

Candidate's Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election

FILED  
PIKE COUNTY, MISS.  
MAY 05 2023  
ROGER A. GRAVES  
CIRCUIT CLERK

BY

Name of Committee Committee to Elect Robert Accardo  
Address 200 Third Street City/Zip McComb 39648  
Telephone 601-551-1542 Fax \_\_\_\_\_  
Treasurer Mike Faust Email Address mike@faustcpa.com  
Office Sought Dist 3 Supervisor Party Affiliation Republican

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2023 Periodic Report (January 1, 2023 through April 30, 2023) ..... **Mandatory**
- June 9, 2023 Periodic Report (May 1, 2023 through May 31, 2023) ..... **Mandatory**
- July 10, 2023 Periodic Report (June 1, 2023 through June 30, 2023) ..... **Mandatory**
- August 1, 2023 Primary Pre-Election Report (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 30, 2023 through November 19, 2023) ..... **Runoff Candidates Only**
- January 10, 2024 Periodic Report (October 1, 2023 through December 31, 2023) ..... **Mandatory**
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding 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	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
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	\$8865.00	\$781.00	\$9646.00	\$9646.00
TOTAL AMT OF DISBURSEMENTS	\$8229.70	\$193.65	\$8423.35	\$8423.35
CASH ON HAND BALANCE				\$1722.65

*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

5/3/23  
\_\_\_\_\_  
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 [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 Committee to Elect Robert AccardoReporting period 01-01-2023 through 04-30-2023

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Accardo</u>	<u>01 / 03 / 23</u>	\$ <u>1000</u>
Mailing Address <u>4129 Leatherwood Rd</u>	<u>01 / 04 / 23</u>	\$ <u>365</u>
City, State, Zip Code <u>Tylertown, MS 39667</u>	<u>02 / 15 / 23</u>	\$ <u>1000</u>
Name of Employer (Required) <u>Pike County</u>	<u>02 / 17 / 23</u>	\$ <u>2500</u>
Occupation (Required) <u>Supervisor</u>	Aggregate year-to-date	\$ <u>see below</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Accardo</u>	<u>03 / 10 / 23</u>	\$ <u>1000</u>
Mailing Address <u>4129 Leatherwood Rd</u>	<u>04 / 12 / 23</u>	\$ <u>2000</u>
City, State, Zip Code <u>Tylertown, MS 39667</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Pike County</u>	<u>__ / __ / __</u>	\$
Occupation (Required) <u>Supervisor</u>	Aggregate year-to-date	\$ <u>7865</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Neel-Schaffer</u>	<u>02 / 24 / 23</u>	\$ <u>500</u>
Mailing Address <u>4450 Old Canton Rd Ste 100</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Jackson MS 39211</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Neel-Schaffer</u>	<u>__ / __ / __</u>	\$
Occupation (Required) <u>Engineering</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mrs. Benton Gibson</u>	<u>04 / 20 / 23</u>	\$ <u>250</u>
Mailing Address <u>1021 Jefferson St.</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>McComb, MS 39648</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required) <u>Retired</u>	<u>__ / __ / __</u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Committee to Elect Robert AcardoReporting period 01-01-2023 through 04-30-2023

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>McComb Diesel Inc</u>	<u>04</u> / <u>20</u> / <u>23</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 781</u>	___ / ___ / ___	\$
City, State, Zip Code <u>McComb, MS 39649</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>McComb Diesel</u>	___ / ___ / ___	\$
Occupation (Required) <u>Sales</u>	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$

Name of Candidate or Committee Committee to Elect Robert AccardoReporting period 01-01-2023 through 04-30-2023**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> Enterprise Journal	<b>Date</b> (Mo., Day, Year) 01 / 04 / 23	<b>Amount of each</b> disbursement this period \$ 365
<b>Mailing Address</b> P.O. Box 2009	02 / 16 / 23	\$ 500
<b>City, State, Zip Code</b> McComb MS 39648		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ see below
<b>B. Full name</b> Enterprise Journal	<b>Date</b> (Mo., Day, Year) 02 / 20 / 23	<b>Amount of each</b> disbursement this period \$ 1233
<b>Mailing Address</b> P.O.Box 2009	03 / 15 / 23	\$ 55
<b>City, State, Zip Code</b> McComb MS 39648		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ see below
<b>C. Full name</b> Enterprise Journal	<b>Date</b> (Mo., Day, Year) 04 / 27 / 23	<b>Amount of each</b> disbursement this period \$ 55
<b>Mailing Address</b> P.O. Box 2009	___ / ___ / ___	\$
<b>City, State, Zip Code</b> McComb MS 39648		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ 2208
<b>D. Full name</b> Vista Print	<b>Date</b> (Mo., Day, Year) 01 / 22 / 23	<b>Amount of each</b> disbursement this period \$ 252.61
<b>Mailing Address</b> Hussonweg 8	03 / 31 / 23	\$ 250.58
<b>City, State, Zip Code</b> Vento The Netherlands 59281W		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ 503.19
<b>E. Full name</b> Victor's Tint and Graphics	<b>Date</b> (Mo., Day, Year) 02 / 16 / 23	<b>Amount of each</b> disbursement this period \$ 408.45
<b>Mailing Address</b> 1090 Hwy 51N	___ / ___ / ___	\$
<b>City, State, Zip Code</b> McComb MS 39648		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ 408.45
<b>F. Full name</b> 1-Vision	<b>Date</b> (Mo., Day, Year) 03 / 17 / 23	<b>Amount of each</b> disbursement this period \$ 1376.46
<b>Mailing Address</b> 633 Brookway Blvd	04 / 12 / 23	\$ 1376.46
<b>City, State, Zip Code</b> Brookhaven MS 39601		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ cont. next page

Name of Candidate or Committee Committee to Elect Robert AccardoReporting period 01-01-2023 through 04-30-2023**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
1-Vision	04 / 26 / 23	\$ 1376.46
Mailing Address 633 Brookway Blvd		\$
City, State, Zip Code Brookhaven, MS 39601	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4129.38
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
JVW Holdings LLC	02 / 24 / 23	\$ 600.00
Mailing Address P.O.Box 561		\$
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pike County Co-op	01 / 27 / 23	\$ 13.85
Mailing Address P.O. Box 937		\$
City, State, Zip Code McComb MS 39649	01 / 27 / 23	\$ 12.18
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ see below
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pike County Co-op	03 / 17 / 23	\$ 105.55
Mailing Address P.O. Box 937		\$
City, State, Zip Code Mc Comb MS 39649	04 / 10 / 23	\$ 126.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ see below
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pike County Co-op	04 / 21 / 23	\$ 126.05
Mailing Address P.O. Box 937		\$
City, State, Zip Code McComb MS 39649	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 380.68
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	\$