Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS 2019 Election

FILED PIKE COUNTY, MS OCT 3 1 2019

Ftta Battonste Tadio
Name of Candidate LIIQ Patterns Rd City/Zin Ruth 39662
Address 448 Parterson no
Telephone (Work)(Home) 601 276 2847 (Fax) 601 276 6968
Contact Name Etta Battaste Taplin Email Address Shtaplin @ gmail, com
Office Sought Supervisor - Dist 3 Political Party (if any) Democrat
Check here if above is different from previous report
TYPE OF REPORT
May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019)
June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019)
July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019)
July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019)
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)
October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019)
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)
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.
- 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).
- 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.

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	Anna company of the second sec	\$	\$	\$
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			\$ 1,45000	\$ 13,360 34	
TOTAL AMT OF DISBURSEMENTS	\$ 115469	\$ 87560	\$ 203029	\$ 12,344,46	
CASH ON HAND BALANCE				\$ 1,015 88	

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

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.

SOS 01-2019

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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Name of Candidate or Committee Etta Batteate Taplin				
Reporting period Oct. 1 through Oct. 29, 2019				
ITEMIZED RECEIPTS				
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt		
Other (please specify)	(Mo., Day, Year)	this period		
Full name Adam Crappel	101717	\$ 1000		
Mailing Address POBOX, 2S 32		\$		
City, State, Zip Code		\$		
Morgan City LA 7038 Name of Employer (Required)		\$		
Self-employed Occupation (Required)	Aggregate year-to-date	\$		
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period		
Other (please specify) Full name		\$		
Mailing Address		\$		
City, State, Zip Code		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year-to-date	\$		
C. Source: Corporation OPAC Individual Loan 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	\$		
D. Source: Corporation PAC Individual Loan 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)	1_1_	\$		

Occupation (Required)

Aggregate year-to-date \$

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Name of Candidate or Committee Etta Batteaste Toplin Reporting period Oct 1 through Oct 29, 2019					
Name of Candidate or Committee through Ort 29.2019					
Reporting period	Reporting period VCT Unrough VCT VICTOR DIODIDOENATOR				
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		
Enterprise Journal Mailing Address	24	1013119	\$ 00		
Maining Address		10/5/11	100		
City, State, Zip Code MCCOND MS			\$		
Purpose of Disbursement (Optional)		Aggregate	\$ 278400		
Advertisement		Year-to-date	Amount of each		
Tele South Media		Date (Mo., Day, Year)	disbursement this period		
Mailing Address		1014119	\$ 350 00		
City, State, Zip Code MC Comb MS		//	\$		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500 00		
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period		
Post Card Mania Mailing Address		(8) 18119	\$ 304 69		
City, State, Zip Code		1 1	\$		
Clearwater FL		Aggregate	\$ 0. (69		
Purpose of Disbursement (Optional) Mailer Postage		Year-to-date	304 69		
	101	Date (Mo., Day, Year)	Amount of each disbursement this period		
Pille County Demo	ocrat Party	10, 25, 19	\$ 400 00		
			\$		
City, State, Zip Code MCComb MS		'			
Durage of Disbursement (Ontional)		Aggregate Year-to-date	\$ 500 %		
Banquet tables fur E. Full name	ndraisev"	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address		(MO., Day, Tear)	\$		
		 - · - · -	\$		
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	\$		