

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

RECEIVED

By Secretary of State Elections Division at 3:06 pm, Oct 31, 2023

Name of Committee to Elect Robert BradfordAddress P.O. Box 42City/State/Zip Natchez MS 39120Telephone 601-660-2898

Fax _____

Treasurer Corvet McnealEmail Address bradforagcomm2024@yahoo.com☐ 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

X ____ 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	\$4000.00	\$238.41	\$4238.41	\$16422.20
TOTAL AMT OF DISBURSEMENTS	\$1056.40	\$0	\$1056.40	\$10548.60
CASH ON HAND BALANCE				\$5873.60

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

10/31/2023

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 to Elect Robert BradfordReporting period October 11, 2023 through October 31, 2023

ITEMIZED CONTRIBUTIONS

A. 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 <u>Mississippi Democratic Party Corp</u>		<u>10</u> / <u>12</u> / <u>23</u>	\$ <u>4000.00</u>
Mailing Address <u>PO Box 1583</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson MS 39215</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>4000.00</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	\$

Name of Candidate or Committee to Elect Robert Bradford

Reporting period October 11, 2023 through October 31, 2023

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
IKCC New Hope MBC		
Mailing Address	10 / 13 / 23	\$ 500.00
418 Morgantown Road		
City, State, Zip Code	___ / ___ / ___	\$
Natchez MS 39120		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Advertisement		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Signs		
Mailing Address	10 / 18 / 23	\$ 556.40
406 Liberty Road		
City, State, Zip Code	___ / ___ / ___	\$
Natchez MS 39120		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 556.40
Yard Signs		
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	\$