

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election



**RECEIVED**

By Secretary of State Elections Division at 3:58 pm, Jul 07, 2023

Name of Committee MISSISSIPPI STRONG  
Address 1747 PENNSYLVANIA AVE, NW SUITE 250 City/State/Zip WASHINGTON, DC 20006  
Telephone (202) 591-5511 Fax N/A  
Treasurer STACI GOEDE Email Address STACI@CROSBYOTT.COM

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) **Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.**
- (2) **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**

JAN. 1, 2023 CASH ON HAND BALANCE				\$ 0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 600,000.00	\$ 0.00	\$ 600,000.00	\$ 600,000.00
TOTAL AMT OF DISBURSEMENTS	\$ 500,000.00	\$ 10.00	\$ 500,010.00	\$ 500,010.00
CASH ON HAND BALANCE				\$ 99,990.00
IN-KIND CONTRIBUTIONS				\$ 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 Director or Treasurer

7/7/2023  
\_\_\_\_\_  
Date

**Authority:** Miss. Code Ann. §23-15-801, et. seq.

**Penalties:** Failure to timely submit required reports in accordance with the applicable statute(s) 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 813 (1972).

**Send to:** Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov). Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee MISSISSIPPI STRONGReporting period 6/1/2023 through 6/30/2023**ITEMIZED RECEIPTS**

A. 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 REPUBLICAN GOVERNORS ASSOCIATION	6 / 23 / 23	\$ 600,000.00
Mailing Address 1747 PENNSYLVANIA AVE, NW STE 250	__ / __ / __	\$
City, State, Zip Code WASHINGTON, DC 20006	__ / __ / __	\$
Name of Employer (Required) N/A	__ / __ / __	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 600,000.00
B. 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	\$
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 MISSISSIPPI STRONG

Reporting period 6/1/2023 through 6/30/2023

# ITEMIZED DISBURSEMENTS

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

<b>A. Full name</b>	<b>Date</b>	<b>Amount of each</b>
TATE FOR GOVERNOR	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	6 / 23 / 23	\$ 500,000.00
PO BOX 24355		
<b>City, State, Zip Code</b>	_ / _ / _	\$
JACKSON, MS 39225		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
CONTRIBUTION	Year-to-date	500,000.00
<b>B. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	_ / _ / _	\$
<b>City, State, Zip Code</b>	_ / _ / _	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
	Year-to-date	
<b>C. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	_ / _ / _	\$
<b>City, State, Zip Code</b>	_ / _ / _	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
	Year-to-date	
<b>D. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	_ / _ / _	\$
<b>City, State, Zip Code</b>	_ / _ / _	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
	Year-to-date	
<b>E. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	_ / _ / _	\$
<b>City, State, Zip Code</b>	_ / _ / _	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
	Year-to-date	
<b>F. Full name</b>	<b>Date</b>	<b>Amount of each</b>
	(Mo., Day, Year)	disbursement this period
<b>Mailing Address</b>	_ / _ / _	\$
<b>City, State, Zip Code</b>	_ / _ / _	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	<b>\$</b>
	Year-to-date	