

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election

RECEIVED

OCT 29 2019

Campaign Finance
MS Secretary of State

Name of Candidate Robert F. AMOS
 Address P.O. Box 5603 City/Zip Pearl, MS 39288
 Telephone (Work) _____ (Home) 601-540-3062 (Fax) _____
 Contact Name Robert Amos Email Address robamos11@yahoo.com
 Office Sought Insurance Commissioner Political Party (if any) Democratic

☐ 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) 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"

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2018 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
CASH ON HAND BALANCE			\$

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

JAN. 1, 2018 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 500.00	\$ - 0 -	\$ 19,400
TOTAL AMT OF DISBURSEMENTS	\$ - 0 -	\$ 500.00	\$ 19,400
CASH ON HAND BALANCE			\$ - 0 -

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 Candidate

10-29-19

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 timely submit required reports in accordance with the applicable statutes 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 23-15-813.

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 Robert E. AmosReporting period Oct. 1st, 2019 through 10-26-2019

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>Union</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American Federation of Teachers (MS)</u>		<u>10/22/19</u>	\$ <u>500.00</u>
Mailing Address <u>350 W. Woodrow Wilson Ave #3150</u>		<u>— / — / —</u>	\$
City, State, Zip Code <u>Jackson, MS 39213</u>		<u>— / — / —</u>	\$
Name of Employer (Required)		<u>— / — / —</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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	\$