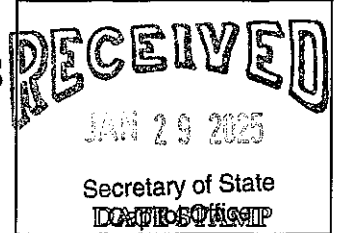




REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Jon Lancaster
 Address 463 C.R. 85 City/State/Zip Houston, Ms 38851
 Telephone (Work) 662-542-9617 (Home) _____ (Fax) _____

Contact Name _____ Email Address _____

Office Sought Mississippi House of Representatives District 22

Check here if above information is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) Annual Report

Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

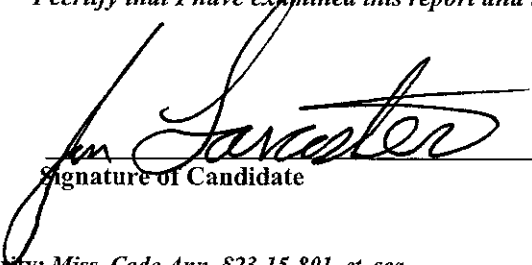
JAN. 1, 2024 CASH ON HAND BALANCE	\$ 1,455. ⁰⁰		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$ 15,160. ⁰⁰
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$ 15,160. 2260. ⁰⁰
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 10,681. ⁶⁴		

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE		\$	7,455.00 7,455.00
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$ 15,760.00
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$ 2260.00
DEC. 31, 2024 CASH ON HAND BALANCE		\$	20,684.64

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

1/29/2023
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 timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Jon LancasterReporting period 1/1/2024 through 1/31/2025**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name Jon Lancaster	Date (Mo., Day, Year) 10 / 01 / 24	Amount of each disbursement this period \$ 1,300.00
Mailing Address 463 C.R. 85	___ / ___ / ___	\$
City, State, Zip Code Houston, Ms 38851	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Loan from Personal Acc.	Aggregate Year-to-date	\$
B. Full name Houston Touchdown Club	Date (Mo., Day, Year) 10 / 11 / 24	Amount of each disbursement this period \$ 460.00
Mailing Address 634 Starkville Rd.	___ / ___ / ___	\$
City, State, Zip Code Houston, Ms 38851	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sign and Meal	Aggregate Year-to-date	\$
C. Full name Chickasaw Development Foundation	Date (Mo., Day, Year) 12 / 02 / 24	Amount of each disbursement this period \$ 500.00
Mailing Address 117 N Jackson ST.	___ / ___ / ___	\$
City, State, Zip Code Houston, Ms 38851	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sign	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Jon LancasterReporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" 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 Mississippi Hills PAC	<u>07 / 27 / 20</u>	\$1,000.00
Mailing Address P.O. Box 949	__ / __ / __	\$
City, State, Zip Code Tupelo, Ms 38802	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$1,000.00
B. Source: <input checked="" 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 T Mobile	<u>09 / 23 / 24</u>	\$300.00
Mailing Address SE 38th St.	__ / __ / __	\$
City, State, Zip Code Bellevue, WA 98006	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$300.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jon Lancaster	<u>10 / 10 / 24</u>	\$460.00
Mailing Address 463 C.R 85	__ / __ / __	\$
City, State, Zip Code Houston, Ms 38851	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" 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 Jones Walker L.L.P.	<u>10 / 23 / 24</u>	\$250.00
Mailing Address 3100 North State St. Suite 300	__ / __ / __	\$
City, State, Zip Code Jackson, Ms 39216	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jon Lancaster

Reporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Ten One PAC</u>	<u>10 / 23 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>200 N Congress AT Ste. 403</u>	<u>11 / 06 / 2024</u>	\$ <u>250.⁰⁰</u>
City, State, Zip Code <u>Jackson, Ms 39201</u>	<u>12 / 24 / 2024</u>	\$ <u>500.⁰⁰</u>
Name of Employer (Required)	<u>12 / 27 / 2024</u>	\$ <u>250.⁰⁰</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>7000.⁰⁰</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Pattern Energy Group Services LP</u>	<u>10 / 23 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>1088 Sansome St.</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>San Francisco, CA 94111</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Mississippi Power Company PAC</u>	<u>10 / 23 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>2992 W Beach Blvd.</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Mississippi Realtors PAC</u>	<u>10 / 23 / 24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 321000</u>	<u>12 / 03 / 24</u>	\$ <u>500.⁰⁰</u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jon LancasterReporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" 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 Cascio Stanford Gov. Law Group	<u>10 / 24 / 24</u>	\$250.00
Mailing Address 825 N President St	___ / ___ / ___	\$
City, State, Zip Code Jackson, Ms 39202	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" 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 Keystone Strategies LLC	<u>10 / 24 / 24</u>	\$250.00
Mailing Address P.O. Box 947	___ / ___ / ___	\$
City, State, Zip Code Brandon, Ms 39043	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" 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 Comcast Corporation	<u>10 / 24 / 24</u>	\$500.00
Mailing Address One Comcast Center 1701 JFK Blvd.	___ / ___ / ___	\$
City, State, Zip Code Philadelphia, PA 19103	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" 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 Friends Of Mississippi Hospitals	<u>10 / 24 / 24</u>	\$500.00
Mailing Address 116 Woodgreen Crossing	___ / ___ / ___	\$
City, State, Zip Code Madison, Ms 39110	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Jon LancasterReporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Capitol Advocacy Group, PAC</u>	<u>10 / 24 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Ms 39205</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" 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 <u>Reynolds Service Company</u>	<u>10 / 24 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>401 N Main St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Winston - Salem, NC</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Mississippi Trucking Asson. Truck PAC</u>	<u>10 / 24 / 2024</u>	\$ <u>500.00</u>
Mailing Address <u>825 North President St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Ms 39202</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Capitol Resources PAC</u>	<u>10 / 24 / 2024</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress St. STE 500</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Ms 39201</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jon LancasterReporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

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 Margaret Futral	10 / 28 / 2024	\$250.00
Mailing Address 247 West Church St.	___ / ___ / ___	\$
City, State, Zip Code Houston, Ms 38851	___ / ___ / ___	\$
Name of Employer (Required) Chickasaw Co.	___ / ___ / ___	\$
Occupation (Required) Supervisor	Aggregate year-to-date	\$
B. Source: <input checked="" 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 Boren & Hawkins Inc.	11/06/2024	\$250.00
Mailing Address 385 Hwy. 51 North	___ / ___ / ___	\$
City, State, Zip Code Batesville, Ms 38606	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
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 Samuel Creekmore IV	11 / 06 / 2024	\$250.00
Mailing Address 1315 S Central Ave.	___ / ___ / ___	\$
City, State, Zip Code New Albany, Ms 38652	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" 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 Electric Cooperatives Of Ms PAC	12 02 2024	\$500.00
Mailing Address P.O. Box 3300	___ / ___ / ___	\$
City, State, Zip Code Ridgeland, Ms 39158	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jon Lancaster

Reporting period 01/01/2024 through 01/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" 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 <u>AT&T Services, Inc.</u>	<u>12</u> / <u>10</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>209 East Capitol Street</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, Ms 39201</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input checked="" 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 <u>EN PAC Mississippi</u>	<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>350.⁰⁰</u>
Mailing Address <u>P.O. Box 7640</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, Ms 39275-7640</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Mississippi Independent Package Stores Assn.</u>	<u>12</u> / <u>27</u> / <u>24</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>927 E. Fortification ST.</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, Ms 39202</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Motorola Solutions, Inc. PAC Multicandidate Comm</u>	<u>12</u> / <u>18</u> / <u>24</u>	\$ <u>750.⁰⁰</u>
Mailing Address <u>607 Pennsylvania Ave, NW Suite 675 North</u>	_ / _ / _	\$
City, State, Zip Code <u>Washington, DC 20004</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Jon Lancaster

Reporting period 01/01/2024 through 1/31/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" 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 MAE-PAC	<u>01 / 06 / 25</u>	\$ 500.00
Mailing Address 1657 McFarland Blvd. N Ste G3e	__ / __ / __	\$
City, State, Zip Code Tuscaloosa, AL 35406-2201	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
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) _____		
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) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$