2019 ELECTION CYCLE

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2019 Election

Delbert Hosemann
SECRETARY OF STATE

FILED
PIKE COUNTY, MISS.

MAY 0 8 2019

ROGERA GRAVES

BY CIRCUIT CLERK

	BY
Name of Candidate MARLIN BASS	
Address 5020 River Ad. W. City/Zip	SummiTMs, 35668
Telephone (Work) 601-245-7728 (Home) 601-276-7257 (Fax)	
Contact Name MArkin Email Address markin bass	@ AOL, COM
Contact Name MArkin Email Address markin bass Office Sought 4th DisTricT SuperVisor Political Party (if any) Reputs	Lican
☐ 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 hand balance)	Required to terminate cash on 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).
- 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 BALAN	CE			\$	0
	Itemized (+)	Non-Itemized (=)	This Period	Cale	ndar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$	\$	0
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$	0
CASH ON HAND BALANCE				\$	0

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

JAN. 1, 2019 CASH ON HAND BALAN	NCE			\$ 0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$2000,00	\$ 950,00	\$ 2950,00	\$ 2950,00
TOTAL AMT OF DISBURSEMENTS	\$2748,68	\$	\$2748,68	\$ 2748,68
CASH ON HAND BALANCE				\$ 201,32

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

5-7-15

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 submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email <a href="mailto:CampaignFinance@sos.ms.gov">CampaignFinance@sos.ms.gov</a>. Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

<sup>1</sup> Canada and dividends earned unon neg Ian 1 2018 assurates finds are limited to interest and dividends earned unon neg Ian 1 2018 monies

<b>Page</b>	of	

Name of Candidate or Committee	Markin 1	1ASS
Reporting period TAWUANY	/ 2019 through	APRIL 30 2019
ITE	EMIZED	RECEIPTS

