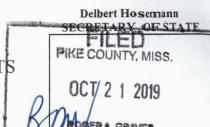
2019 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election



Name of Candidate MAT	hin 13-455	V.
		Zip Sumni J MS. 35666
	19-7278 (Home) Struc (Fax	
Contact Name	Email Address Markin b	ess @ AOL, COM
Office Sought 4th Districe	- TSupervio Political Party (if any) Pique	ekleci
	e is different from previous report TYPE OF REPORT	
May 10, 2019 Periodic Repor	rt (January 1, 2019 through April 30, 2019)	Mandatory
June 10, 2019 Periodic Repo	rt (May 1, 2019 through May 31, 2019)	Mandatory
July 10, 2019 Periodic Repor	rt (June 1, 2019 through June 30, 2019)	
July 30, 2019 Primary Pre-E	election Report (July 1, 2019 through July 27, 2019)	Mandatory
August 20, 2019 Primary Pre	e-Runoff Report (July 28, 2019 through August 17, 2019)Runoff Candidates Only
October 10, 2019 Periodic Re	eport (July 1, 2019 through September 30, 2019)	
October 29, 2019 Pre-Electio	on Report (October 1, 2019 through October 26, 2019)	Mandatory
November 19, 2019 Pre-Run	off Report (October 27, 2019 through November 16, 2019	9)Runoff Candidates Only
January 10, 2020 Periodic R	eport (October 1, 2019 through December 31, 2019)	Mandatory
expend	ittee will no longer accept contributions, make campaign ditures, has no outstanding campaign debt obligation and apalance)	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).
- 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"

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			\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$5950,00	2\$ 1250,00	\$	\$ 7200,00
TOTAL AMT OF DISBURSEMENTS	\$7/86,95	S	\$2550,60	\$ 7186.55

