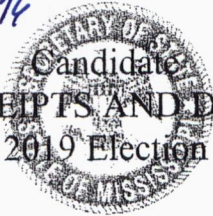
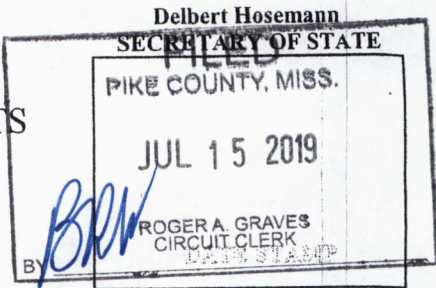


3895.74



REPORT OF RECEIPTS AND DISBURSEMENTS

2019 Election



Name of Candidate Gregory L. Ballew

Address 1025 OAKLIGH Dr. City/Zip Summit 39666

Telephone (Work) 601-248-1956 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Contact Name Greg Email Address gballew@cableone.net

Office Sought Supervisor #4 Political Party (if any) 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
- X 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"



Name of Candidate or Committee Gregory L. Ballew

Reporting period June 1-19 through June 30-19

# 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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>0</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	\$ _____