



 Candidate's Committee

 REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
 SECRETARY OF STATE
 PIKE COUNTY, MISS.
 AUG 16 2019
 ROBERTA GRAVES
 DATE STAMP
 BY *RMG*

Name of Committee Committee to Elect Robert Accardo
 Address 200 Third Street City/Zip McComb 39648
 Telephone 601-551-1542 Fax _____
 Treasurer Mike Faust Email Address mike@faustcpa.com
 Office Sought Supervisor Party Affiliation Republican

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, and their political committees if organized as such, 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 committee 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 committee 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" 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.
- (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, 2019 CASH ON HAND BALANCE				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$0	\$0	\$0	\$0
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0	\$0
CASH ON HAND BALANCE				\$0

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

JAN. 1, 2019 CASH ON HAND BALANCE				\$0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$500	\$0	\$500	\$9139.11
TOTAL AMT OF DISBURSEMENTS	\$999.75	\$262	\$1261.75	\$8968.02
CASH ON HAND BALANCE				\$171.09

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

8/17/19

Date

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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.
Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

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 Committee to Elect Robert Accardo
 Reporting period 07/28/19 through 08/17/19

ITEMIZED DISBURSEMENTS

Disbursements 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
Enterprise Journal	8/9/19	\$ 121.00
Mailing Address P.O. Box 2009		
City, State, Zip Code McComb, MS 39648	8/12/19	\$ 386.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2307.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vista Print	8/8/19	\$ 107.42
Mailing Address Hussonweg 8		\$
City, State, Zip Code Venlo, The Netherlands 59281W	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 631.76
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
A2Z Printing	8/13/19	\$ 385.33
Mailing Address 2125 TV Road		\$
City, State, Zip Code Jackson, MS 39204	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2969.63
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	\$

Name of Candidate or Committee Campaign to Elect Robert Accardo

Reporting period 07/28/19 through 08/17/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Accardo</u>	<u>08</u> / <u>12</u> / <u>19</u>	\$ <u>500.00</u>
Mailing Address <u>4129 Leatherwood Rd</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Tylertown, MS 39667</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Retired</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>7099.11</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	____ / ____ / ____	\$ _____
Mailing Address	____ / ____ / ____	\$ _____
City, State, Zip Code	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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	____ / ____ / ____	\$ _____
Mailing Address	____ / ____ / ____	\$ _____
City, State, Zip Code	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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	____ / ____ / ____	\$ _____
Mailing Address	____ / ____ / ____	\$ _____
City, State, Zip Code	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____