

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

**RECEIVED**

By Secretary of State Elections Division at 8:49 am, Oct 10, 2023

DATE STAMP

Name of Candidate Brent Bailey for MPSC
 Address 107 Cedar Ridge Drive City/Zip Canton, MS 39046
 Telephone (Work) 601-961-5430 (Home) _____ (Fax) 601-961-5824
 Contact Name Brent Bailey Email Address brent@brentbailey4psc.com
 Office Sought Public Service Commissioner Political 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
 ____ August 1, 2023 Primary Pre-Election Report (July 1, 2023 through July 29, 2023) Mandatory (If Opposed)
 ____ August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023) Runoff Candidates Only
 X ____ 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 (If Opposed)
 ____ 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 in the election for which the report is required.
- (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				\$9,302.35
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$28,450.00	\$5,303.00	\$33,753.00	\$73,842.00
TOTAL AMT OF DISBURSEMENTS	\$22,554.44	\$682.64	\$23,237.08	\$35,663.21
CASH ON HAND BALANCE				\$47,481.14

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Brent Bailey

Signature of Candidate

10/10/2023

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 Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

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 Matthew Beasley		7 / 5 / 23	\$ 250.00
Mailing Address 1209 Nichol Lane		__ / __ / __	\$
City, State, Zip Code Nashville, TN 37209		__ / __ / __	\$
Name of Employer (Required) Silicon Ranch Corp		__ / __ / __	\$
Occupation (Required) Chief Commercial Officer		Aggregate year-to-date	\$ 1000.00
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 MS Association of Realtors PAC		7 / 12 / 23	\$ 1000.00
Mailing Address PO Box 321000		__ / __ / __	\$
City, State, Zip Code Jackson, MS 39232		__ / __ / __	\$
Name of Employer (Required) PAC		__ / __ / __	\$
Occupation (Required) PAC		Aggregate year-to-date	\$ 1000.00
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 Kenneth Ty Johnston		7 / 13 / 23	\$ 300.00
Mailing Address 302 E Frankline St		__ / __ / __	\$
City, State, Zip Code Carthage, MS 39051		__ / __ / __	\$
Name of Employer (Required) Banking		__ / __ / __	\$
Occupation (Required) Banking & Finance		Aggregate year-to-date	\$ 300.00
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 Evon Joiner		7 / 13 / 23	\$ 1000.00
Mailing Address 510 Highland St		__ / __ / __	\$
City, State, Zip Code Carthage, MS 39051		__ / __ / __	\$
Name of Employer (Required) Self		__ / __ / __	\$
Occupation (Required) Jeweler		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

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 Richard Rogers		7 / 13 / 23	\$ 250.00
Mailing Address 909 Ratliff Ferry Road		___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046		___ / ___ / ___	\$
Name of Employer (Required) USPS		___ / ___ / ___	\$
Occupation (Required) USPS		Aggregate year-to-date	\$ 250.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name South Rankin Investments		7 / 13 / 23	\$ 250.00
Mailing Address 120 Greenview Place, Ste 3		___ / ___ / ___	\$
City, State, Zip Code Richland, MS 39218		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00
C. 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 Friends of Jason White		7 / 13 / 23	\$ 500.00
Mailing Address PO Box 691		___ / ___ / ___	\$
City, State, Zip Code Kosciusko, MS 39090		___ / ___ / ___	\$
Name of Employer (Required) PAC		___ / ___ / ___	\$
Occupation (Required) PAC		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CBS Properties LLC		7 / 13 / 23	\$ 250.00
Mailing Address PO Box 70		___ / ___ / ___	\$
City, State, Zip Code Flora, MS 39071		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Southern Renewal Energy	7 / 21 / 23	\$ 1000.00
Mailing Address 11610 Pleasant Ridge Rd, Ste 103	__ / __ / __	\$
City, State, Zip Code Little Rock, AR 72223	__ / __ / __	\$
Name of Employer (Required) Association	__ / __ / __	\$
Occupation (Required) Association	Aggregate year-to-date	\$ 1000.00
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 Mark S Bounds	7 / 26 / 23	\$ 250.00
Mailing Address PO Box 1753	__ / __ / __	\$
City, State, Zip Code Madison, MS 39130	__ / __ / __	\$
Name of Employer (Required) Commercial Real Estate	__ / __ / __	\$
Occupation (Required) Real Estate	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 Richard Dowdy	8 / 1 / 23	\$ 200.00
Mailing Address PO Box 558	__ / __ / __	\$
City, State, Zip Code Carthage, MS 39051	__ / __ / __	\$
Name of Employer (Required) Farm Bureau Insurance	__ / __ / __	\$
Occupation (Required) Agency Manager	Aggregate year-to-date	\$ 200.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cascio Consulting LLC	8 / 15 / 23	\$ 200.00
Mailing Address 685 Hazelton Drive	__ / __ / __	\$
City, State, Zip Code Madison, MS 39110	__ / __ / __	\$
Name of Employer (Required) LLC	__ / __ / __	\$
Occupation (Required) LLC	Aggregate year-to-date	\$ 200.00

Name of Candidate or Committee Brent BaileyReporting period 07-01-2023 through 09-30-2023

ITEMIZED RECEIPTS

A. 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 <u>IGA PAC</u>		<u>8</u> / <u>3</u> / <u>23</u>	\$ <u>1000.00</u>
Mailing Address <u>1775 Moriah Woods Blvd, Ste 1</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Memphis, TN 38117</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>PAC</u>		___ / ___ / ___	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>1000.00</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>Deanna L Havard</u>		<u>8</u> / <u>10</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>177 Dummy Line Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Canton, MS 39046</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Deanna Havard Consulting, LLC</u>		___ / ___ / ___	\$
Occupation (Required) <u>Consultant</u>		Aggregate year-to-date	\$ <u>250.00</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>James E Walker</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>125 Country Club Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>250.00</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>Jay Jenkins</u>		<u>7</u> / <u>25</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>324 Long Cove Drive</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1000.00</u>

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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 <u>Mike Pepper</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>304 Universal Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Mendenhall, MS 39114</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>MS Roadbuilders Association</u>		___ / ___ / ___	\$
Occupation (Required) <u>Executive Director</u>		Aggregate year-to-date	\$ <u>250.00</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>Phillip Buffington Jr</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>133 E Neoma Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Canton, MS 39046</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Adams & Reese</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</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>Ronald H Aldridge</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>3000 N State St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Limited Liability Company</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Magnolia Utility Services, LLC</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39282</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>LLC Business</u>		___ / ___ / ___	\$
Occupation (Required) <u>LLC Business</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 09/30/2023

ITEMIZED RECEIPTS

A. 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 <u>Build MS PAC</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>2500.00</u>
Mailing Address <u>4209 Lakeland Drive #214</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>PAC</u>		___ / ___ / ___	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>2500.00</u>
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 <u>Deviney Construction</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39282</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Business</u>		___ / ___ / ___	\$
Occupation (Required) <u>Business</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Limited Liability Company</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Efficient Power & Light LLC</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>3500.00</u>
Mailing Address <u>6424 Manship Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Business</u>		___ / ___ / ___	\$
Occupation (Required) <u>Business</u>		Aggregate year-to-date	\$ <u>3500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Limited Liability Company</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Services</u>		<u>8</u> / <u>15</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6717</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39282</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Business</u>		___ / ___ / ___	\$
Occupation (Required) <u>Business</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 09/30/2023

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 <u>Leigh Ann Hawthorne</u>		<u>7</u> / <u>13</u> / <u>23</u>	\$ <u>300.00</u>
Mailing Address <u>205 Concord Drive</u>		<u>08</u> / <u>15</u> / <u>23</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Clinton, MS 39056</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Champlain Insurance</u>		___ / ___ / ___	\$
Occupation (Required) <u>Underwriter</u>		Aggregate year-to-date	\$ <u>400.00</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>Jeffrey Cantin</u>		<u>8</u> / <u>16</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>5804 River Oaks Rd S</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Harahan, LA 70123</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Solar Alternative</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>250.00</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>Terry Hedgepeth</u>		<u>8</u> / <u>16</u> / <u>23</u>	\$ <u>250.00</u>
Mailing Address <u>6146 Victoria Place</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Terry Hedgepeth Realty</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>3500.00</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>Gary L Hawkins</u>		<u>8</u> / <u>24</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>124 Chantilly Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Lee Hawkins Realty</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 09/30/2023

