

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



RECEIVED

By Secretary of State Elections Division at 2:52 pm, Aug 02, 2023

Name of Committee _____
Address _____ City/State/Zip _____
Telephone _____ Fax _____
Treasurer _____ Email Address _____

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
- ____ 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	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

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 Invest in MississippiReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" 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 American Jobs and Growth PAC	<u>07/06/2023</u>	\$ \$200,000.00
Mailing Address 712 H Street NE, Suite 1686	___ / ___ / ___	\$
City, State, Zip Code Washington DC 20002	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input checked="" 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 Defend US PAC	<u>07/06/2023</u>	\$ \$110,000.00
Mailing Address 2430 4th Street NE	___ / ___ / ___	\$
City, State, Zip Code Washington DC 20002	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input checked="" 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 Fund for a Working Congress	<u>07/11/2023</u>	\$ \$150,000.00
Mailing Address 33 Lafayette Ave	___ / ___ / ___	\$
City, State, Zip Code Annapolis MD 21401	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input checked="" 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 Good Hope, Inc	<u>07/13/2023</u>	\$ \$750.00
Mailing Address PO Box 614	___ / ___ / ___	\$
City, State, Zip Code Natchez MS 39121	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Invest in Mississippi

Reporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" 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 Save Our Constitution PAC	7/28/2023 ⁺	\$ 425,000.00
Mailing Address 1201 Main Street, suite 2	___ / ___ / ___	\$
City, State, Zip Code Cincinnati OH 45202	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 425,000.00
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 _____

Reporting period _____ through _____

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

A. 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	\$
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	\$