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

10-15-15

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 CampaignFinance@sos.ms.gov. Candidates for county and/or county district office file this Report with their respective 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 Reporting period Aut / 5 through Sq. 30 ITEMIZED RECEIPTS A. Source: Corporation PAC Individual Loan Other (please specify)		1	Page of
A Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address Full name	Name of Candidate or Committee		
A Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address Full name	Reporting period hely 151 through Sout 30		
Other (please specify) Full name Full name City, State, Zip Code Railing Address Corporation PAC Individual Loan City, State, Zip Code Name of Employer (Required) Cocupation (TS	
Other (please specify) Full name Pull name Pull	A. Source: Corporation PAC Individual Loan	Date	
Mailing Address Aggregate year-to-date Amount of each receipt this period			
City, State, Zip Code City, State, Zip Code	Neilh DAWders	4114118	\$ 100000
Name of Employer (Required) Suman Manage	Mailing Address 1024 Oakheich Da		\$
Name of Employer (Required) Occupation (Required) Date (Mo., Day, Year) Full name, I I I S Aggregate year-to-date Other (please specify) Other (please specify) Mailing Address C. Source Corporation PAC Individual Loan Other (please specify) Occupation (Required) C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address S D D R PAC Individual Loan Other (please specify) Mailing Address S D D R PAC Individual Loan Occupation (Required) Date (Mo., Day, Year) This period Amount of each receipt this period Eull name LIRLIA S SUPPO Mailing Address S D D R PAC Individual Loan Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address I D C Ampen Texture City, State, Zip Code LI LI S SUBBO	1 11 - 11/		\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name.			\$
Other (please specify) Full name Full name Cocupation (Required) Cocupa	Occupation (Required)		\$ 1000.00
Other (please specify) Other (please specify) Full name, Perform To perform Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address City, State, Zip Code Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Full name Mailing Address Supuration (Required) City, State, Zip Code Mailing Address Supuration (Required) Full name Mailing Address Supuration (Required) Coccupation (Required) Mailing Address Supuration (Required) City, State, Zip Code Supuration (Required) Discussion (Required) Coccupation (Required) Discussion (Required) Coccupation (Required) Discussion (Required)	B. Source: Corporation PAC Individual Loan	Date	Amount of each
Mailing Address	Other (please specify)		
City, State, Zip Code	Full name	212575	\$ 5200,00
Name of Employer (Required) Occupation (Required) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Make, BASS Date (Mo., Day, Year) Mailing Address SOLO BIJEF Adv. SOLO City, State, Zip Code Corporation PAC Individual Loan Date (Mo., Day, Year) Name of Employer (Required) Occupation (Required) Aggregate year-to-date SOLO Other (please specify) Aggregate year-to-date Solo Occupation (Required) Date (Mo., Day, Year) Amount of each receipt this period Full name Date (Mo., Day, Year) Solo Full name Solo Date (Mo., Day, Year) This period Full name Solo Date (Mo., Day, Year) Solo Mailing Address Date (Mo., Day, Year) Solo Mailing	Mailing Address	81515	\$ 750,00
Name of Employer (Required) Occupation (Required) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Mailing Address STOLO BLIFF ADD. City, State, Zip Code Date (Mo., Day, Year) Aggregate (Mo., Day, Year) TIRLIF \$ SOURCE Corporation PAC Individual Loan Date (Mo., Day, Year) TIRLIF \$ SOURCE Corporation PAC Individual Loan Date (Mo., Day, Year) Tom Brown Mailing Address Tirlif \$ Tom Source	- 1 -01/1		\$
Source Corporation PAC Individual Loan Date (Mo., Day, Year)	14 M h ()		\$
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Coeupation PAC Individual Coeupation PAC Indi	Occupation (Required)		\$ 1250,00
Other (please specify) Other (please specify) Full name Mailing Address STOND BIJET AND City, State, Zip Code Date Occupation (Required) Cother (please specify) Mailing Address Date Other (please specify) Mailing Address Full name Full name Full name Full name Full name City, State, Zip Code Cother (please specify) Mailing Address Full name Full name City, State, Zip Code	C. Source Corporation PAC Individual Loan		Amount of each
Mailing Address STOLD BIJET PADD. City, State, Zip Code Sum ni Ms. 35166 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Tom Brown Mailing Address I DG2 CALPENTEULN City, State, Zip Code			
City, State, Zip Code Sum 1 Ms. 35166 Name of Employer (Required) Coccupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Tom Brown Mailing Address I DG CALPENTELLO City, State, Zip Code Sum 1 Ms. 35666 TION State, Zip Code City, State, Zip Code Sum 1 Ms. 35666	Full name BASS	113/15	\$ 500,00
City, State, Zip Code Sum 1	Mailing Address	E114115	\$ 10000
Name of Employer (Required) Name of Employer (Required)			1/0000
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Tom Brown Mailing Address I 1992 CALPENTEULN City, State, Zip Code Summing (MS, 3666) Summing (MS, 35666) Summing (MS, 35666) Summing (MS, 35666) Summing (MS, 35666)	- M 35///	71/01/9	\$ 600,00
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name Tom Brown	The state of the s		\$
Date Other (please specify) Other (please specify) Full name Mailing Address Carpenter Lw City, State, Zip Code Carpenter Lw Mailing Address Carpenter Lw	Occupation (Required)		\$ 200,00
Other (please specify) Full name Tom Brown Mailing Address IPG2 CALPENTERLN City, State, Zip Code Summ (1MS, 35666) (Mo., Day, Year) this period this period this period Tom State, Zip Code I I I I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	D. Source: Corporation PAC Individual Loan	Date	Amount of each
Tom Brown Mailing Address 1892 CALPENTEULN City, State, Zip Code Summ (1 M5. 35666	Other (please specify)	(Mo., Day, Year)	
Mailing Address 1892 CALPENTERLN City, State, Zip Code Summi (1885, 35666) 1 1 1 \$		817218	\$ 2000,00
City, Staté, Zip Code [1] \$	Mailing Address		\$
	City, Staté, Zip Code		\$
Name of Employer (Required) (BOAD + Track) \$ 1 1 1 1 1 1 1 1 1 1	Name of Employer (Required)		\$
Occupation (Required) Aggregate year-to-date \$2000,00	Occupation (Required)		\$ 2000,00

