



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election



Name of Candidate Larry Bradford  
Address 304 Jefferson Street City/Zip Anguilla, MS 38721  
Telephone (Work) 662-931-6255 (Home) 662-347-9031 (Fax) \_\_\_\_\_  
Contact Name Alysun Knight Email Address Bradford4stateauditor.ms@gmail.com  
Office Sought State Auditor Political Party (if any) 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
- X** 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) 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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 176,657.00	\$ 0	\$ 176,657.00	\$ 214,257.00
TOTAL AMT OF DISBURSEMENTS	\$ 3,133.00	\$ 0	\$ 3,133.00	\$ 12,868.00
CASH ON HAND BALANCE				\$ 189,190.00
IN-KIND CONTRIBUTIONS				\$ 12,200.00

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

*Larry Bradford*

Signature of Candidate

07/01/2023

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](mailto: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 \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	<b>Aggregate Year-to-date</b>	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

**ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS**

A. Source:    Corporation    PAC    Individual    Loan		Date (Mo., Day, Year)
Other (please specify) _____		
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		Date (Mo., Day, Year)
Other (please specify) _____		
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 RECEIPTS – IN-KIND CONTRIBUTIONS**

A. Source:    Corporation    PAC    Individual    Loan		Date (Mo., Day, Year)
Other (please specify) _____		
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		Date (Mo., Day, Year)
Other (please specify) _____		
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 \_\_\_\_\_

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

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

\* 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 RECEIPTS**

<b>A. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>B. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>C. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>D. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>

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Reporting period \_\_\_\_\_ through \_\_\_\_\_

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Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>



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<b>A. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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City, State, Zip Code	___ / ___ / ___	\$
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Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
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Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

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Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	\$
<b>B. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
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Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	\$
<b>C. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	\$
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Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

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<b>A. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>B. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
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Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>C. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>
<b>D. Source:</b> Corporation PAC Individual Loan Other (please specify) _____	<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> <b>this period</b>
Full name	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	<b>Aggregate year-to-date</b>	<b>\$</b>