

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

RECEIVED

By Secretary of State Elections Division at 11:12 am, Aug 01, 2023

Name of Candidate **TANNER NEWMAN**Address **205A CR 1650**City/Zip **TUPELO 38804**Telephone (Work) **N/A**(Home) **662-687-4877**(Fax) **N/A**Contact Name **AMANDA ANGLE**Email Address **AANGLE@WUCPAS.COM**Office Sought PUBLIC SERVICE COMMISSIONER, NORTHERN DISTRICTPolitical Party (if any) **REPUBLICAN**☐ Check here if above is different from previous report**TYPE OF REPORT**

- ____ May 10, 2023 Periodic Report (January 1, 2023 through April 30, 2023) Mandatory
- ____ June 9, 2023 Periodic Report (May 1, 2023 through May 31, 2023) Mandatory
- ____ July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023) Mandatory
- X** ____ August 1, 2023 Primary Pre-Election Report (July 1, 2023 through July 29, 2023) Mandatory
- ____ August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023) Runoff Candidates Only
- ____ October 10, 2023 Periodic Report (July 1, 2023 through September 30, 2023) Mandatory
- ____ October 31, 2023 Pre-Election Report (October 1, 2023 through October 29, 2023) Mandatory
- ____ November 21, 2023 Pre-Runoff Report (October 30, 2023 through November 19, 2023) Runoff Candidates Only
- ____ January 10, 2024 Periodic Report (October 1, 2023 through December 31, 2023) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) 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.

- (5) The receiving office 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 FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2023 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2023 CASH ON HAND BALANCE				\$0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$45,475.00	\$1,049.00	\$46,524.00	\$162,505.00
TOTAL AMT OF DISBURSEMENTS	\$23,193.79	\$14,898.37	\$38,092.16	\$119,470.25
CASH ON HAND BALANCE				\$43,034.75

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

AUGUST 1, 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 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).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.
Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

Name of Candidate or Committee TANNER NEWMAN

Reporting period JULY 1, 2023 through JULY 29, 2023

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 TANNER NEWMAN		07 / 01 / 23	\$ 500.00
Mailing Address 205A CR 1650		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38804		___ / ___ / ___	\$
Name of Employer (Required) CITY OF TUPELO		___ / ___ / ___	\$
Occupation (Required) DEPARTMENT HEAD		Aggregate year-to-date	\$ 26,000.00
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 R.H. DUNLAP		07 / 05 / 23	\$ 10,000.00
Mailing Address P.O. BOX 720		___ / ___ / ___	\$
City, State, Zip Code BATESVILLE, MS 38606		___ / ___ / ___	\$
Name of Employer (Required) DUNLAP & KYLE CO, INC		___ / ___ / ___	\$
Occupation (Required) OWNER		Aggregate year-to-date	\$ 10,000.00
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 TRAVIS CHILDERS		07 / 12 / 23	\$ 250.00
Mailing Address 304 W CHURCH STREET		___ / ___ / ___	\$
City, State, Zip Code BOONEVILLE, MS 38829		___ / ___ / ___	\$
Name of Employer (Required) CHILDERS REALTY AND ASSOCIATES		___ / ___ / ___	\$
Occupation (Required) OWNER & AGENT		Aggregate year-to-date	\$ 250.00
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 MS REALTORS PAC		07 / 13 / 23	\$ 1,000.00
Mailing Address 84 CLARK BLVD		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38804		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 1,000.00

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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 DOSSETT BIG 4		07 / 12 / 23	\$ 500.00
Mailing Address 628 S GLOSTER ST		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38801		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500.00
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 DUTCH OIL COMPANY		07 / 12 / 23	\$ 500.00
Mailing Address PO BOX 2323		___ / ___ / ___	\$
City, State, Zip Code COLUMBUS, MS 39704-2323		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500.00
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 THRELDKELD ENTERPRISES, LLC		07 / 01 / 23	\$ 500.00
Mailing Address PO BOX 229		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38802		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500.00
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 WAYLON POWELL		07 / 18 / 23	\$ 75.00
Mailing Address 30059 BICKERSTAFF RD		___ / ___ / ___	\$
City, State, Zip Code NETTLETON, MS 38858		___ / ___ / ___	\$
Name of Employer (Required) MONROE COUNTY SHERIFF'S DPT		___ / ___ / ___	\$
Occupation (Required) JAILOR		Aggregate year-to-date	\$ 325.00

