

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

Michael Watson
SECRETARY OF STATE

RECEIVED

Ref No: CF202327999

Date Filed: 5/8/2023

Michael Watson
Secretary of State

2023

Finance
of State

Name of Candidate Robert Bradford

Address 59 Seale Road City/Zip Natchez, MS 39120

Telephone (Work) (601) 660-2898 (Home) (601) 334-9306 (Fax) _____

Contact Name Robert Bradford Email Address brad.bradford2@yahoo.com

Office Sought MS Comm of Ag and Commerce Political Party (if any) Democratic

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**
- 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.

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- (5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline falls on a weekend or a holiday, the office must be in actual receipt of the report on the first working day *before* the deadline.

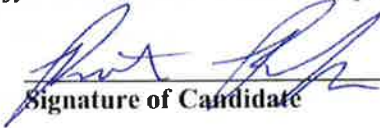
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

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				\$2372.12
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$2372.12	\$	\$2372.12	\$2372.12
CASH ON HAND BALANCE				\$0.00

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

May 8, 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 Committie to Elect Robert Bradford

Ref No: CF202327999

Reporting period 01/01/2023 through 04/30/2023

Date Filed: 5/8/2023

Michael Watson
Secretary of State

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Contributions from website</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Act Blue</u>		<u>11 / 21 / 21</u>	\$ <u>1152.63</u>
Mailing Address <u>P.O. Box 441146</u>		<u>01 / 15 / 23</u>	\$ <u>192.10</u>
City, State, Zip Code <u>Somerville, MA 02144</u>		<u>02 / 22 / 23</u>	\$ <u>336.17</u>
Name of Employer (Required) <u>ACT Blue Mississippi</u>		<u>02 / 27 / 23</u>	\$ <u>48.02</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>1728.92</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>ACT Blue</u>		<u>04 / 03 / 23</u>	\$ <u>19.21</u>
Mailing Address <u>P.O. Box 441146</u>		<u> / / </u>	\$
City, State, Zip Code <u>Somerville, MA 02144</u>		<u> / / </u>	\$
Name of Employer (Required) <u>ACT Blue Mississippi</u>		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>19.21</u>
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 <u>Robert Bradford</u>		<u>02 / 22 / 22</u>	\$ <u>200.00</u>
Mailing Address <u>59 Seals Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Natchez MS 39120</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Adams County Board of Supervisors</u>		<u> / / </u>	\$
Occupation (Required) <u>Emergency Managment</u>		Aggregate year-to-date	\$ <u>200.00</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>James Williams</u>		<u>01 / 26 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>104 Newton Court</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> / / </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Elect Robert Bradford

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Secretary of State

Reporting period 01/04 through 04/30

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>Jay Jay Williams</u>		<u>02 / 27 / 23</u>	\$ <u>200</u>
Mailing Address <u>18779 Pier Trail Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Triangle, VA 22172</u>		<u> / / </u>	\$
Name of Employer (Required) <u>USDOD</u>		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200</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>Carl Whiting</u>		<u>03 / 06 / 23</u>	\$ <u>200</u>
Mailing Address <u>251 US HWY 61 N</u>		<u>04 / 20 / 23</u>	\$ <u>200</u>
City, State, Zip Code <u>Woodville, MS 39669</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self Employeed</u>		<u> / / </u>	\$
Occupation (Required) <u>Self Employeed</u>		Aggregate year-to-date	\$ <u>400</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>Jackie Paige</u>		<u>04 / 03 / 23</u>	\$ <u>400</u>
Mailing Address <u>199 Wilson Cr</u>		<u> / / </u>	\$
City, State, Zip Code <u>Belzoni, MS 39038</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Humphry County School District</u>		<u> / / </u>	\$
Occupation (Required) <u>Teacher</u>		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Reimbursement for Video (MMDJS Solutions)</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Bradord</u>		<u> / / </u>	\$ <u>500.00</u>
Mailing Address <u>59 Seals Road</u>		<u> / / </u>	\$
City, State, Zip Code <u>Natchez MS 39120</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Adams County Board of Supervisor</u>		<u> / / </u>	\$
Occupation (Required) <u>Emergency Management</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Robert Bradford

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Reporting period _____ through _____

