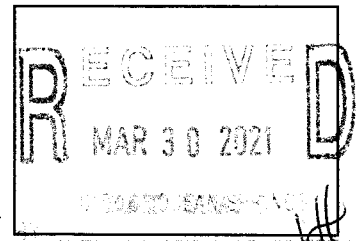


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Municipal Election



Name of Candidate RICKY AUTHEMENT
 Address 1111 IBERVILLE DR City/State/Zip OS, MS 39564
 Telephone (Work) 228-875-3699 (Home) 228-366-0414 (Fax) 228-875-9889
 Contact Name RICKY AUTHEMENT Email Address HOMENSPESPEC@AOL.COM
 Office Sought ALDERMAN WARD 2 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 \$	2250.00	+	3123.00	\$ 5373.00	\$ 5373.00
Total amount of disbursements \$	8693.00	+	0	\$ 8693.00	\$ 8693.00
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.

Ricky Authement
 Signature of Candidate

3-30-21
 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 RICKEY AUTHEMENT

Reporting period 1/1/2021 through 3/27/2021

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 <u>DAVID PILGER</u>	<u>1/15/21</u>	\$ <u>500.00</u>
Mailing Address	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>PILGER TITLE</u>	___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. 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 <u>DANIEL MOBLEY</u>	<u>1/15/21</u>	\$ <u>250.00</u>
Mailing Address	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>CONSULTANT SERVICE</u>	___/___/___	\$
Occupation (Required) <u>CONSULTANT</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. 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 <u>TYLER COX</u>	<u>1/18/21</u>	\$ <u>500.00</u>
Mailing Address	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. 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 <u>TERRY PRICE / GARY BRUNSON</u>	<u>2/1/21</u>	\$ <u>500.00</u>
Mailing Address	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>CBAR</u>	___/___/___	\$
Occupation (Required) <u>REALTOR</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee RICKET ADHEMENT
 Reporting period 1/1/2021 through 3/27/2021

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 <u>GAIL CARTER</u>	<u>2/27/21</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS MS</u>	___/___/___	\$
Name of Employer (Required) <u>MERRITT HEALTH</u>	___/___/___	\$
Occupation (Required) <u>DOCTOR</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" 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 <u>SIE NIGHT AND DAY INC</u>	<u>3/1/21</u>	\$ <u>250.00</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>MOZAICS</u>	___/___/___	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>250.00</u>
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 RICKIE ATHAMLEY

Reporting period 1-21 through 3-27-21

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>REPUBLICAN PARTY</u>	<u>1/10/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>10.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>10.00</u>
<u>QUALIFY #</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALONE</u>	<u>2/1/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>525.58</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>525.58</u>
<u>SIGNS / CANOS</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>COAST TRANSIT</u>	<u>2/1/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>566.64</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>566.64</u>
<u>ADVERTISING</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALONE</u>	<u>2/27/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>551.05</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>551.05</u>
<u>SIGNS</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LAMAN ADVERTISING</u>	<u>2/27/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>2500.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2500.00</u>
<u>BIU BOARD</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALONE</u>	<u>3/1/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>525.58</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>525.58</u>
<u>SIGNS</u>		

Name of Candidate or Committee RICKEN AATHEMENT
 Reporting period 1-1-21 through 3-27-21

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>WXXV</u>	<u>3/15/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>1700.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1700.00</u>
<u>ADVERTISING</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CUSTOM INK</u>	<u>1/15/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>1800.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1800.00</u>
<u>SHIRTS</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>FAMILY FROZEN FOODS</u>	<u>3/2/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>290.49</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>290.49</u>
<u>VILLA DINNOR</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>DESPOINTE'S SEAFOOD</u>	<u>3/2/21</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$ <u>223.55</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>223.55</u>
<u>VILLA DINNOR</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>—/—/—</u>	\$
Mailing Address		
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
	<u>—/—/—</u>	\$
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$