\$ 200
Mailing Address	4/16/21	\$ 200
City, State, Zip Code	4/16/21	\$ 200
Name of Employer (Required)	4/16/21	\$ 146.81
Occupation (Required)	Aggregate year-to-date	\$ 646.81
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$