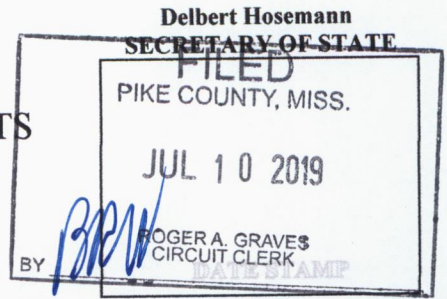


Political Committee  
 REPORT OF RECEIPTS AND DISBURSEMENTS  
 2019 Election



Name of Committee Harbour for Judge  
 Address 1078 Anglin Rd City/State/Zip Summit, MS 39666  
 Telephone 601 248 6122 Fax \_\_\_\_\_  
 Treasurer Kathleen Harbour Email Address kharbourhorses@yahoo.com

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) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) 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.

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 1000	\$ 1405	\$ 500	\$ 2905
TOTAL AMT OF DISBURSEMENTS	\$ 865	\$ 0	\$ 821. <sup>94</sup>	\$ 1686. <sup>94</sup>
CASH ON HAND BALANCE	0	500.00	<del>500.00</del>	\$ 1218.00

Name of Candidate or Committee Harbour for Judge  
 Reporting period June 1, 2019 through June 30, 2019

# ITEMIZED RECEIPTS

A. 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 _____	<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	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Individuals less than \$100</u>	Date (Mo., Day, Year)	Amount of each receipt this period
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	\$ _____
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 _____	<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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
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 Harbours For Judge  
 Reporting period June 1 through June 30

## ITEMIZED DISBURSEMENTS

A. Full name <u>Pike Co</u>	Date (Mo., Day, Year) <u>6/21/19</u>	Amount of each disbursement this period \$ <u>57.00</u>
Mailing Address <u>Magnolia, MS</u>		
City, State, Zip Code _ / _ / _		\$
Purpose of Disbursement (Optional) <u>Voting Roll</u>	Aggregate Year-to-date	\$ <u>57.00</u>
B. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year) <u>6/27/19</u>	Amount of each disbursement this period \$ <u>765.00</u>
Mailing Address <u>MCComb MS</u>		
City, State, Zip Code _ / _ / _		\$
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>1630.00</u>
C. 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	\$
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	\$

*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

7-10-19  
\_\_\_\_\_  
Date

**Authority:** Miss. Code Ann. §23-15-801, et. seq.

**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).

**Send to:** Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov). Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.