



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



Name of Candidate Ty Pinkins for Mississippi
 Address PO Box 4525 City/Zip Jackson, MS 39296
 Telephone (Work) 202-909-6158 (Home) _____ (Fax) _____
 Contact Name Ty Pinkins Email Address info@typinkins.com
 Office Sought Secretary of State Political Party (if any) Democratic

☐ 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
 ____ 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
 X ____ October 31, 2023 Pre-Election Report (October 1, 2023 through October 29, 2023) Mandatory
 ____ 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.
- (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				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 11,150.00	\$ 5,145.12	\$ 16,295.12	\$ 31,078.70
TOTAL AMT OF DISBURSEMENTS	\$ 16,514.82	\$ 2,129.83	\$ 18,644.65	\$ 20,829.18
CASH ON HAND BALANCE				\$ 10,249.52

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

Ty Pinkins

Signature of Candidate

10/30/2023

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 Ty Pinkins for Mississippi

Reporting period 10/1/2023 through 10/29/2023

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 Grace Brown	10 / 23 / 23	\$ 400
Mailing Address 244 E Main St	___ / ___ / ___	\$
City, State, Zip Code Vicksburg, MS 39183	___ / ___ / ___	\$
Name of Employer (Required) N/A	___ / ___ / ___	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 400
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 William R. Wheeler Jr.	10 / 16 / 23	\$ 300
Mailing Address 260 Red Bay Rd	___ / ___ / ___	\$
City, State, Zip Code Golden, MS 38847	___ / ___ / ___	\$
Name of Employer (Required) Wheeler & Franks Law Firm	___ / ___ / ___	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 300
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 Eldridge J. Walker	10 / 17 / 23	\$ 1,000
Mailing Address PO Box 275	___ / ___ / ___	\$
City, State, Zip Code Rolling Fork, MS 39159	___ / ___ / ___	\$
Name of Employer (Required) Rolling Fork	___ / ___ / ___	\$
Occupation (Required) Mayor	Aggregate year-to-date	\$ 1,000
D. 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 Mississippi Democratic Party	10 / 13 / 23	\$ 5,000
Mailing Address PO Box 1583	10 / 24 / 23	\$ 2,400
City, State, Zip Code Jackson, MS 39215	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 7,400

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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 Willie Thomas		10 / 16 / 23	\$ 250
Mailing Address 504 Fairways Dr		___ / ___ / ___	\$
City, State, Zip Code Vicksburg, MS 39183		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) Not Employed		Aggregate year-to-date	\$ 250
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 Karen K Sawyer		10 / 23 / 23	\$ 250
Mailing Address 150 Spence Drive		___ / ___ / ___	\$
City, State, Zip Code Pass Christian, MS 39571		___ / ___ / ___	\$
Name of Employer (Required) N/A		___ / ___ / ___	\$
Occupation (Required) Not Employed		Aggregate year-to-date	\$ 250
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 Jason Shelton		10 / 23 / 23	\$ 250
Mailing Address 2398 Foxmoor Lane		___ / ___ / ___	\$
City, State, Zip Code Tupelo, MS 38804		___ / ___ / ___	\$
Name of Employer (Required) GSA		___ / ___ / ___	\$
Occupation (Required) Regional Administrator		Aggregate year-to-date	\$ 250
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 Ashley Wicks		09 / 30 / 23	\$ 300
Mailing Address 63 Springridge Circle		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211		___ / ___ / ___	\$
Name of Employer (Required) Butler Snow		___ / ___ / ___	\$
Occupation (Required) Lawyer		Aggregate year-to-date	\$ 300

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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 David Gerlach		10 / 13 / 23	\$ 500
Mailing Address 581 Yorktown Blvd		___ / ___ / ___	\$
City, State, Zip Code Corpus Christi, TX 78418		___ / ___ / ___	\$
Name of Employer (Required) Self-Employed		___ / ___ / ___	\$
Occupation (Required) Piper		Aggregate year-to-date	\$ 500
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 Michael A Vorhaus		10 / 16 / 23	\$ 500
Mailing Address 6208 Mulholland Hwy		___ / ___ / ___	\$
City, State, Zip Code Los Angeles, CA 90068		___ / ___ / ___	\$
Name of Employer (Required) Frank N. Magid Associates		___ / ___ / ___	\$
Occupation (Required) Consultant		Aggregate year-to-date	\$ 500
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		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. 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		___ / ___ / ___	\$
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 ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 244 E Main St	___ / ___ / ___	\$ 400
City, State, Zip Code Vicksburg, MS 39183	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Credit Card Processing Fees	Aggregate Year-to-date	\$ 5,000
B. Full name WMPR 90.1	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 260 Red Bay Rd	10 / 16 / 23	\$
City, State, Zip Code Golden, MS 38847	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Legal Services	Aggregate Year-to-date	\$ 2,400
C. Full name Arrow Printers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 275	___ / ___ / ___	\$ 300
City, State, Zip Code Rolling Fork, MS 39159	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$
D. Full name CMM Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1583	10 / 17 / 23	\$
City, State, Zip Code Jackson, MS 39215	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$
E. Full name Goodman Campaigns	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 846 Carroll St Ste 2B	___ / ___ / ___	\$ 1,000
City, State, Zip Code Brooklyn, NY 11215	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Consultant - Digital	Aggregate Year-to-date	\$ 400
F. Full name Old Town Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Quay Street	10 / 13 / 23	\$
City, State, Zip Code Alexandria, VA 22314	10 / 24 / 23	\$
Purpose of Disbursement (Optional) Radio Advertising	Aggregate Year-to-date	\$ 300