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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 DEBRA STREVEL		07 / 18 / 23	\$ 200.00
Mailing Address 173 CR 1350		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38801		___ / ___ / ___	\$
Name of Employer (Required) JBS CONSTRUCTION INC		___ / ___ / ___	\$
Occupation (Required) MANAGEMENT		Aggregate year-to-date	\$ 700.00
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 CARLA GLASGOW		07 / 18 / 23	\$ 250.00
Mailing Address 316 N MAIN ST		___ / ___ / ___	\$
City, State, Zip Code AMORY, MS 38821		___ / ___ / ___	\$
Name of Employer (Required) SHELTER INSURANCE		___ / ___ / ___	\$
Occupation (Required) AGENT		Aggregate year-to-date	\$ 250.00
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 JAMES IVY		07 / 18 / 23	\$ 200.00
Mailing Address 166 DOE RUN		___ / ___ / ___	\$
City, State, Zip Code TUPELO MS, 38801		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) RETIRED		Aggregate year-to-date	\$ 400.00
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 TREY HANKINS		07 / 21 / 23	\$ 500.00
Mailing Address 117 FOREST GATE CIRCLE		___ / ___ / ___	\$
City, State, Zip Code RIPLEY, MS 38663		___ / ___ / ___	\$
Name of Employer (Required) HANKINS LUMBER		___ / ___ / ___	\$
Occupation (Required) CFO		Aggregate year-to-date	\$ 1,500.00

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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 RICHARD SCRUGGS		07 / 25 / 23	\$ 15,000.00
Mailing Address PO BOX 1135		___ / ___ / ___	\$
City, State, Zip Code OXFORD, MS 38655		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) RETIRED		Aggregate year-to-date	\$ 15,000.00
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 PICKERING INC PAC		07 / 21 / 23	\$ 500.00
Mailing Address 6363 POPLAR AVE STE 300		___ / ___ / ___	\$
City, State, Zip Code MEMPHIS, TN 38119		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 500.00
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 CARL RAY FURR		07 / 21 / 23	\$ 500.00
Mailing Address 5317 REDDOCK DR		___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS 39211		___ / ___ / ___	\$
Name of Employer (Required) PICKERING INC		___ / ___ / ___	\$
Occupation (Required) SENIOR VP		Aggregate year-to-date	\$ 500.00
D. 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 LAURA HEITGER		07 / 05 / 23	\$ 15,000.00
Mailing Address 205 CR 1650		___ / ___ / ___	\$
City, State, Zip Code TUPELO, MS 38804		___ / ___ / ___	\$
Name of Employer (Required) ITAWAMBA COMMUNITY COLLEGE		___ / ___ / ___	\$
Occupation (Required) OFFICE ADMIN		Aggregate year-to-date	\$ 15,000.00

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ITEMIZED DISBURSEMENTS

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

A. Full name POLI-FI STRATEGIES LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 358 SAIN LOUIS STREET	07 / 03 / 23	\$ 3,306.00
City, State, Zip Code MOBILE, AL 36602-2825	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,306.00
B. Full name MARTIN'S	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 214 S STATE STREET	07 / 05 / 23	\$ 411.44
City, State, Zip Code JACKSON, MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name NORTHEAST MISSISSIPPI DAILY JOURNAL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1242 S GREEN ST	07 / 07 / 23	\$ 3,489.25
City, State, Zip Code TUPELO, MS 38804	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,021.25
D. Full name TANNER NEWMAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205A CR 1650	07 / 10 / 23	\$ 718.21
City, State, Zip Code TUPELO, MS 38804	07 / 28 / 23	\$ 1,200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,190.69
E. Full name FACEBOOK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address FACEBOOK HEADQUARTERS 1	07 / 03 / 23	\$ 255.72
City, State, Zip Code HACKER WAY MENLO PARK, CA 94025	07 / 10 / 23	\$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,610.72
F. Full name BIG PICTURE MEDIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 755	07 / 10 / 23	\$ 3,700.00
City, State, Zip Code TUPELO, MS 38802	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5,800.00

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

A. Full name HOBBY LOBBY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4262 MALL DR	07 / 05 / 23	\$ 109.72
City, State, Zip Code TUPELO, MS 38804	07 / 05 / 23	\$ 193.45
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 303.17
B. Full name PREMIUM PRODUCTIONS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 398 EAST MAIN ST STE 116	07 / 14 / 23	\$ 3,050.00
City, State, Zip Code TUPELO, MS 38804	07 / 28 / 23	\$ 5,800.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8,850.00
C. Full name JC MEDIA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 EAST SPRING STREET	07 / 21 / 23	\$ 560.00
City, State, Zip Code RIPLEY, MS 38663	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 560.00
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	\$