



Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

OCT 29 2019

Campaign Finance
MS Secretary of State

Name of Candidate Friends of Ricky Cole
 Address 529 Woodlawn Hills Place City/Zip Jackson MS 39216
 Telephone (Work) 601-342-6041 (Home) _____ (Fax) _____
 Contact Name Ricky Cole Email Address ricky@ole4foodcommissioner.com
 Office Sought Commissioner of Agriculture and Commerce Political Party (if any) Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) Mandatory
 ____ June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
 ____ July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
 ____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
 ____ August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) Runoff Candidates Only
 ____ October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) Mandatory
☒ October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) Mandatory
 ____ November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) Runoff Candidates Only
 ____ January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
 ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) 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"

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.

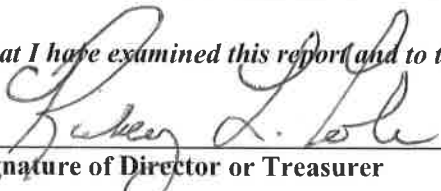
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2019 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2019 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 3634 ²⁴	\$ 6740 ²⁵	\$ 10,374 ²⁶	\$ 84,538 ²⁷
TOTAL AMT OF DISBURSEMENTS	\$ 10,308 ²⁸	\$ 2235 ²⁹	\$ 12,543 ³⁰	\$ 27,126 ³¹
CASH ON HAND BALANCE				\$ 57,411 ³²

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

10/29/19

Date

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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form 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.

Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee

Friends of Ricky Cole

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Reporting period

Oct. 1st, 2019

through

Oct. 26, 2019

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>Small Donation Aggregator</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ACTBLUE MISSISSIPPI</u>		<u>10/1/19</u>	\$ <u>967⁸³</u>
Mailing Address <u>P.O. Box 441146</u>		<u>10/6/19</u>	\$ <u>160²²</u>
City, State, Zip Code <u>Somerville, MA 02144</u>		<u>10/13/19</u>	\$ <u>456⁰⁹</u>
Name of Employer (Required) <u>Combined check totals</u>		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>12,114⁸²</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mike Espy For Senate Campaign</u>		<u>10/1/19</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>4450 Old Canton Rd. Ste 205</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Susan & Pat McNeese</u>		<u>10/1/19</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>1704 Howard Street</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>200⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) <u>Party Committee</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Forrest County Democratic Party</u>		<u>10/4/19</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>133 Hinton Drive</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee

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Reporting period

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through

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A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS AFT		10/18/19	\$ 1,000 ⁰⁰
Mailing Address 350 W. Woodrow Wilson St 3150		__/__/__	\$
City, State, Zip Code Jackson MS 39213		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Melton Harris, Jr		10/14/19	\$ 200 ⁰⁰
Mailing Address 3103 Boston Ave		__/__/__	\$
City, State, Zip Code Hoschton, MS 39581		__/__/__	\$
Name of Employer (Required) Jackson County		__/__/__	\$
Occupation (Required) County Supervisor		Aggregate year-to-date	\$ 200 ⁰⁰
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) Party Auxiliary		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones County Federation of Democratic Women		10/15/19	\$ 250 ⁰⁰
Mailing Address P.O. Box 6222		__/__/__	\$
City, State, Zip Code Lumberton, MS 39441		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 ⁰⁰
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> 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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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
A2Z Printing		10/3/19	\$ 486 ⁰⁰
Mailing Address			
2125 TV Road		10/10/19	\$ 240 ³³
City, State, Zip Code			
Jackson, MS 39204			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 6520 ³³
Printing			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
David McDowell		10/21/19	\$ 1375 ⁰⁰
Mailing Address			
4051 Robin Drive		10/21/19	\$ 1375 ⁰⁰
City, State, Zip Code			
Jackson, MS 39216			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 4125 ⁰⁰
Advertising Contract Labor			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Greenwood Commonwealth		10/10/19	\$ 385 ⁰⁰
Mailing Address			
329 US-82			
City, State, Zip Code			
Greenwood, MS 38930			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 385 ⁰⁰
Advertising			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Impact		10/25/19	\$ 1547 ⁰⁰
Mailing Address			
1010 N. 16 th Ave			
City, State, Zip Code			
Laurel, MS 39441			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1547 ⁰⁰
Advertising			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Twitter		10/10/19	\$ 600 ⁰⁰
Mailing Address			
1355 Market St. #900			
City, State, Zip Code			
San Francisco, CA 94103			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 600 ⁰⁰
advertising			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Facebook		10/25/19	\$ 800 ⁰⁰
Mailing Address			
1 Hacker Way			
City, State, Zip Code			
Menlo Park, CA 94025			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 800 ⁰⁰
advertising			

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

On or After January 1, 2018

A. Full name	US Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	401 E. South St	10/1/19	\$ 3,500
City, State, Zip Code	Jackson, MS 39201	___/___/___	\$
Purpose of Disbursement (Optional)	Postage	Aggregate Year-to-date	\$ 3,500
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	\$