

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election

Name of Candidate Jake Gazzo
Address PO Box 805 City/Zip Summit, MS 39666
Telephone (Work) 601-341-2013 (Home) 601-600-2829 (Fax) _____
Contact Name Jake Gazzo Email Address _____
Office Sought Pike County Dist. 4 Supervisor 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
- 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"

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.

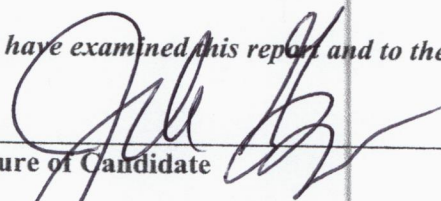
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2019 CASH ON HAND BALANCE					\$
	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**

JAN. 1, 2019 CASH ON HAND BALANCE					\$ 2,147.27
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$ 3,985.42	\$ 1,420.00	\$ 5405.42	\$ 7,552.74	
TOTAL AMT OF DISBURSEMENTS	\$ 4,299.92	\$ 0	\$ 4,299.92	\$ 4,299.92	
CASH ON HAND BALANCE					\$ 3,252.82

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 

Date 5/6/19

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 Take Garza

Reporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>All States Sales & Supply</u>	<u>7/16/19</u>	\$ <u>250.00</u>
Mailing Address <u>4659 Centerville Rd.</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Magalia, MS 39652</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>All States Sales & Supply</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Lester Swanson</u>	<u>7/16/19</u>	\$ <u>200.00</u>
Mailing Address <u>1004 Sid Nash Rd</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Summit, MS 39666</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Sean Garza</u>	<u>2/11/19</u>	\$ <u>500.00</u>
Mailing Address <u>475 Cove Drive</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Biloxi, MS 39530</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Brecknridge & Kyran</u>	<u>4/1/19</u>	\$ <u>250.00</u>
Mailing Address <u>Po Box 1127</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>McComb, MS 39649</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Brecknridge & Kyran</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Insurance</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Jake Garzo
 Reporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>Jake Garzo</u>	<u>4/1/19</u>	\$ <u>1,135.47</u>
Mailing Address <u>PO Box 805</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Summit, MS 39666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Auto Zone</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Regional H.R. MANAGER</u>	Aggregate year-to-date	\$ <u>1,135.47</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>Amy Garzo</u>	<u>4/4/19</u>	\$ <u>1,650.00</u>
Mailing Address <u>PO Box 805</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Summit, MS 39666</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>S.M.C.C.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Teacher</u>	Aggregate year-to-date	\$ <u>1,650.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Jake Gazzo

Reporting period

11/1/19

through

12/31/19

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Envelope Superstore	1/18/19	\$ 192.72
Mailing Address		
91 Burke Way		
City, State, Zip Code		
Hiram, GA 30141		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 192.72
Envelopes		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot	1/22/19	\$ 48.52
Mailing Address		
1446 Delaware Avenue		
City, State, Zip Code		
McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 48.52
Paper		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal	1/23/19	\$ 500.00
Mailing Address		
112 Oliver Emmerich Drive		
City, State, Zip Code		
McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Political Ad		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ad Pak	1/28/19	\$ 747.37
Mailing Address		
100 Laurel Street		
City, State, Zip Code		
McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 747.37
Postage		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Republican Executive Committee	1/22/19	\$ 100.00
Mailing Address		
218 E. Bay Street		
City, State, Zip Code		
Magnolia, MS 39652		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
Qualifying Fees		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SW Broadcasting	2/13/19	\$ 150.00
Mailing Address		
206 North Front Street		
City, State, Zip Code		
McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 150.00
Political Ad		

Name of Candidate or Committee Jack Grizzo
 Reporting period 1/1/2019 through 12/31/19

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pentecost Temple Church</u>	<u>1/23/19</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>3069 Highway 51</u>		\$
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>100⁰⁰</u>
B. Full name <u>Panclave Academy Baseball</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1115 Panclave Rd.</u>	<u>2/28/19</u>	\$ <u>200⁰⁰</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Advertising - Game Day</u>	Aggregate Year-to-date	\$ <u>200⁰⁰</u>
C. Full name <u>ABC Signs</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5851 Larue Steiner Rd.</u>	<u>3/6/19</u>	\$ <u>1,000⁰⁰</u>
City, State, Zip Code <u>Theodore, AL 36582</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Political Signs</u>	Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
D. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>112 Oliver Emenich Drive</u>	<u>3/22/19</u>	\$ <u>330⁰⁰</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Political Advertising</u>	Aggregate Year-to-date	\$ <u>330⁰⁰</u>
E. Full name <u>Auto Zone</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1202 Delaware Ave.</u>	<u>3/25/19</u>	\$ <u>855</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>Zip ties for signs</u>	Aggregate Year-to-date	\$
F. Full name <u>Home Depot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/25/19</u>	\$ <u>184⁴⁷</u>
City, State, Zip Code	<u>1/1/19</u>	\$
Purpose of Disbursement (Optional) <u>fence stakes for yard signs</u>	Aggregate Year-to-date	\$ <u>184⁴⁷</u>

Name of Candidate or Committee

Jake Garzo

Reporting period

1/1/19

through

12/31/19

ITEMIZED DISBURSEMENTS

A. Full name	Mississippi Advisors	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 266	4/2/19	\$ 200 ⁰⁰
City, State, Zip Code	Mo Comb, MS 39649	__/__/__	\$
Purpose of Disbursement (Optional)	Consulting Fees	Aggregate Year-to-date	\$ 200 ⁰⁰
B. Full name	Inow House Festival	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 184	4/8/19	\$ 6500
City, State, Zip Code	Mo Comb, MS 39649	__/__/__	\$
Purpose of Disbursement (Optional)	Inow House Fees	Aggregate Year-to-date	\$ 6500
C. Full name	Parklane Baseball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1115 Parklane Rd.	4/15/19	\$ 100 ⁰⁰
City, State, Zip Code	Mo Comb, MS 39648	__/__/__	\$
Purpose of Disbursement (Optional)	Golf Tournament - Sponsorship	Aggregate Year-to-date	\$ 100 ⁰⁰
D. Full name	Lowes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1802 Pike Street	4/22/19	\$ 323.29
City, State, Zip Code	Mo Comb, MS 39648	__/__/__	\$
Purpose of Disbursement (Optional)	Stakes for Campaign Signs	Aggregate Year-to-date	\$ 323.29
E. Full name	Southwest Regional Medical Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	215 Marion Ave	4/26/19	\$ 50 ⁰⁰
City, State, Zip Code	Mo Comb, MS 39648	__/__/__	\$
Purpose of Disbursement (Optional)	Fundraiser - Operation	Aggregate Year-to-date	\$ 50 ⁰⁰
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	\$