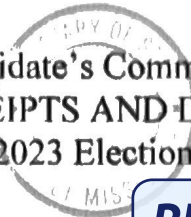


Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



RECEIVED

By Secretary of State Elections Division at 3:11 pm, Aug 01, 2023

DATE STAMP

Name of Committee Friends of De'Keither Stamps
Address 4542 Robinson Road #59304 City/Zip Jackson, MS 39284
Telephone 1-855-335-3484 Fax _____
Treasurer De'Keither Stamps Email Address friendsofDekeitherStamps@gmail.com
Office Sought Central District PSC Party Affiliation Democrat

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
- X** 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
- ____ 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, and their political committees if organized as such, 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 committee 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 committee 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.

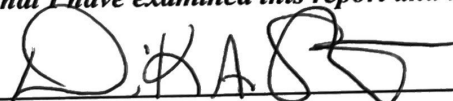
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 1600. ⁰⁰	\$ 215. ⁰⁰	\$ 1815. ⁰⁰	\$ 19,219
TOTAL AMT OF DISBURSEMENTS	\$ 3727. ⁵⁷	\$ 1275. ⁰⁰	\$ 5002. ⁵⁷	\$ 9,916. ⁵¹
CASH ON HAND BALANCE				\$ 9302. ⁴⁹

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

8/1/23

 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.

Name of Candidate or Committee Friends of De'Keither StampsReporting period 7/1/23 through 7/29/23**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>DELMER C. STAMPS</u>	<u>7</u> / <u>6</u> / <u>23</u>	\$ <u>1100.00</u>
Mailing Address <u>549 Cedarwood Drive</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39212</u>	__ / __ / __	\$
Name of Employer (Required) <u>Retired</u>	__ / __ / __	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>1100.00</u>
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 <u>Gregory Divinity</u>	<u>7</u> / <u>12</u> / <u>23</u>	\$ <u>500.00</u>
Mailing Address <u>19 Nelson Drive</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39212</u>	__ / __ / __	\$
Name of Employer (Required) <u>New Vineyard</u>	__ / __ / __	\$
Occupation (Required) <u>Pastor</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) _____	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 Friends of De"Keither Stamps
 Reporting period 7/1/23 through 7/29/23

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
<u>VISION</u>	<u> / / </u>	\$ <u>2860.08</u>
Mailing Address <u>TV ROAD</u>	<u> / / </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2860.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Best Bay</u>	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code <u>FLOWOOD, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Shell</u>	<u> / / </u>	\$ <u>740.08</u>
Mailing Address <u>HWY 18</u>	<u> / / </u>	\$
City, State, Zip Code <u>JACKSON, MS 39212</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>740.08</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Deville Camera</u>	<u> / / </u>	\$ <u>127.41</u>
Mailing Address <u>Lakeland Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>127.41</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$