Other (please specify)  Other (please specify)  Full name  Agregate  Full name  City, State, Zip Code  Summing Address  City, State, Zip Code  Other (please specify)  Other (please specify)  Full name  Agregate  Summing Address  Cocupation (Required)  Occupation (Required)  Full name  Full name  Agregate  Summing Address  Full name  Full n			
Full name    Full name			
Malling Address	Full name	41419	
Date   Source   Corporation   PAC   Individual   Loan   Date   Mo., Day, Year   This period   Date	Mailing Address	T, [, [	
Summit   Summit   Subject   Subjec	the an amount the same and the		
Cocupation (Required)  B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name  Let Alferd  Mailing Address  III Aggregate (Mo., Day, Year)  Solution (Required)  Aggregate (Mo., Day, Year)  Full name  Loan Date (Mo., Day, Year)  Solution (Required)  Aggregate (Mo., Day, Year)  Solution (Required)  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Full name  III Aggregate (Mo., Day, Year)  Cocupation (Required)  Occupation (Required)  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Full name  III Aggregate (Mo., Day, Year)  City, State, Zip Code  Solution (Required)  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day,	Summit Ms. 39666		\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name of Employer (Required)  Date (Mo., Day, Year)  Amount of each receipt this period (Mo., Day, Year)  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name of Employer (Required)  Description (Required)  Full name of Employer (Required)  Discription (Required)  Discription (Required)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Discription (Required)  Discription (Required)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Discription (Required)  Discription (Required)  Discription (Required)  Discription (Required)  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)	Name of Employer (Required)	A September 1	\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name  Full name  Full name  Full part Rev Rev N. Summit Ms. 3866  City, State, Zip Code  Cocupation (Required)  Other (please specify)  Mailing Address  Full name  City State, Zip Code  Mailing Address  Full name	1) (		\$ 1000,00
Other (please specify)  Full name  Lee Alferd  Mailing Address  II I I I I I I I I I I I I I I I I I			Amount of each receipt
Alferd   A			
Mailing Address  City, State, Zip Code  Server Address  City, State, Zip Code  Server Address  Cocupation (Required)  Other (please specify)  City, State, Zip Code  Server Address  Server Ad		2125119	\$ 5200,00
City, State, Zip Code	Mailing Address		\$
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Full name  Martin   BASS  Mailing Address  SUMMIT   MS. 35666  Name of Employer (Required)  Aggregate year-to-date  Amount of each receipt this period  This period  This   Summer of Employer (Required)  Amount of each receipt this period  Amount of each receipt this period  This   Summer of Employer (Required)  Amount of each receipt this period  Amount of each receipt this period  This   Summer of Employer (Required)  Amount of each receipt this period  This   Summer of Employer (Required)	City, State, Zip Code		\$
Section   PAC   Individual   Loan   Date (Mo., Day, Year)	Name of Employer (Required)		\$
C. Source   Corporation   PAC   Individual   Loan   Date receipt this period    Full name   Marking BASS   Mailing Address   May 1   M			\$ 200.00
Other (please specify)  Other (please specify)  Full name  Markin BASS  Mailing Address  City, State, Zip Code  Other (please specify)  Mame of Employer (Required)  Name of Employer (Required)  Name of Employer (Required)  Name of Employer (Required)  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Name of Employer (Required)		year-to-date	
Mailing Address  SIDD PIVER Dad. W.  City, State, Zip Code  SUMMIT MS. 35666  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  I I I I \$  SELF  Occupation (Required)  Date (Mo., Day, Year)  Kend of Employer (Required)  Full name  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  Mailing Address			
Mailing Address  SIDD PIVER Dad. W.  City, State, Zip Code  SUMMIT MS. 35666  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  I I I I \$  SELF  Occupation (Required)  Date (Mo., Day, Year)  Kend of Employer (Required)  Full name  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  Mailing Address	Full name	T .5C	6 5000
City, State, Zip Code  SUM MIT MS, 35666  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  Name of Employer (Required)  Name of Employer (Required)  SOURCE: State, Zip Code  I I I I S  Name of Employer (Required)	MARLIN BASS	1/13/14	
Name of Employer (Required)  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Name of Employer (Required)  SCOCCORDINATION STATE OF THE PROPERTY O	5020 River Bd. W.	/1_/1_	\$
Name of Employer (Required)  Self  Occupation (Required)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name  City, State, Zip Code  Name of Employer (Required)  \$  \$  Aggregate year-to-date  \$  Amount of each receipt this period  \$  City, State, Zip Code			\$
Occupation (Required)    Description   Pac   Individual   Loan   Date (Mo., Day, Year)	Name of Employer (Required,		\$
Date (Mo., Day, Year)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Date (Mo., Day, Year)  City State, Zip Code  Name of Employer (Required)  Amount of each receipt this period  Full name  City, State, Zip Code  Name of Employer (Required)			\$ 500,00
Full name	D. Source: Corporation PAC Individual Loan		
City, State, Zip Code			
Name of Employer (Required) \$ \$	Mailing Address		\$
	City, State, Zip Code		\$
Convention (Postings)	Name of Employer (Required)		\$
year-to-date	Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee MAYLIN BASS

Reporting period January 1 2019 through APRIL 30 2019

ITEMIZED DISBURSEMENTS

A. Full name Screen Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2147 Huy 48 WesT	2/18/19	\$ /381.50
City, State, Zip Code MConb Ms. 39648	3/13/19	\$ 455.82
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1837.72
B. Full name EnTerPrise Joursh	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 OLiver Emmerich Dr.	1/3/19	\$ 5700.00
City, State, Zip Code MS 39648	//	\$
Purpose of Disbursement (Optional)  CAMPAIGN Ad.	Aggregate Year-to-date	\$ 5700,00
C. Full name  A to Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 633 Brook way Blud	418119	\$ 260,56
City, State, Zip Code Brookhaven MS, 3960/	//	\$
Purpose of Disbursement (Optional)  Hover Tisemen T	Aggregate Year-to-date	\$ 260.96
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 W Fron T ST	2127119	\$ 1520.00
City, State, Zip Code  MS 364	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 150.00
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	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$