



Delbert Hosemann
SECRETARY OF STATE



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2017 Annual Report

Name of Candidate RONALD W. HALE
Address 1833 BROOKHAVEN DRIVE County DESOTO
Telephone (Work) 901-299-7238 (Home) 662-393-2301 (Fax) -
Contact Name SAME Email Address HALE@THERE@COMCAST.NET
Office Sought ALDERMAN WARD 2

Check here if above information is different from previous report

TYPE OF REPORT

- Wednesday, January 31, 2018 (January 1, 2017 through December 31, 2017) Annual Report
- Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero dollar cash on hand balance) Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to January 31, 2017. If no contributions or expenditures have occurred, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the year, and the total cash on hand balance.
- (2) Until a candidate files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). A Termination Report, may be filed at the same time as another type of report by checking both reports.
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized		This Period		Calendar year-to-date
Total amount of contributions	\$ 1500.00	+	\$ 970.00	\$	—	\$	2470.00
Total amount of disbursements	\$ 2151.35	+	\$ 245.00	\$	—	\$	2396.35
Total amount of cash on hand				\$	3774.86		

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

Ronald W. Hale
Signature of Candidate

2-4-18
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. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Send to: Candidates for Statewide, State-District and/or Legislative Office file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov.
Candidates for county and/or county district office file this form with the Circuit Clerk's Office.
Candidates for municipal and/or municipal district office file this form with the Municipal Clerk's Office.

Name of Candidate or Committee RONALD W. HALE

Reporting period 1-1-17 through 12-31-17

ITEMIZED DISBURSEMENTS

A. Full name <u>SIGNMASTER SIGN COMPANY</u>	Date (Mo., Day, Year) <u>5/1/17</u>	Amount of each disbursement this period \$ <u>2151.35</u>
Mailing Address <u>1833 BROOKHAVEN DRIVE</u>	<u>5/1/17</u>	\$ <u>2151.35</u>
City, State, Zip Code <u>SOUTHAVEN, MS 38671</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>SIGNS, BANNERS, MAILERS</u>	Aggregate Year-to-date	\$ <u>2151.35</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$