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 <u>John C Helmert</u>	<u>9</u> / <u>1</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 354</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Abbeville, MS 38601</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Attorney</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</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>Mitsy J. Bailey</u>	<u>9</u> / <u>10</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>20 Lakes Blvd</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Delta Gamma</u>	___ / ___ / ___	\$
Occupation (Required) <u>Manager</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. 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 <u>MMHA-PAC</u>	<u>9</u> / <u>11</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 320369</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>PAC</u>	___ / ___ / ___	\$
Occupation (Required) <u>PAC</u>	Aggregate year-to-date	\$ <u>3500.00</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>Lori Morse</u>	<u>9</u> / <u>14</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>520 Holmes Hollow Lane</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Canton, MS 39046</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Rankin County School District</u>	___ / ___ / ___	\$
Occupation (Required) <u>Food Service</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) Farm	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cooks Farm Account	9 / 18 / 23	\$ 300.00
Mailing Address 2115 Red Dog Road	___ / ___ / ___	\$
City, State, Zip Code Carthage, MS 39051	___ / ___ / ___	\$
Name of Employer (Required) Farm	___ / ___ / ___	\$
Occupation (Required) Farm	Aggregate year-to-date	\$ 300.00
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 David Clark	9 / 21 / 23	\$ 500.00
Mailing Address 110 Olympia Fields	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Name of Employer (Required) Retired	___ / ___ / ___	\$
Occupation (Required) Retired	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 E3 Environmental	9 / 21 / 23	\$ 500.00
Mailing Address 1004 Industrial Park	___ / ___ / ___	\$
City, State, Zip Code Clinton, MS 398056	___ / ___ / ___	\$
Name of Employer (Required) Business	___ / ___ / ___	\$
Occupation (Required) Business	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 Julia A O'Neal	9 / 24 / 23	\$ 250.00
Mailing Address PO Box 165	___ / ___ / ___	\$
City, State, Zip Code Ocean Springs, MS 39566	___ / ___ / ___	\$
Name of Employer (Required) Retired	___ / ___ / ___	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

ITEMIZED RECEIPTS

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 Asset Engineering		9 / 26 / 23	\$ 1000.00
Mailing Address 750 Woodlands Pkwy Ste 200		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 1000.00
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 Amanda Gregory		9 / 26 / 23	\$ 1000.00
Mailing Address 1371 Rozella Way		___ / ___ / ___	\$
City, State, Zip Code Gallatin, TN 37066		___ / ___ / ___	\$
Name of Employer (Required) Homemaker		___ / ___ / ___	\$
Occupation (Required) Homemaker		Aggregate year-to-date	\$ 1000.00
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 M Gregory Hayman		9 / 26 / 23	\$ 2000.00
Mailing Address 601 N Deer Creek Dr E		___ / ___ / ___	\$
City, State, Zip Code Leland, MS 39756		___ / ___ / ___	\$
Name of Employer (Required) InfoTec		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 2000.00
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 Clarke Reed		9 / 26 / 23	\$ 500.00
Mailing Address PO Box 38702		___ / ___ / ___	\$
City, State, Zip Code Greenville, MS 38702		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 09/30/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) Non Profit Orgaization		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 2C Mississippi		9 / 27 / 23	\$ 1000.00
Mailing Address 116 Summerlake Drive		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) Non Profit Organization		___ / ___ / ___	\$
Occupation (Required) Non Profit Organization		Aggregate year-to-date	\$ 1000.00
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 Kristie Odom		9 / 28 / 23	\$ 800.00
Mailing Address 1032 Ratliff Ferry Road		___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046		___ / ___ / ___	\$
Name of Employer (Required) Nicholas Acoustics		___ / ___ / ___	\$
Occupation (Required) Office Manager		Aggregate year-to-date	\$ 800.00
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 Robert Wiygul		9 / 29 / 23	\$ 500.00
Mailing Address 1011 Iberville Drive		___ / ___ / ___	\$
City, State, Zip Code Ocean Springs, MS 39564		___ / ___ / ___	\$
Name of Employer (Required) Waltzer, Wiygul & Garside		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. 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 Deviney Equipment		08 / 15 / 23	\$ 500.00
Mailing Address PO Box 7179		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39282		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent Bailey

Reporting period 7/01/2023 through 9-30-2023

ITEMIZED DISBURSEMENTS

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

A. Full name The Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 4581	07 / 18 / 23	\$ 5000.00
City, State, Zip Code Jackson, MS 39296	08 / 28 / 23	\$ 5000.00
Purpose of Disbursement (Optional) Professional Services	Aggregate Year-to-date	\$ 15,000.00
B. Full name Martins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 214 State Street	08 / 15 / 23	\$ 794.45
City, State, Zip Code Jackson, MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Fundraiser Food & Beverage	Aggregate Year-to-date	\$ 794.45
C. Full name 1Vision	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 Telge Road	08 / 16 / 23	\$ 540.00
City, State, Zip Code Houston, TX 77095	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	\$ 540.00
D. Full name Street Smartz Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2902 Remington St	08 / 25 / 23	\$ 5000.00
City, State, Zip Code Jacksonville, FL 32205	09 / 27 / 23	\$ 5970.00
Purpose of Disbursement (Optional) Consulting Fee & Digital Display Ad	Aggregate Year-to-date	\$ 10970.00
E. Full name MS Federation of Republican Women	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2135 Kingslea Drive	08 / 28 / 23	\$ 250.00
City, State, Zip Code Gautier, MS 39553	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Add in Program	Aggregate Year-to-date	\$ 250.00
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	\$