



Political Committee  
 REPORT OF RECEIPTS AND DISBURSEMENTS  
 2016 Judicial Election

Delbert Hosemann  
 SECRETARY OF STATE

**FILED**  
 PIKE COUNTY, MS  
 MAY 10 2019  
 BY *BPM*  
 ROGER A. GRAVES  
 CIRCUIT CLERK

Name of Committee Harbour for Judge  
 Address 1078 Anglin Rd, Summit County Pike  
 Telephone 601 248 6122 (Fax) \_\_\_\_\_  
 Treasurer's Name Kathleen Harbour Email Address kharbourhorses@yahoo.com

Check here if above is different from previous report

**TYPE OF REPORT**

- May 10, 2016 Periodic Report** (January 1, 2016 through April 30, 2016) .....Mandatory
- June 10, 2016 Periodic Report** (May 1, 2016 through May 31, 2016).....Mandatory
- July 8, 2016 Periodic Report** (June 1, 2016 through June 30, 2016)..... Mandatory
- October 10, 2016 Periodic Report** (July 1, 2016 through September 30, 2016).....Mandatory
- November 1, 2016 Pre-Election Report** (October 1, 2016 through October 29, 2016).....Mandatory
- November 22, 2016 Pre-Runoff Report** (October 30, 2016 through November 19, 2016).....Runoff Candidates
- January 10, 2017 Periodic Report** (October 1, 2016 through December 31, 2016).....Mandatory
- Termination Report** (Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a committee files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 1,000 + 1,405	\$ 2,405	\$ 2,405.
Total amount of disbursements	\$ 865	\$	\$ 865.00
<b>Total amount of cash on hand</b>		<b>\$ 1,540</b>	

I certify I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

*K Harbour*  
 Signature of Director or Treasurer

5-10-19  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

FILE WITH the Mississippi Secretary of State's Office by hand delivery to 401 Mississippi Street, Jackson, MS; mail to P. O. Box 136, Jackson, Mississippi 39205; fax to (601) 576-2545; or email to CampaignFinance@sos.ms.gov

Name of Candidate or Committee Harbour for Judge  
 Reporting period ~~May 10, 2018~~ through 4-30-19  
Jan. 1, 2019

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <u>Enterprise Journal Newspaper</u>	<b>Date</b> (Mo., Day, Year) <u>3/19/19</u>	<b>Amount of each disbursement this period</b> \$ <u>765.00</u>
<b>Mailing Address</b> <u>McComb MS</u>		
<b>City, State, Zip Code</b> ___/___/___		\$
<b>Purpose of Disbursement (Optional)</b> <u>Ads</u>	<b>Aggregate Year-to-date</b>	\$ <u>765.00</u>
<b>B. Full name</b> <u>McComb NAACP</u>	<b>Date</b> (Mo., Day, Year) <u>3/20/19</u>	<b>Amount of each disbursement this period</b> \$ <u>100.00</u>
<b>Mailing Address</b> <u>McComb MS</u>		
<b>City, State, Zip Code</b> <u>4 tickets</u>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		\$
<b>City, State, Zip Code</b>		\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$

Name of Candidate or Committee Harbour for Judge

Reporting period 1-1-19 through 4-30-19

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individuals <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>2 individuals</u>	<u>3/5/19</u>	\$ <u>400.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" 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>Harbour Horses</u>	<u>3/1/19</u>	\$ <u>1,000</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required) <u>Horse Farm</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individuals <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>6 individuals under \$200</u>	<u>4/1/19</u>	\$ <u>1,005.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,005.00</u>
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	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

1. Name of committee Harbour for Judge
2. Address of committee 1078 Anqlin Rd
City, State, Zip Summit, MS 39666 Email kharbourhorses@yahoo.com
Phone 601 248 6122 FAX
Contact Person Kathleen Harbor Phone Same as above Email
Contact Full Address

3. Is the committee registered with the Federal Election Commission (FEC)? Yes
FEC Identification Number x No

4. If the committee is authorized by a candidate:
Name of Candidate Bryan Harbour
Address 1078 Anqlin Rd, Summit
Office sought Justice Court Judge Party Indep



5. Describe, as concisely as possible, the purpose of this committee and, if applicable, the identification of affiliated or connected organizations:
To raise funds for the candidate

6. Names and addresses of all officers: (attach separate sheet if necessary)

- A. Name Lu Becker Office Director
Address 1045 Dead Horse Rd, Summit
B. Name Kathleen Harbour Office Treas
Address 1078 Anqlin Rd, Summit
C. Name Office
Address
D. Name Office
Address

7. Director Lu Becker Lu Becker 5-6-19
(Type Name) (Signature) (Date)

8. Treasurer Kathleen Harbour Kathleen Harbour 5-6-19
(Type Name) (Signature) (Date)

Send To:

- 1. Political Committees associated with statewide or multi-county elections should return the form to: Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.
2. Political Committees associated with single county elections should return this form to their County Circuit Clerk.
3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.