

Delbert Hosemann
 SECRETARY OF STATE
 FILED
 PIKE COUNTY, MISS
 JAN 07 2019
 BY *[Signature]*
 ROGER A. GRAVES
 CIRCUIT CLERK

REPORT OF RECEIPTS AND DISBURSEMENTS
2018 Annual Report

Name of Candidate Robert J. Accardo
 Address 4129 Leatherwood Rd City/Zip Tylertown/39667
 Telephone (Work) 601-551-1542 (Home) 601-551-1542 (Fax) _____
 Contact Name Robert J. Accardo Email Address robertaccardo@att.net
 Office Sought Supervisor Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

January 31, 2019 Annual Report (January 1, 2018 through December 31, 2018) **Mandatory**
 _____ **Termination Report** (Candidate will no longer accept contributions, make expenditures, has no outstanding campaign debt and a zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Absent a termination report, Annual Reports are mandatory for all prior candidates and candidates who have raised or spent in excess of \$200.00 in furtherance of a campaign. Even if no contributions or expenditures have been made, the candidate must submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (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) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be mailed, hand delivered, faxed or emailed. Candidates for State, State District and Legislative Office file with the Secretary of State's Office. Candidates for county and county-district office file with the circuit clerk's office. Candidates for municipal or municipal-district office file with the municipal clerk's office.

Name of Candidate or Committee Robert J. AccardoReporting period January 1, 2018 through December 31, 2018

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert J Accardo</u>	<u>12</u> / <u>24</u> / <u>18</u>	\$ <u>386</u>
Mailing Address <u>4129 Leatherwood Rd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Tylertown, MS 39667</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>386</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Robert J. AccardoReporting period January 1, 2018 through December 31, 2018

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise-Journal		
Mailing Address	<u>12</u> / <u>24</u> / <u>18</u>	\$ 386
P.O. Box 2009		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Mccomb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 386
Newspaper Ad		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$


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

JAN. 1, 2018 CASH ON HAND BALANCE			\$ 0
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS¹	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0
CASH ON HAND BALANCE			\$0

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

JAN. 1, 2018 CASH ON HAND BALANCE			\$0
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$386	\$0	\$386
TOTAL AMT OF DISBURSEMENTS	\$386	\$0	\$386
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

January 7, 2019

 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.