2023 ELECTION CYCLE

Michael Watson SECRETARY OF STATE

Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election

OF MISSIS

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 pro	evious report PE OF REPORT		
May 10, 2023 Periodic Report (January 1, 2023 throu	igh April 30, 2023)		
June 9, 2023 Periodic Report (May 1, 2023 through I	May 31, 2023)		
X July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023)			
August 1, 2023 Primary Pre-Election Report (July 1	, 2023 through July 29, 2023)		
August 22, 2023 Primary Pre-Runoff Report (July 3	0, 2023 through August 19, 2023)Runoff Candidates Only		
October 10, 2023 Periodic Report (July 1, 2023 through	ngh September 30, 2023)		
October 31, 2023 Pre-Election Report (October 1, 20)23 through October 29, 2023)		
November 21, 2023 Pre-Runoff Report (October 30,	2023 through November 19, 2023)Runoff Candidates Only		
January 10, 2024 Periodic Report (October 1, 2023 to	hrough December 31, 2023)		
Termination Report (Committee will no longer accept expenditures, has no outstanding	, 1 5		

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.
- 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.

Staci Lorde	7/7/2023	
Signature of Director or Treasurer	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. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

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Name of Candidate or Committee	MISSISSIPPI STRONG
taine of Canadate of Committee	

Reporting period 6/1/2023

through 6/30/2023

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual 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 vear–to-date	\$600,000.00
B. Source: Corporation PAC Individual 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: OCorporation OPAC OIndividual OLoan 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: Corporation PAC Individual 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	\$

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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 Ja	nuary 1, 2018
A. Full name TATE FOR GOVERNOR		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 24355		6_/23/23	\$ 500,000.00
City, State, Zip Code JACKSON, MS 39225		//	\$
Purpose of Disbursement (Optional) CONTRIBUTION		Aggregate Year-to-date	\$ 500,000.00
B. 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	\$
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	\$