

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



Name of Committee _____
Address _____ City/State/Zip _____
Telephone _____ Fax _____
Treasurer _____ Email Address _____

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**
- ____ **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) **Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.**
- (2) **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

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				\$

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

10/10/2023

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

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).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to 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 _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan Other (please specify) _____		Date (Mo., Day, Year)
Full name		___ / ___ / ___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

B. Source: Corporation PAC Individual Loan Other (please specify) _____		Date (Mo., Day, Year)
Full name		___ / ___ / ___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

* 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 _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: Corporation PAC Individual 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	\$
B. Source: Corporation PAC Individual 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: Corporation PAC Individual 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: Corporation PAC Individual 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	\$