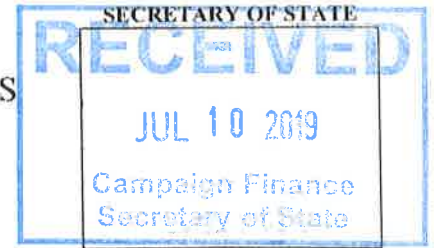


Political Committee
 REPORT OF RECEIPTS AND DISBURSEMENTS
 2019 Election



Name of Committee Friends to Elect Joey Grist
 Address 2611 Pemberton Avenue City/State/Zip Tupelo, MS 38801
 Telephone 662-321-0059 Fax _____
 Treasurer _____ Email Address GristCampaign@gmail.com

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) Mandatory
- ____ June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
- July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
- ____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
- ____ August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) Runoff Candidates Only
- ____ October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) Mandatory
- ____ October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) Mandatory
- ____ November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) Runoff Candidates Only
- ____ January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) 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 2019 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.

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$500	\$6150	\$6650	\$20544
TOTAL AMT OF DISBURSEMENTS	\$1362.88	\$1316.54	\$2679.52	\$7721.17
CASH ON HAND BALANCE				\$12,822.83

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

7-10-19

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 FRIENDS TO ELECT JOEY GRIST
 Reporting period June 1, 2019 through June 30, 2019

ITEMIZED RECEIPTS

A. 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)	Amount of each receipt this period
Full name <u>HENRY P. AND PAM EWING</u>	<u>6/13/19</u>	\$ <u>500-</u>
Mailing Address <u>1055 OAK PARK LANE</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Retired Physician</u>	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. 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)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. 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)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. 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)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee FRIENDS to ELECT JOEY GRIST
 Reporting period June 1, 2019 through June 30, 2019

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
<u>SPRINT PRINT</u>	<u>6/3/19</u>	\$ <u>376.45</u>
Mailing Address <u>114 N. SPRING ST.</u>		
City, State, Zip Code <u>TUPELO MS 38804</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	\$ <u>376.45</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PLAN HOUSE PRINTING</u>	<u>6/3/19</u>	\$ <u>313.93</u>
Mailing Address <u>605 W. MAIN ST.</u>		
City, State, Zip Code <u>TUPELO MS 38804</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	\$ <u>617.46</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JOE T. GRIST</u>	<u>6/28/19</u>	\$ <u>669.60</u>
Mailing Address <u>2611 PEMBERTON AVE</u>		
City, State, Zip Code <u>TUPELO MS 38801</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>TRAVEL REIMBURSEMENT</u>	Aggregate Year-to-date	\$ <u>669.60</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$