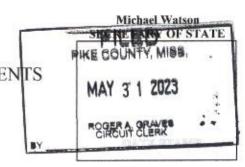
# Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of Committee Committee to Elect Rober	t Accardo	
Address 200 Third Street	City/Zip McComb 39648	
Telephone 601-551-1542	Fax	
Treasurer Mike Faust	Email Address mike@faust	cpa.com
Office Sought Dist 3 Supervisor	Party Affiliation Republican	
☐ Check here if above is different from	n previous report	
	TYPE OF REPORT	
May 10, 2023 Periodic Report (January 1, 2023	through April 30, 2023)	Mandatory
X June 9, 2023 Periodic Report (May 1, 2023 thro	ough May 31, 2023)	Mandatory
July 10, 2023 Periodic Report (June 1, 2023 thro	ough June 30, 2023)	Mandatory
August 1, 2023 Primary Pre-Election Report (J	July 1, 2023 through July 29, 2023)	Mandatory
August 22, 2023 Primary Pre-Runoff Report (	July 30, 2023 through August 19, 2023)	Runoff Candidates Only
October 10, 2023 Periodic Report (July 1, 2023	through September 30, 2023)	Mandatory
October 31, 2023 Pre-Election Report (October	1, 2023 through October 29, 2023)	Mandatory
November 21, 2023 Pre-Runoff Report (October	er 30, 2023 through November 19, 2023)	Runoff Candidates Only
January 10, 2024 Periodic Report (October 1, 2	2023 through December 31, 2023)	Mandatory
Termination Report (Committee will no longer expenditures, has no outs	accept contributions, make campaign tanding campaign debt obligation)	Required to terminate reporting obligations

#### **IMPORTANT**

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee 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 committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) 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.
- (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, 2023 CASH ON HAND BALANCE			\$0	
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	s	\$	\$
TOTAL AMT OF DISBURSEMENTS	s	S	\$	S
CASH ON HAND BALANCE				\$

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN. 1, 2023 CASH ON HAND BALANCE			\$ 500	
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 1000	\$ 100	\$ 1100	\$ 10746
TOTAL AMT OF DISBURSEMENTS	\$0	\$0	\$0	\$8423.35
CASH ON HAND BALANCE				\$ 2822.35

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

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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email <a href="mailto:campaignFinance@sos.ms.gov">CampaignFinance@sos.ms.gov</a>. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

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Reporting period May 1,2023

through May 31, 2023

## ITEMIZED RECEIPTS

Date (Mo., Day, Year)	Amount of each receipt this period
05 / 01 / 23	<sup>\$</sup> 1000
	s
	s
	s
Aggregate year-to-date	<sup>\$</sup> 1000
Date (Mo., Day, Year)	Amount of each receipt this period
	s
_/_/_	s
	s
//	s
Aggregate year-to-date	s
Date (Mo., Day, Year)	Amount of each receipt this period
	s
	s
	s
	s
Aggregate year-to-date	s
Date (Mo., Day, Year)	Amount of each receipt this period
	s
	s
	s
//_	s
Aggregate year-to-date	s
	(Mo., Day, Year)

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Reporting period May 1, 2023

through May 31,2023

### ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to Jan	nuary 1, 2018 or 🔳 On or After Ja	nuary 1, 2018
A. Full name NONE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s