

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Election



Name of Committee FRIENDS OF DE'KEITHER STAMPS
Address 4542 ROBINSON ROAD #59304 City/Zip JACKSON 39284
Telephone 1-855-335-3484 Fax _____
Treasurer DE"KEITHER STAMPS Email Address FRIENDSOFDEKEITHERSTAMPS@GMAIL.COM
Office Sought PUBLIC SERVICE COMMISSIONER CENTRAL DISTRICT Party Affiliation DEMOCRAT

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, and their political committees if organized as such, 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 committee 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 committee 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.

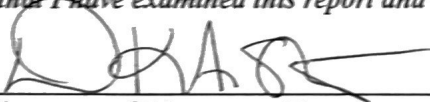
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

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	\$9350. ⁰⁰ //	\$2712. ⁰⁰ //	\$12,062	\$ 44,031. ⁰⁰ //
TOTAL AMT OF DISBURSEMENTS	\$10,402.98	\$8,425. ⁰⁰ //	\$18,827.98	\$ 38,107. ²⁴
CASH ON HAND BALANCE				\$ 5,923.76

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

10/31/23

Date

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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form 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. 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 FRIENDS OF DEKEITHER STAMPSReporting period 10/1/23 through 10/29/23**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name LOWES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address GREENWAY DRIVE	<u>10</u> / <u>23</u> / <u>23</u>	\$ 1256.98
City, State, Zip Code JACKSON, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN MATERIAL	Aggregate Year-to-date	\$ 1256.98
B. Full name SAM'S	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 90 BASS PRO DRIVE	<u>10</u> / <u>02</u> / <u>23</u>	\$ 697.37
City, State, Zip Code PEARL, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN MATERIAL	Aggregate Year-to-date	\$ 697.37
C. Full name WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2711 GREENWAY DRIVE	<u>10</u> / <u>16</u> / <u>23</u>	\$ 803.28
City, State, Zip Code JACKSON, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN MATERIAL	Aggregate Year-to-date	\$ 803.28
D. Full name 1 VISION	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV RD	<u>10</u> / <u>25</u> / <u>23</u>	\$ 3419.36
City, State, Zip Code JACKSON, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN PRINTING	Aggregate Year-to-date	\$ 3419.36
E. Full name AMAZON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 TERRY AVE N	<u>10</u> / <u>16</u> / <u>23</u>	\$ 1225.93
City, State, Zip Code SEATTLE, WA	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN MATERIAL	Aggregate Year-to-date	\$ 1225.93
F. Full name JOHN HENRY DIXON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3034 PALESTINE RD	<u>10</u> / <u>28</u> / <u>23</u>	\$ 2500.00
City, State, Zip Code RAYMOND, MS 39154	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) CAMPAIGN WORKER	Aggregate Year-to-date	\$ 2500.00

Name of Candidate or Committee FRIENDS OF DEKEITHER STAMPS

Reporting period 10/1/23 through 10/29/23

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
TIMOTHY BROWN	10 / 29 / 23	\$ 500.00
Mailing Address MADONNA MANNOR	___ / ___ / ___	\$
City, State, Zip Code JACKSON, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) CAMPAIGN WORKER	Aggregate Year-to-date	\$ 500.00
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	\$

Name of Candidate or Committee FRIGENDS OF DEKEITHGR STAMPSReporting period 10/1/23 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 <u>MICHAEL JORDAN</u>	<u>10/7/23</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>232 POWELL ROAD</u>	__/__/__	\$
City, State, Zip Code <u>RIOGELAND, MS 39157</u>	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.⁰⁰</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>Regina Quinn</u>	<u>10/19/23</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>728 NORTH CONGRESS STREET</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>	__/__/__	\$
Name of Employer (Required) <u>SELF EMPLOYED</u>	__/__/__	\$
Occupation (Required) <u>LAWYER</u>	Aggregate year-to-date	\$ <u>250.⁰⁰</u>
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 <u>PHIL MOORE GMC</u>	<u>10/27/23</u>	\$ <u>1000.⁰⁰</u>
Mailing Address <u>5728 I-55 NORTH</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39211</u>	__/__/__	\$
Name of Employer (Required) <u>PHIL MOORE</u>	__/__/__	\$
Occupation (Required) <u>CAR DEALERSHIP</u>	Aggregate year-to-date	\$ <u>1000.⁰⁰</u>
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 <u>COPIAH COUNTY MINISTERIAL ALLIANCE</u>	<u>10/24/23</u>	\$ <u>1000.⁰⁰</u>
Mailing Address <u>P.O. BOX 1307</u>	__/__/__	\$
City, State, Zip Code <u>HAZELHURST, MS 39083</u>	__/__/__	\$
Name of Employer (Required) <u>COPIAH COUNTY MINISTERIAL ALLIANCE</u>	__/__/__	\$
Occupation (Required) <u>ASSOCIATION</u>	Aggregate year-to-date	\$ <u>1000.⁰⁰</u>

Name of Candidate or Committee FRIENDS OF DEKEITHCA STAMPS
 Reporting period 10/1/23 - 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 <u>ANDRIA JONES</u>	<u>10/12/23</u>	\$ <u>450.⁰⁰</u>
Mailing Address <u>P.O. BOX 9943</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39286</u>	__/__/__	\$
Name of Employer (Required) <u>OAK STREET HEALTH</u>	__/__/__	\$
Occupation (Required) <u>OUTREACH</u>	Aggregate year-to-date	\$ <u>450.⁰⁰</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>CONCERNED CITIZENS OF RANKIN COUNTY</u>	<u>10/22/23</u>	\$ <u>350.⁰⁰</u>
Mailing Address <u>P.O. BOX 972</u>	__/__/__	\$
City, State, Zip Code <u>BRANDON, MS 39043</u>	__/__/__	\$
Name of Employer (Required) <u>CONCERNED CITIZENS OF RANKIN COUNTY</u>	__/__/__	\$
Occupation (Required) <u>ASSOCIATION</u>	Aggregate year-to-date	\$ <u>350.⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>FREDRICK BROWN</u>	<u>10/20/23</u>	\$ <u>300.⁰⁰</u>
Mailing Address <u>5679 CLINTON TINNIN RD</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39209</u>	__/__/__	\$
Name of Employer (Required) <u>JACKSON PUBLIC SCHOOLS</u>	__/__/__	\$
Occupation (Required) <u>ROTC COMMANDER</u>	Aggregate year-to-date	\$ <u>300.⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>LAND FAIR SOLUTIONS LLC</u>	<u>10/16/23</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>6035 WAVERLY DRIVE</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39206</u>	__/__/__	\$
Name of Employer (Required) <u>LANDFAIR SOLUTIONS LLC</u>	__/__/__	\$
Occupation (Required) <u>SELF EMPLOYED</u>	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee FRIENDS OF DEKEITHA STAMPS

Reporting period 10/1/23 through 10/29/23

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>POLITICAL ASSOC.</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS DEMOCRATIC PARTY</u>		<u>10/31/23</u>	\$ <u>5000.00</u>
Mailing Address <u>811 E. RIVER PLACE STE 102</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		___/___/___	\$
Name of Employer (Required) <u>MS DEMOCRATIC PARTY</u>		___/___/___	\$
Occupation (Required) <u>POLITICAL PARTY</u>		Aggregate year-to-date	\$ <u>5000.00</u>
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	\$