

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.

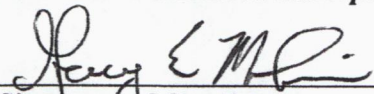
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

| | | | | |
|---|--------------|------------------|-------------|-----------------------|
| 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 | | | | \$ |
| | Itemized (+) | Non-Itemized (=) | This Period | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS | \$ 1000. ⁰⁰ | \$ | \$ | \$ 1,000. ⁰⁰ |
| TOTAL AMT OF DISBURSEMENTS | \$ 741. ²³ | \$ | \$ | \$ 741. ²³ |
| CASH ON HAND BALANCE | | | | \$ 258. ⁷⁷ |

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

5/8/19
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 Gary McKenzie

Reporting period 1/1/19 through 4/30/19

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Mitchell Knippers</u> | <u>2</u> / <u>10</u> / <u>19</u> | \$ <u>500.⁰⁰</u> |
| Mailing Address <u>302 Claudi Smith Road</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Tylertown MS 39667</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>Island Operating Company</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Operator</u> | Aggregate year-to-date | \$ <u>500.⁰⁰</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Gary McKenzie</u> | <u>2</u> / <u>20</u> / <u>19</u> | \$ <u>500.⁰⁰</u> |
| Mailing Address <u>1029 Fontenberry Rd.</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>McComb MS 39648</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>City of McComb</u> | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Forklift</u> | Aggregate year-to-date | \$ <u>500.⁰⁰</u> |
| 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 Gary McKenzie
 Reporting period 1/1/19 through 4/30/19

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|--|
| Vista Print | 1/22/19 | \$ 179. ⁵² |
| Mailing Address 95 Hayden Ave | | |
| City, State, Zip Code Lexington, MA 02421 | __/__/__ | \$ |
| Purpose of Disbursement (Optional) Campaign Cards | Aggregate Year-to-date | \$ 179. ⁵² |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| AGE Graphics | 2/12/19 | \$ 275. ⁰⁰ |
| Mailing Address 678 Collins Rd. | | |
| City, State, Zip Code Coolville, OH 45723 | __/__/__ | \$ |
| Purpose of Disbursement (Optional) Yard Signs | Aggregate Year-to-date | \$ 275. ⁰⁰ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Banners on the Cheap | 2/13/19 | \$ 286. ⁷¹ |
| Mailing Address 11550 Stonehollow Dr. | | |
| City, State, Zip Code Austin, TX 78758 | __/__/__ | \$ |
| Purpose of Disbursement (Optional) Banners | Aggregate Year-to-date | \$ 286. ⁷¹ |
| 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 | \$ |