

Political Committee  
 REPORT OF RECEIPTS AND DISBURSEMENTS  
 2019 Election



Delbert Hosemann  
 SECRETARY OF STATE

FILED  
 PIKE COUNTY, MS  
 JUN 13 2019  
 ROGER A. GRAVES  
 CIRCUIT CLERK  
 DATE STAMP

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

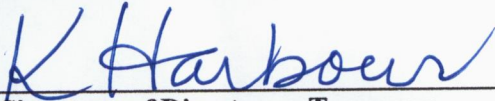
- May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) ..... Mandatory
- June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) ..... Mandatory
- July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) ..... Mandatory
- July 30, 2019 Primary Pre-Election Report (July 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

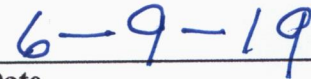
IMPORTANT

- (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	\$ 0	\$ 2405.00
TOTAL AMT OF DISBURSEMENTS	\$ 865	\$ 0	\$ 0	\$ 865
CASH ON HAND BALANCE	0	1540.00	0	\$ 1540.00

*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

  
\_\_\_\_\_  
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.

Name of Candidate or Committee Harbore for Judge

Reporting period ~~6-10-15~~ 1-1-19 through 5-31-19

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$ 0
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 765.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	\$ 0
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
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	\$

Name of Candidate or Committee Harbour for Judge

Reporting period 5-1-19 through 5-31-19

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$ <u>0</u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$ <u>1107.20</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>765.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$ <u>0</u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$ <u>0</u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	\$ <u>0</u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$