



MISSISSIPPI ETHICS COMMISSION

STATEMENT OF ECONOMIC INTEREST

Post Office Box 22746
 Jackson, MS 39225-2746
 Telephone: 601-359-1285
 Web: www.ethics.ms.gov

660 North Street, Suite 100-C
 Jackson, MS 39202
 Fax: 601-359-1292
 Email: info@ethics.state.ms.us

SECTION A: Name & Address information.

Last Name: Sanders **First Name:** Corinthian **Middle Name:**

Title: Mr. **Suffix:**

Mailing Address: 4594 Ritchey Drive
 Jackson, MS 39209

SECTION B: List of title(s), position(s) or office(s) in government held by the filer.

<u>Position/Title</u>	<u>Entity</u>	<u>District/Post</u>	<u>Status</u>
Mayor	City of Jackson		Candidate

SECTION C: List of all other occupations of the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year.

<u>Relationship</u>	<u>Occupation</u>
Self	Executive, Administrative, and Managerial Occupations

SECTION D: List of all the names and addresses of all businesses for which any of the following statements are true for the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year, including the name of any position in or relationship to the business.

1. Receives more than Two Thousand Five Hundred Dollars (\$2,500.00) per year in income from the business.
2. Owns ten percent (10%) or more of the fair market value in the business, either directly or through another business.
3. Owns an ownership interest in the business, the fair market value of which exceeds Five Thousand Dollars (\$5,000.00) or
4. Is an employee, director or officer of the business.

<u>Business Name</u>	<u>Business Address</u>	<u>Position</u>	<u>Relationship</u>
THE MISSISSIPPI PROJECT	4594 Ritchey Drive Jackson, MS 39209	Director	Self

SECTION E: List of person or business and the nature of business the filer represented or intervened for compensation before an authority of state or local government, excluding the courts, on any matter other than uncontested or routine matters, only if the filer is (1) an elected official, (2) an executive director or head of a state agency or (3) a president or trustee of a state-supported college, university or community or junior college, including members of the State Board for Community and Junior Colleges and the State Board of Institutions of Higher Learning.

<u>Client Name</u>	<u>Client Address</u>	<u>Nature Of Business</u>	<u>Governmental Authority</u>
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No information entered

SECTION F: List of all public bodies, whether federal, state or local government, from which the filer, filer's spouse or any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year received compensation in excess of One Thousand dollars (\$1,000.00) during the preceding calendar year, whether the compensation was paid directly or indirectly through another person or business.

<u>Relationship</u>	<u>Public Body</u>
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No information entered

I hereby certify the information set forth in this statement is accurate and complete to the best of my knowledge. I understand it is a crime to knowingly fail to disclose information required by law and is punishable by a fine of Ten Thousand Dollars (10,000.00).

Mr. Corinthian Sanders

SIGNATURE

1/26/2017

DATE