



RECEIVED
By Secretary of State Elections Division at 12:23 pm, Aug 01, 2023

REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES
2023 Election

Check one of the following:

- The independent expenditure disclosed **was made in support** of the candidate identified.
- The independent expenditure disclosed **was made in opposition** to the candidate identified.

Tate Reeves

Name of the Candidate of whom the expenditure was in support or in opposition.

New Southern Majority IE PAC

Full Name of Individual or Entity Making Independent Expenditure(s).

Please check the appropriate box:

- Corporation
- Individual
- Political Committee
- Other (Specify _____)

Seth Levi

Contact Person

150 East Ponce de Leon Avenue **Decatur** **GA** **30030**
Mailing Address City State Zip Code
334-322-4884
Phone Fax Email (optional)

Please check one of the following dates:

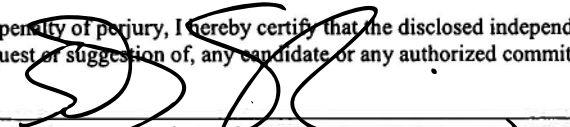
- May 10, 2023 Periodic Report (January 1, 2023 through April 30, 2023) Mandatory
- June 9, 2023 Periodic Report (May 1, 2023 through May 31, 2023) Mandatory
- July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023) Mandatory
- August 1, 2023 Primary Pre-Election Report (July 1, 2023 through 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
- 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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$270.00	+	\$	\$270.00	\$112666.76
Total amount of disbursements	\$270.00	+	\$	\$270.00	\$112666.76

Attach itemized receipt and itemized disbursement pages, as necessary, to properly disclose the source of contribution(s) received in excess of \$200 in the aggregate and each recipient of expenditure(s) made in excess of \$200 in the aggregate.

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.


Authorized Signature

8/1/2023
Date

AUTHORITY: Miss. Code Ann. §§ 23-15-807 and §23-15-809

SEND TO: 1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205, FAX to 601-576-2545 or EMAIL to CampaignFinance@sos.ms.gov.
2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.

Name of Candidate or Committee New Southern Majority IE PAC
 Reporting period July 1, 2023 through July 29, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Non-Profit Organization</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SPLC Action Fund</u>	<u>07/25/2023</u>	\$ <u>270.00</u>
Mailing Address <u>400 Washington Ave</u>	__ / __ / __	\$
City, State, Zip Code <u>Montgomery, AL 36104</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>112666.76</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 New Southern Majority IE PAC
 Reporting period July 1, 2023 through July 29, 2023

ITEMIZED DISBURSEMENTS

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

A. Full name Associated Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 00 Liberty St.	7/25/2023	\$ 270.00
City, State, Zip Code New York, NY 10281	__ / __ / __	\$
Purpose of Disbursement (Optional) Photo License	Aggregate Year-to-date	\$ 1,245.00
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	\$