

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

**RECEIVED**

DATE STAMP

By Secretary of State Elections Division at 9:41 am, Oct 31, 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
 ____ 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
X ____ 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				\$ 43,822.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 14,150.00	\$ 7,320.00	\$ 21,470.00	\$ 95,312.00
TOTAL AMT OF DISBURSEMENTS	\$ 10,788.45	\$ 541.16	\$ 11,329.61	\$ 46,992.82
CASH ON HAND BALANCE				\$ 53,962.39

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

10/31/2023
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 10-01-23 through 10-29-23

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 Friends of Mike		10 / 01 / 23	\$ 300.00
Mailing Address 115 Henry Road		___ / ___ / ___	\$
City, State, Zip Code Vicksburg, MS 39183		___ / ___ / ___	\$
Name of Employer (Required) PAC		___ / ___ / ___	\$
Occupation (Required) PAC		Aggregate year-to-date	\$ 300.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Corbitt Co. LLC		10 / 02 / 23	\$ 250.00
Mailing Address PO Box 14225		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39236		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00
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 Heather Sellers		10 / 03 / 23	\$ 250.00
Mailing Address 313 Red Eagle Circle		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) High Optics Group		___ / ___ / ___	\$
Occupation (Required) Founder		Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rinewalt Electric		10 / 05 / 23	\$ 500.00
Mailing Address 167 Deerwoods Crossing		___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-2023 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 David Hurst		10 / 07 / 23	\$ 500.00
Mailing Address 4270 I-55 N		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211		___ / ___ / ___	\$
Name of Employer (Required) Phelps Dunbar		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
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 Daniel Mosley		10 / 07 / 23	\$ 250.00
Mailing Address 710 US 49		___ / ___ / ___	\$
City, State, Zip Code Richland, MS 39218		___ / ___ / ___	\$
Name of Employer (Required) Clinton Body Shop Richland		___ / ___ / ___	\$
Occupation (Required) Manager		Aggregate year-to-date	\$ 250.00
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 Doug Baird		10 / 07 / 23	\$ 500.00
Mailing Address 609 Church Street		___ / ___ / ___	\$
City, State, Zip Code Vidalia, GA 30474		___ / ___ / ___	\$
Name of Employer (Required) One World Solar		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 500.00
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 Cooley May		10 / 09 / 23	\$ 250.00
Mailing Address 1160 Dairy Ashford, Ste 609		___ / ___ / ___	\$
City, State, Zip Code Houston, TX 77079		___ / ___ / ___	\$
Name of Employer (Required) C-MACC		___ / ___ / ___	\$
Occupation (Required) CEO		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-23 through 10-29-23

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 Charles Sherwood		10 / 09 / 23	\$ 400.00
Mailing Address 3954 Eastwood Drive		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39211		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 400.00
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 B & G Wood Inc.		10 / 09 / 23	\$ 200.00
Mailing Address PO Box 647		___ / ___ / ___	\$
City, State, Zip Code Philadelphia, MS 39350		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 200.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A Plus Marketing and Consulting LLC		10 / 09 / 23	\$ 200.00
Mailing Address 39 County Road 3700		___ / ___ / ___	\$
City, State, Zip Code Enterprise, MS 39330		___ / ___ / ___	\$
Name of Employer (Required) Business		___ / ___ / ___	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 200.00
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 Larry Love		10 / 10 / 23	\$ 500.00
Mailing Address 4630 18th Ave		___ / ___ / ___	\$
City, State, Zip Code Meridian, MS 39305		___ / ___ / ___	\$
Name of Employer (Required) Specialty Roll Products		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-23 through 10-29-23

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 C Tyler Norman		10 / 10 / 23	\$ 250.00
Mailing Address 4520 Country Club Drive		___ / ___ / ___	\$
City, State, Zip Code Meridian, MS 39305		___ / ___ / ___	\$
Name of Employer (Required) Norman Roofing		___ / ___ / ___	\$
Occupation (Required) Vice President		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 Billy McGivney		10 / 10 / 23	\$ 500.00
Mailing Address PO Box 454		___ / ___ / ___	\$
City, State, Zip Code Carthage, MS 39051		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) L _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Russell Newman		10 / 10 / 23	\$ 250.00
Mailing Address 2531 Old Brandon Road		___ / ___ / ___	\$
City, State, Zip Code Pearl, MS 39208		___ / ___ / ___	\$
Name of Employer (Required) State of Mississippi		___ / ___ / ___	\$
Occupation (Required) Legislator		Aggregate year-to-date	\$ 250.00
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 Jerry Johnson		10 / 10 / 23	\$ 100.00
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	\$ 300.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-23 through 10-29-23

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 Chat Phillips		10 / 11 / 23	\$ 500.00
Mailing Address 4024 Money Sunk Rd		___ / ___ / ___	\$
City, State, Zip Code Yazoo City, MS 39194		___ / ___ / ___	\$
Name of Employer (Required) Phillips Brothers Farms		___ / ___ / ___	\$
Occupation (Required) Co-Owner		Aggregate year-to-date	\$ 500.00
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 Leigh Ann Hawthorne		10 / 13 / 23	\$ 200.00
Mailing Address 205 Concord Drive		___ / ___ / ___	\$
City, State, Zip Code Clinton, MS 39056		___ / ___ / ___	\$
Name of Employer (Required) Champlain Insurance		___ / ___ / ___	\$
Occupation (Required) Underwriter		Aggregate year-to-date	\$ 600.00
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 Charles L Hamil		10 / 14 / 23	\$ 300.00
Mailing Address 10181 Road 1319		___ / ___ / ___	\$
City, State, Zip Code Union, MS 39365		___ / ___ / ___	\$
Name of Employer (Required) State of Mississippi		___ / ___ / ___	\$
Occupation (Required) Retired		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 Jay Faison		10 / 15 / 23	\$ 1500.00
Mailing Address 518 C St NE, Ste 300		___ / ___ / ___	\$
City, State, Zip Code Washington, DC 20002		___ / ___ / ___	\$
Name of Employer (Required) ClearPath Foundation		___ / ___ / ___	\$
Occupation (Required) Managing Partner		Aggregate year-to-date	\$ 1500.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-2023 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 John Dent		10 / 15 / 23	\$ 250.00
Mailing Address 975 N St, #206		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202		___ / ___ / ___	\$
Name of Employer (Required) Hayes Dent Public Strategies		___ / ___ / ___	\$
Occupation (Required) President		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) Partnership		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Killebrew Cotton Company Partners		10 / 16 / 23	\$ 200.00
Mailing Address PO Box 865		___ / ___ / ___	\$
City, State, Zip Code Greenwood, MS 38935		___ / ___ / ___	\$
Name of Employer (Required) Partnership		___ / ___ / ___	\$
Occupation (Required) Partnership		Aggregate year-to-date	\$ 200.00
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 Mark S Bounds		10 / 17 / 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	\$ 500.00
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 Danny Murphy		10 / 17 / 23	\$ 250.00
Mailing Address 222 Way Road		___ / ___ / ___	\$
City, State, Zip Code Canton, MS 39046		___ / ___ / ___	\$
Name of Employer (Required) Retired Farmer		___ / ___ / ___	\$
Occupation (Required) Retired Farmer		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-2023 through 10-29-2023

