



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



Name of Candidate RONALD ROBERTSON  
 Address 108 DRIFTWOOD DR. City/State/Zip LONG BEACH, MS 39560  
 Telephone (Work) 228-224-3039 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name RONALD ROBERTSON Email Address SHARLY.ROBERTSON@YAHOO.COM  
 Office Sought ALDERMAN WARD-1 Political Party (if any) REPUBLICAN

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 \$	0	+\$	0	\$ 0	\$ 0
Total amount of disbursements \$	1562.65	+\$		\$ 1562.65	\$ 1562.65
Total amount of cash on hand				\$ 0	

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

Ronald Robertson  
 Signature of Candidate

3-27-21  
 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 RONALD ROBERTSON  
 Reporting period JANUARY 1, 2021 through MARCH 27, 2021

# ITEMIZED RECEIPTS

A. 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	\$ <u>0</u>
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	\$

Name of Candidate or Committee RONALD ROBERTSON  
 Reporting period JAN. 1, 2021 through MAR. 27, 2021

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HARRISON COUNTY CLERK CHECK</u>	<u>2 13 21</u>	\$ <u>24</u>
Mailing Address <u>1801 33RD AVE</u>		
City, State, Zip Code <u>GUNPORT, MS 39503</u>	<u>2 13 21</u>	\$ <u>22</u>
Purpose of Disbursement (Optional) <u>VOTING DATA</u>	Aggregate Year-to-date	\$ <u>44</u>
<b>B. Full name</b> <u>SOUTHERN PRINTING</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>230 DAVIS AVE</u>	<u>3 13 21</u>	\$ <u>321</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>3 10 21</u>	\$ <u>439.24</u>
Purpose of Disbursement (Optional) <u>YARD SIGNS &amp; ROLL CARDS</u>	Aggregate Year-to-date	\$ <u>760.24</u>
<b>C. Full name</b> <u>SOUTHERN PRINTING</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>230 DAVIS AVE</u>	<u>3 16 21</u>	\$ <u>258.41</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>4x6 POST CARDS</u>	Aggregate Year-to-date	\$ <u>258.41</u>
<b>D. Full name</b> <u>U.S. POSTAL SERVICE</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>200 KLOVDYNE RD</u>	<u>1 1</u>	\$ <u>298</u>
City, State, Zip Code <u>WING BEACH, MS 39560</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>STAMPS</u>	Aggregate Year-to-date	\$ <u>298</u>
<b>E. Full name</b> <u>THE GAZERD GAZETTE</u>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address <u>P.O. Box 767</u>	<u>1 1</u>	\$ <u>200</u>
City, State, Zip Code <u>PASS CHRISTIAN, MS 39571</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>NEWSPAPER ADS</u>	Aggregate Year-to-date	\$ <u>200</u>
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$