



Michael Watson  
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS  
September 27, 2020 Special Election



Name of Candidate Lynn Wright  
Address 1989 Lake Lowndes Rd. City/Zip Columbus, Ms. 39702  
Telephone (Work) 662-549-1216 (Home) 662-549-1216 (Fax) NA  
Contact Name Lynn Wright Email Address lynnwright44@hotmail.com  
Office Sought State Representative District 37

Check here if above is different from previous report

**TYPE OF REPORT**

- September 15, 2020 Pre-Election Report (January 1, 2020 through September 12, 2020) .....Mandatory If Opposed
- October 6, 2020 Pre-Runoff Report (September 13, 2020 through October 3, 2020) .....Runoff Candidates Only
- January 29, 2021 Annual Report (January 1, 2020 through December 31, 2020) .....Mandatory
- Termination Report (Candidate 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 reports in the year in which they are to be elected.
- (2) 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, only campaign contributions received and held after that date ARE subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Separate records must be kept for contributions received prior to Jan. 1, 2018, and contributions received on or after Jan. 1, 2018, in the form of interest or dividends.
- (3) Pre-Election Reports are mandatory if the candidate is opposed, 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.
- (4) 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).
- (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.

Name of Candidate or Committee Lynn Wright

Reporting period Sept. 13, 2020 through Oct. 3, 2020

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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 Mississippi Road Builders Association	08 / 06 / 20	\$1,000
Mailing Address 691 George St.	__ / __ / __	\$
City, State, Zip Code Columbus, Ms. 39702	__ / __ / __	\$
Name of Employer (Required) Ms Road Builders	__ / __ / __	\$
Occupation (Required) Road Builder	Aggregate year-to-date	\$1,000
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 Performance Based Education Company Inc.	09 / 04 / 20	\$ 500
Mailing Address 5227 S, Frontage Rd.	__ / __ / __	\$
City, State, Zip Code Columbus, MS. 39701	__ / __ / __	\$
Name of Employer (Required) Performance Based Ed.	__ / __ / __	\$
Occupation (Required) Educational Productss	Aggregate year-to-date	\$ 500
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 American Pharmacy Cooperative, Inc.	09 / 12 / 20	\$1,000
Mailing Address PO Box 728	__ / __ / __	\$
City, State, Zip Code Bessemer, Al. 35022	__ / __ / __	\$
Name of Employer (Required) American Pharmacy Cooperative	__ / __ / __	\$
Occupation (Required) Pharmaceuticals	Aggregate year-to-date	\$1,000
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 Lynn WrightReporting period September 13, 2020 through October 3, 2020**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> Build A Sign. com	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> 11 Stonehollow Dr. Suit 1001525 A	08 / 21 / 20	\$ 1,850.00
<b>City, State, Zip Code</b> Austin, Tx. 78758	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Campaign signs	<b>Aggregate</b> Year-to-date	\$ 1,850.00
<b>B. Full name</b> Political Sourcing Group	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> 1845 York Ave.	09 / 10 / 20	\$ 2,941.54
<b>City, State, Zip Code</b> Memphis, Tn. 38104	10 / 06 / 20	\$ 2,506.87
<b>Purpose of Disbursement (Optional)</b> Cards and mailers	<b>Aggregate</b> Year-to-date	\$ 5,448.41
<b>C. Full name</b> Pro Graphics Inc.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> 112 Main St., Suite 2	09 / 24 / 20	\$ 541.42
<b>City, State, Zip Code</b> Columbus, Ms. 39701	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Stickers for signs	<b>Aggregate</b> Year-to-date	\$ 541.42
<b>D. Full name</b> The Commercial Dispatch	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> PO Box 511	09 / 16 / 20	\$ 1,998.80
<b>City, State, Zip Code</b> Columbus, Ms. 39703	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Advertisement	<b>Aggregate</b> Year-to-date	\$ 1,998.80
<b>E. Full name</b> Columbus Packet	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> PO Box 53	09 / 16 / 20	\$ 880.00
<b>City, State, Zip Code</b> Columbus, Ms. 39703	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Advertisement	<b>Aggregate</b> Year-to-date	\$ 880.00
<b>F. Full name</b> Starkville Daily News	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> 304 E Lampkin St.	09 / 23 / 20	\$ 1,212.00
<b>City, State, Zip Code</b> Starkville, Ms. 39759	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> Advertisement	<b>Aggregate</b> Year-to-date	\$ 1,212.00

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED**

JAN.1, 2020 CASH ON HAND BALANCE				\$0
		Itemized (+)	Non-Itemized (=)	This Period
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$	Calendar Year-to-Date \$0
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$0
CASH ON HAND BALANCE				\$0

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED**

JAN.1, 2020 CASH ON HAND BALANCE				\$0
		Itemized (+)	Non-Itemized (=)	This Period
TOTAL AMT OF CONTRIBUTIONS	\$2,500	\$2,500	\$399.00	Calendar Year-to-Date \$5,399.00
TOTAL AMT OF DISBURSEMENTS	\$7,139.09	\$0	\$7,139.09	\$11,930.63
CASH ON HAND BALANCE				\$-6,531.63

*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 Candidate

10/03/20  
\_\_\_\_\_  
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. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Legislative Office file this Report with the Secretary of State's Office located at 401 Mississippi Street, Jackson, MS 39201; mail to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2454; or emailed to [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).

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