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CJM Properties LLC		10 / 19 / 23	\$ 250.00
Mailing Address 3670 Hwy 13 S		__ / __ / __	\$
City, State, Zip Code Morton, MS 39017		__ / __ / __	\$
Name of Employer (Required) Business		__ / __ / __	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00
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 Union Storm Restoration Inc.		10 / 19 / 23	\$ 250.00
Mailing Address PO Box 13		__ / __ / __	\$
City, State, Zip Code Sandhill, MS 39161		__ / __ / __	\$
Name of Employer (Required) Business		__ / __ / __	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00
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 Bryan W Estes		10 / 19 / 23	\$ 500.00
Mailing Address PO Box 70		__ / __ / __	\$
City, State, Zip Code Flora, MS 39071		__ / __ / __	\$
Name of Employer (Required) Flora Real Estate Developers		__ / __ / __	\$
Occupation (Required) President		Aggregate year-to-date	\$ 500.00
D. 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 Wilcox Funeral Home Inc.		10 / 19 / 23	\$ 250.00
Mailing Address 106 South Jordan St		__ / __ / __	\$
City, State, Zip Code Carthage, MS 39051		__ / __ / __	\$
Name of Employer (Required) Business		__ / __ / __	\$
Occupation (Required) Business		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 10-01-2023 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 Alfred Bogen		10 / 23 / 23	\$ 500.00
Mailing Address 104 Easthaven Circle		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS 39042		___ / ___ / ___	\$
Name of Employer (Required) Precision Heat Treating		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 500.00
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 Michael Castle Jr		10 / 23 / 23	\$ 1000.00
Mailing Address 8189 Pine Springs Rd		___ / ___ / ___	\$
City, State, Zip Code Meridian, MS 39305		___ / ___ / ___	\$
Name of Employer (Required) Castle		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 1000.00
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 Lane Sisung		10 / 26 / 23	\$ 2500.00
Mailing Address 201 St. Charles Ave #4240		___ / ___ / ___	\$
City, State, Zip Code New Orleans, LA 70170		___ / ___ / ___	\$
Name of Employer (Required) Sisung Group		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 2500.00
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 Joseph Sullivan		10 / 27 / 23	\$ 250.00
Mailing Address 121 7th Place E, Ste 350		___ / ___ / ___	\$
City, State, Zip Code Saint Paul, MN 55101		___ / ___ / ___	\$
Name of Employer (Required) State of Minnesota		___ / ___ / ___	\$
Occupation (Required) Commissioner		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Brent Bailey

Reporting period 10/01/2023 through 10/29/2023

ITEMIZED DISBURSEMENTS

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

A. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	10 / 11 / 23	\$ 5000.00
City, State, Zip Code Brandon, MS 39042	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Distribution of Campaign Materials	Aggregate Year-to-date	\$ 5000.00
B. Full name Lovette Polital Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 820773	10 / 11 / 23	\$ 200.00
City, State, Zip Code Vicksburg, MS 39182	10 / 24 / 23	\$ 375.00
Purpose of Disbursement (Optional) Campaign Support	Aggregate Year-to-date	\$ 575.00
C. Full name Scott County Fed. of Republican Women	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 Fairchilds Rd	10 / 11 / 23	\$ 250.00
City, State, Zip Code Morton, MS 39117	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Sponsorship Sign	Aggregate Year-to-date	\$ 250.00
D. Full name 1 Vision	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 Telge Rd	10 / 18 / 23	\$ 972.00
City, State, Zip Code Houston, TX 77095	10 / 18 / 23	\$ 540.00
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	\$ 2160.00
E. Full name 1 Vision	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 Telge Rd	10 / 18 / 23	\$ 432.00
City, State, Zip Code Houston, TX 77095	10 / 27 / 23	\$ 319.45
Purpose of Disbursement (Optional) Yard Signs & Letters	Aggregate Year-to-date	\$ 2911.45
F. Full name Clowers Enterprises LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1299 Lemons Road	10 / 20 / 23	\$ 1200.00
City, State, Zip Code Bolton, MS 39041	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Distribution of Campaign Materials	Aggregate Year-to-date	\$ 1200.00

Name of Candidate or Committee Brent Bailey

Reporting period 10/01/2023 through 10/29/2023

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
The Armstrong Group LLC	10 / 25 / 23	\$ 1500.00
Mailing Address		
6655 Lyndon B Johnson Drive		\$
City, State, Zip Code		
Jackson, MS 39213		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Consulting Services		1500.00
B. 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	\$
C. 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	\$
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	\$