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Reporting period The	157	through	Sent 30
	ITEN	NIZED	RECEIPTS
		L	NECEIPIO

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		this period
Full name / Brown	8 1/2 1/5	\$ 520,00
Mailing Address 1057 PIXIE Shines Shall		\$
City, State, Zip Code	\Box , \Box , \Box	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 500.00
	year-to-date	Beck
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
	1 11 11 11	\$
Mailing Address		\$,
City, State, Zip Code		•
ALL STATES		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$
C. Source Corporation PAC Individual Loan	,	Aminust of cook
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	$\Box_I \Box_{\hat{I}} \Box$	\$
Mailing Address		
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		•
	1_//	\$
Mailing Address		\$.
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
	,	

Reporting period JST through Sout 30 ITEMIZED DISBURSEMENTS

A. Full name Craphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2147 Him 48 Wes T	211815	\$ 138190
City, State, Zip Code Code M M St. 356 18	31/3/19	\$ 455,82
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1837.52
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 147 H. 48 Wes T	5114115	\$ 25787
City, State, Zip Code TM Com h M5, 35648	811215	\$ 834,60.
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1092,47
C. Full name Craphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2147 Hee 48 WesT	812015	\$ 417,30
City, State, Zip Code MComb Ms 356 B	//	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$41730
		1111
D. Full name of the first of the form of	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name In lever 15 & Journal Mailing Address 117 Miver Emericker	Date	
Enlew rise (lourmn)	Date (Mo., Day, Year)	disbursement this period
Mailing Address Dever Emerical City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	\$ 500.00
Mailing Address OLIVEY SMENIADA City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Continued of Disbursement (Optional) Continued of Disbursemen	Date (Mo., Day, Year) /	\$ 500.00
Mailing Address Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address Mailing Address	Date (Mo., Day, Year) 13/15 Aggregate Year-to-date Date	\$ 500.00 \$ 530.00 \$ 1030.00 Amount of each
Mailing Address Deliver Emerical City, State, Zip Code The State, Zip Code The State, Zip Code The State	Date (Mo., Day, Year)	\$ 500.00 \$ 530.00 \$ 1030.00 Amount of each
Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	Date (Mo., Day, Year)	\$ 500.00 \$ 530.00 \$ 1030.00 Amount of each disbursement this period \$ 434.00
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Mailing Address	Date (Mo., Day, Year) 13/14 71/01/5 Aggregate Year-to-date Date (Mo., Day, Year) \$121/5 Aggregate	s solo oo oo s solo oo oo solo oo so
Mailing Address Deliver Emerical City, State, Zip Code	Date (Mo., Day, Year) 13/16 21/01/5 Aggregate Year-to-date Date (Mo., Day, Year) \$121/5 Aggregate Year-to-date Date (Mo. Day, Year)	s solution state of the state o
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name The paries T	Date (Mo., Day, Year) 13/14 Aggregate Year-to-date Date (Mo., Day, Year) 12/15 Aggregate Year-to-date Date (Mo., Day, Year)	s solution of each disbursement this period \$ 500.00 \$ 530.00 \$ 1030.00 Amount of each disbursement this period \$ 434.00 \$ 185.00 Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) F. Full name Mailing Address City, State, Zip Code Mailing Address Mailing Address Mailing Address	Date (Mo., Day, Year) 13/14 Aggregate Year-to-date Date (Mo., Day, Year) 12/15 Aggregate Year-to-date Date (Mo., Day, Year)	s solution of each disbursement this period \$ 500.00 \$ 530.00 \$ 1030.00 Amount of each disbursement this period \$ 434.00 \$ 185.00 Amount of each disbursement this period \$ 524.30

Name of Candidate or Committee Reporting period through State of Candidate or Committee ITEMIZED DISBURSEMENTS

A. Full name of the Marine Valence	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	811215	\$ 265,00
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 265.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 633 Barokucy Blood	411819	\$ 260.96
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$260.96
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2127115	\$ 150,00
City, State, Zip Code	8/10/19	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 65000
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	\$115115	\$ 450.00
City, State, Zip Code SummiT Ms, 39666	//	\$
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	\$