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ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Robert Bradford</u>	<u>2/4/23</u>	\$ <u>145.20</u>
Mailing Address	<u>59 Seale Rd</u>	<u>2/26/23</u>	\$ <u>132.98</u>
City, State, Zip Code	<u>Natchez, MS 39120</u>	<u>3/7/23</u>	\$ <u>94.79</u>
Name of Employer (Required)	<u>Adams County Board of Supervisors</u>	<u>3/12/23</u>	\$ <u>126.47</u>
Occupation (Required)	<u>Emergency Management Director</u>	Aggregate year-to-date	\$ <u>499.44</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Robert Bradford</u>	<u>3/14/23</u>	\$ <u>124.30</u>
Mailing Address	<u>59 Seale Road</u>	<u>3/14/23</u>	\$ <u>94.79</u>
City, State, Zip Code	<u>Natchez, MS 39120</u>	<u>3/18/23</u>	\$ <u>475.00</u>
Name of Employer (Required)	<u>Adams County Board of Supervisors</u>	<u>4/3/23</u>	\$ <u>535.00</u>
Occupation (Required)	<u>Emergency Management Director</u>	Aggregate year-to-date	\$ <u>1,229.09</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Robert Bradford</u>	<u>4/31/23</u>	\$ <u>94.79</u>
Mailing Address	<u>59 Seale Rd N</u>	<u>4/24/23</u>	\$ <u>353.97</u>
City, State, Zip Code	<u>Natchez, MS 39120</u>	<u>4/28/23</u>	\$ <u>144.83</u>
Name of Employer (Required)	<u>Adams County Board of Supervisors</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>Emergency Management Director</u>	Aggregate year-to-date	\$ <u>593.59</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Robert Bradford</u>	<u>5/24/23</u>	\$ <u>50.00</u>
Mailing Address	<u>59 Seale Rd N</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Natchez MS 39120</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>Adams County Board of Supervisor</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>Emergency Management Director</u>	Aggregate year-to-date	\$ <u>50.00</u>

Name of Candidate or Committee to Elect Robert Bradford

Ref No: CF202327999

Reporting period January 1 through April 30, 2023

Date Filed: 5/8/2023

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ITEMIZED DISBURSEMENTS

A. Full name Mississippi Democratic Party (Dontrell Smith)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01 / 03 / 23	\$ 500.00
City, State, Zip Code Jackson, MS	__ / __ / __	\$
Purpose of Disbursement (Optional) Qualification Fee	Aggregate Year-to-date	\$ 500.00
B. Full name MMDJS Life Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1100 Poydras Street Ste 2900	03 / 11 / 23	\$ 500.00
City, State, Zip Code New Orleans LA	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign Video	Aggregate Year-to-date	\$ 500.00
C. Full name Lazarus Arts	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 55 Sgt Prentiss Drive	04 / 11 / 23	\$ 388.41
City, State, Zip Code Natchez MS 39120	__ / __ / __	\$
Purpose of Disbursement (Optional) T-Shirts	Aggregate Year-to-date	\$ 388.41
D. Full name Southern Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 406 Liberty Road	04 / 21 / 23	\$ 422.62
City, State, Zip Code Natchez MS 39120	04 / 27 / 23	\$ 695.50
Purpose of Disbursement (Optional) CampaignSigns	Aggregate Year-to-date	\$ 1118.15
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 Committee to Elect Robert Bradford

Reporting period January 1, 2023 through April 30, 2023

Ref No: **CF202327999**

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ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GoPrint.com	03 / 14 / 23	\$ 124.30
Mailing Address		
City, State, Zip Code	03 / 14 / 23	\$ 94.79
Purpose of Disbursement (Optional) Postcards/Yardsigns	Aggregate Year-to-date	\$ 219.09
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Department of Ag	03 / 22 / 23	\$ 50.00
Mailing Address PO Box 1609		
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) Training class for election	Aggregate Year-to-date	\$ 50.00
C. 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	\$
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 Committee to Elect Robert Bradford

Ref No: CF202327999

Reporting period January 1, 2023 through April 30, 2023

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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	Date (Mo., Day, Year)	Amount of each disbursement this period
Buildasign.com	<u>02 / 04 / 23</u>	\$ 145.20
Mailing Address		
City, State, Zip Code	<u>03 / 12 / 23</u>	\$ 126.47
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 271.67
custom sign order 600210448		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GotPrint.com	<u>02 / 26 / 23</u>	\$ 132.98
Mailing Address		
City, State, Zip Code	<u>03 / 07 / 23</u>	\$ 94.79
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 227.77
postcards order 27433518		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GoPrint.com	<u>04 / 21 / 23</u>	\$ 94.79
Mailing Address		
City, State, Zip Code	<u>04 / 24 / 23</u>	\$ 353.97
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 448.76
Post Cards		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
XIV Boutique LLC	<u>03 / 18 / 23</u>	\$ 475.00
Mailing Address		
56 Sims Lane SE		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 475.00
Shirts		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Signs	<u>04 / 03 / 23</u>	\$ 535.00
Mailing Address		
406 Liberty Road		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 535.00
Yard signs		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wyndham Ridgeland	<u>04 / 28 / 23</u>	\$ 144.83
Mailing Address		
6485 I55 Frontage Road N		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 144.83
Housing for training		