2020 ELECTION CYCLE

Michael Watson
SECRETARY OF STATE

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OCT 09 2020
Campaign Finance
Secretary of State

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
September 22, 2020 Special Election

Name of Candidate's Committee: Jason Barrett for State Senate District 39

Address: 670 South Cleveland City/Zip: Brookhaven, MS 39601

Telephone: 601-833-1177 (Fax): N/A

Contact Name: Jason Barrett Email Address: jasontodd barrett @ gmail.com

Office Sought: State Senate District 39

☐ **Check here if above is different from previous report**

TYPE OF REPORT

_____ **September 15, 2020 Pre-Election Report** (January 1, 2020 through September 12, 2020) ..... **Mandatory if Opposed**

✓ **October 6, 2020 Pre-Runoff Report** (September 13, 2020 through October 3, 2020) ..... **Runoff Candidates Only**

_____ **January 29, 2021 Annual Report** (January 1, 2020 through December 31, 2020) ..... **Mandatory**

_____ **Termination Report** (Candidate 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) **All candidate AND any committee authorized to act on the candidate's behalf shall file reports in the year in which they are to be elected.**

(2) 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.

(3) **Pre-Election Reports are mandatory if the candidate is opposed, 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.**

(4) **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).**

(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, 2020 CASH ON HAND BALANCE $ -0-

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS[1]	$	$	$	$
TOTAL AMT OF DISBURSEMENTS	$	$	$	$
CASH ON HAND BALANCE				$ -0-

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN.1, 2020 CASH ON HAND BALANCE $ -0-

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$ 4,950.00	$ 450.00	$ 5,400	$ 19,567.35
TOTAL AMT OF DISBURSEMENTS	$ 5,605.85	$ 250.00	$ 5,855.85	$ 17,742.85
CASH ON HAND BALANCE				$ 1,824.50

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

10-7-2020
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. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Legislative Office file this Report with the Secretary of State's Office located at 401 Mississippi Street, Jackson, MS 39201; mail to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2454; or emailed to CampaignFinance@sos.ms.gov.

[1] *Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.*

Name of Candidate or Committee Jason Barrett for State Senate District 39

Reporting period 9-13-2020 through 10-3-2020

ITEMIZED RECEIPTS

A. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cory Douchard	9/13/2020	$ 400.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Building Contractor	Aggregate year-to-date	$ 400.00

B. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kurt Smith	9/13/2020	$ 1,000.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Business investment	Aggregate year-to-date	$ 1,000.00

C. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Spencer Mooney	10/1/2020	$ 1,000.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Physician / Business owner	Aggregate year-to-date	$ 1,000.00

D. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Herschel Gaddy	9/13/2020	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Business owner	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Jason Barrett for State Senate District 39

Reporting period 9-13-2020 through 10-3-2020

ITEMIZED RECEIPTS

A. Source: (X) Individual	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul 'Mike' Parker and Rosemary Parker	10/1/2020	$ 1,000.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Business owner	Aggregate year-to-date	$ 1,000.00

B. Source: (X) Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brookhaven Animal Hospital	10/3/2020	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Veterinarian	Aggregate year-to-date	$ 500.00

C. Source: (X) Individual	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jason McDonald	10/1/2020	$ 250.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Business Owner	Aggregate year-to-date	$ 250.00

D. Source: (X) Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brookhaven Farm and Ranch	10/1/2020	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): Farm Products	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Jason Bartlett For State Senate District 39

Reporting period 9-13-2020 through 10-3-2020

ITEMIZED RECEIPTS

A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Non-reportable donations	10/2/2020	$ 450.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 450.00
B. Source: ◯Corporation ◯PAC ◯Individual ◯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: ◯Corporation ◯PAC ◯Individual ◯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: ◯Corporation ◯PAC ◯Individual ◯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 Jason Barrett For State Senate District 39

Reporting period 9-13-2020 through 10-3-2020

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☑ On or After January 1, ~~2018~~ 2020

A. Full name Lawrence County Press Mailing Address P.O. Box 549 City, State, Zip Code Monticello, MS 39654 Purpose of Disbursement (Optional) Advertising	Date (Mo., Day, Year) 10/31/~~2020~~ __/__/__ Aggregate ~~Year-to-date~~	Amount of each disbursement this period $ 374.50 $ $ 374.50
B. Full name Super Talk Mailing Address 110 West Monticello St. City, State, Zip Code Brookhaven, MS 39601 Purpose of Disbursement (Optional) Advertising	Date (Mo., Day, Year) 10/2/~~2020~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 2,000.00 $ $ 2,000.00
C. Full name A to Z Printing Mailing Address Railroad Avenue City, State, Zip Code Brookhaven, MS 39601 Purpose of Disbursement (Optional) Ad/Signs	Date (Mo., Day, Year) 10/2/~~2020~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 2,731.35 $ $ 2,731.35
D. Full name Daily Leader Mailing Address Railroad Avenue City, State, Zip Code Brookhaven, MS 39601 Purpose of Disbursement (Optional) Advertising	Date (Mo., Day, Year) 10/3/~~2020~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 500- $ $ 500-
E. Full name Non-reportable Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Facebook, Pay Pal expense, etc.	Date (Mo., Day, Year) 10/3/~~2020~~ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ $ 250.00
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $