

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

**RECEIVED**

By Secretary of State Elections Division at 11:10 am, Aug 01, 2023

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
 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 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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$7525.00	\$199.00	\$7724.00	\$47813.00
TOTAL AMT OF DISBURSEMENTS	\$5108.93	\$	\$5108.93	\$17,535.06
CASH ON HAND BALANCE				\$30,277.94

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

08/01/2023

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 07/29/2023

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 Mark S. Bounds		07 / 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) Commercial Real Estate		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) _____		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: <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 Brent Bailey

Reporting period 07/01/2023 through 07/29/2023

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 Jerry Johnson		07 / 17 / 23	\$ 200.00
Mailing Address 1399 Shiloh Church Rd		__ / __ / __	\$
City, State, Zip Code DeKalb, MS 39328		__ / __ / __	\$
Name of Employer (Required) Physical Therapist		__ / __ / __	\$
Occupation (Required) Physical Therapist		Aggregate year-to-date	\$ 200.00
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 J. Brian Gomillion		07 / 21 / 23	\$ 100.00
Mailing Address 212 Main Street		__ / __ / __	\$
City, State, Zip Code Walnut Grove, MS 39189		__ / __ / __	\$
Name of Employer (Required) Walnut Grove		__ / __ / __	\$
Occupation (Required) Mayor		Aggregate year-to-date	\$ 100.00
C. 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 Southern Renewable Energy		07 / 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
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 Jay Jenkins		07 / 25 / 23	\$ 500.00
Mailing Address 324 Long Cove Drive		__ / __ / __	\$
City, State, Zip Code Madison, MS 39110		__ / __ / __	\$
Name of Employer (Required) Retired		__ / __ / __	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 07/29/2023

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>Tony Benton</u>		<u>07</u> / <u>13</u> / <u>23</u>	\$ <u>100.00</u>
Mailing Address <u>1150 Langford Cove</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Benton Renovations</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>100.00</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>David Barham</u>		<u>07</u> / <u>13</u> / <u>23</u>	\$ <u>200.00</u>
Mailing Address <u>112 W. Franklin Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Carthage, MS 39051</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Insurance</u>		___ / ___ / ___	\$
Occupation (Required) <u>Insurance</u>		Aggregate year-to-date	\$ <u>200.00</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>Evon Joiner</u>		<u>07</u> / <u>13</u> / <u>23</u>	\$ <u>1000.00</u>
Mailing Address <u>510 Highland St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Carthage, Ms 39051</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Evon's Jewelry</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>1000.00</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>Leigh Ann Hawthorne</u>		<u>07</u> / <u>13</u> / <u>23</u>	\$ <u>300.00</u>
Mailing Address <u>205 Concord Drive</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>300.00</u>

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 07/29/2023

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>Friends of Jason White</u>		<u>07 / 13 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 691</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Kosciusko, MS 39090</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. 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>CBS Properties LLC</u>		<u>07 / 13 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 70</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flora, MS 39071</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>LLC</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>Danny Collier</u>		<u>07 / 13 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>5445 Standing Pine Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, Ms 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Bridge Inspector</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Bridge Inspector</u>		Aggregate year-to-date	\$ <u>100.00</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>Aubry Key Cox</u>		<u>07 / 13 / 23</u>	\$ <u>150.00</u>
Mailing Address <u>PO Box 750</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, MS 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Insurance Agent</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Insurance Agent</u>		Aggregate year-to-date	\$ <u>150.00</u>

Name of Candidate or Committee Brent BaileyReporting period 07/01/2023 through 07/29/2023

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>Richard Rogers</u>		<u>07 / 13 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>909 Ratliff Ferry Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>USPS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>USPS</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. 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>South Rankin Investments</u>		<u>07 / 13 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>120 Greenview Place, Ste 3</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Richland, MS 39218</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>LLC</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>Monte Ladner</u>		<u>07 / 13 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>104 Fairway Blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, Ms 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>100.00</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>Timothy Hinkle</u>		<u>07 / 13 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>711 Hwy 25 N</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, MS 39051</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Business Owner</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Business Owner</u>		Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee Brent Bailey for MPSC

Reporting period 07/01/2023 through 07/29/2023

ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS

A. 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)
Full name Paul Chamblee		07 / 13 / 23
Mailing Address 529 Keele Road		Estimated Amount of In-Kind Contribution*
City, State, Zip Code Carthage, MS 39051		
Name of Employer (Required) Retired		\$ 150.00
Occupation (Required) Retired		

In-Kind Description:

Venue Rental and food for fundraiser.

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)
Full name Jamie Shepard		07 / 13 / 23
Mailing Address 100 MS 16		Estimated Amount of In-Kind Contribution*
City, State, Zip Code Carthage, MS 39051		
Name of Employer (Required) McGivney Tire Service		\$ 150.00
Occupation (Required) Owner		

In-Kind Description:

Venue Rental and food for fundraiser.

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 07/29/2023

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		07 / 05 / 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	\$ 250.00
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 Ricky Bailey		07 / 08 / 23	\$ 25.00
Mailing Address 140 Barefoot Lane		__ / __ / __	\$
City, State, Zip Code Pelahatchie, MS 39145		__ / __ / __	\$
Name of Employer (Required) Truck Driver		__ / __ / __	\$
Occupation (Required) Truck Driver		Aggregate year-to-date	\$ 25.00
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 MS Association of Realtors Political Action Committee		07 / 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
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 Quida W Williams		07 / 13 / 23	\$ 50.00
Mailing Address 1332 Arbor Ct		__ / __ / __	\$
City, State, Zip Code Carthage, MS 39051		__ / __ / __	\$
Name of Employer (Required) Retired		__ / __ / __	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 50.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 07/29/2023

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 Pat Wright		07 / 13 / 23	\$ 50.00
Mailing Address 1406 N Pearl St		___ / ___ / ___	\$
City, State, Zip Code Carthage, MS 39051		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 50.00
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 Stacy Wright		07 / 13 / 23	\$ 100.00
Mailing Address 519 Goshen Springs Cove		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS 39047		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 100.00
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		07 / 13 / 23	\$ 300.00
Mailing Address 302 E Frankline St		___ / ___ / ___	\$
City, State, Zip Code Carthage, Ms 39051		___ / ___ / ___	\$
Name of Employer (Required) Banking & Finance		___ / ___ / ___	\$
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 Dianne Johnson		07 / 13 / 23	\$ 100.00
Mailing Address 1324 E Franklin St		___ / ___ / ___	\$
City, State, Zip Code Carthage, MS 39051		___ / ___ / ___	\$
Name of Employer (Required) Educator		___ / ___ / ___	\$
Occupation (Required) Educator		Aggregate year-to-date	\$ 100.00

Name of Candidate or Committee Brent Bailey

Reporting period 07/01/2023 through 7/29/2023

ITEMIZED DISBURSEMENTS

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

A. Full name PayPal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1056858	07 / 05 / 23	\$ 7.72
City, State, Zip Code Atlanta, GA 30348	07 / 08 / 23	\$ 1.21
Purpose of Disbursement (Optional) Paypal Fee	Aggregate Year-to-date	\$ 35.46
B. 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	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Professional Services	Aggregate Year-to-date	\$ 10,000.00
C. Full name Radio Station WHOC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 26	07 / 26 / 23	\$ 100.00
City, State, Zip Code Philadelphia, MS 39350	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Broadcast of Speech at Neshoba County Fair	Aggregate Year-to-date	\$ 100.00
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	\$