## REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election

Michael Watson
SECRETARY OF STATE
FILED
PIKE COUNTY, MISS.

TS
MAY 1 0 2023

AGGERA GRAVES
CIRCUIT CLERK

D	211	AND ADDRESS OF THE PARTY OF THE
Name of Candidate Drac	Dellipanni	
Address 1064 Della	i Drive	City/Zip_Summif, MS 3966
Telephone (Work)	(Home) 401-810-18	
Contact Name Brad	Email Address b	ellipanniforsheriffogmai
Office Sought Sheriff	Political Party (if an	7) 0. //\.
Check here if above is diff	ferent from previous report	
Check here it above is dis-	TYPE OF REPORT	
May 10, 2023 Periodic Report (January	uary 1, 2023 through April 30, 2023)	
June 9, 2023 Periodic Report (May	1, 2023 through May 31, 2023)	
July 10, 2023 Periodic Report (June	e 1, 2023 through June 30, 2023)	
August 1, 2023 Primary Pre-Election	on Report (July 1, 2023 through July 2	9, 2023)Mandatory
August 22, 2023 Primary Pre-Runo	off Report (July 30, 2023 through Augu	ust 19, 2023)Runoff Candidates Only
October 10, 2023 Periodic Report (	July 1, 2023 through September 30, 20	23)Mandatory
October 31, 2023 Pre-Election Rep	ort (October 1, 2023 through October 2	29, 2023)
November 21, 2023 Pre-Runoff Re	port (October 30, 2023 through Novem	aber 19, 2023)Runoff Candidates Only
January 10, 2024 Periodic Report (	October 1, 2023 through December 31,	, 2023)
	ll no longer accept contributions, make , has no outstanding campaign debt obli	

## **IMPORTANT**

- (1) All candidates for office 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 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).
- (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.

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			S	
The state of the second	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	S
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 BALAN	NCE		SAN	S
TOTAL ANT OF CONTRIBUTIONS	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS TOTAL AMT OF DISBURSEMENTS	\$ 8142.13	\$ 215 56	\$	s 8,357.69
CASH ON HAND BALANCE			ALLON ACT IN THE	s (7.29).

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

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 <a href="mailto:CampaignFinance@sos.ms.gov">CampaignFinance@sos.ms.gov</a>. Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

Name of Candidate or Committee Brad Bellipani		of
Reporting period Jan. 1, 2023 through April 3	30 2023	
TEMIZED DECEID	TC	
TIEMIZED RECEIP	13	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeveny Holmes	4119123	\$ 2000.00
Mailing Address 6066 Plaza Dr	//_	s
City, State, Zip Code   extown, MS 39667	//	\$
Name of Employer (Required) Pigott Oil	_/_/_	S
Occupation (Required) Business Owner	Aggregate year-to-date	\$ 2000,00
B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bob Budhiraja	1110123	\$ 2000.00
Mailing Address 5132 Hwy 98 West		s
City, State, Zip Code Summit MS 39666	_/_/_	S
Name of Employer (Required) Shaw N Mart		s
Occupation (Required) BusiNess Owner	Aggregate year–to-date	\$ 2000°,00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gerry Dickerson	213123	\$ 1000,00
Mailing Address 10 GT Della Dr.	//	S
City, State, Zip Code Summi+ MS 39666	_/_/_	S
Name of Employer (Required)	_/_/_	S
Occupation (Required) Retired	Aggregate yearto-date	\$1000.00
D. Source: OCorporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grea McCaskell	1125123	s 750°€
Mailing Address 110 Eria Drive	_/_/_	\$
City, State, Zip Code Summit, MS 39 lelely	//_	S
Name of Employer (Required)	_/_/_	s
Occupation (Required) Business Owner	Aggregate year-to-date	s 750.00

Name of Candidate or Committee Brad Bellipan	Page _	of
Name of Candidate or Committee Drad Self Poril	30 20:	23
ITEMIZED RECEIP	13	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Bruce Fairburn	1120123	80000
Mailing Address 1046 Wardlaw Rd	_'_'_	S
City, State, Zip Code McComb, MS 39648	_'_'_	S
Name of Employer (Required)	_'_'_	S
Occupation (Required) Retired	Aggregate year-to-date	\$ 800.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brenda Wilson		\$ 400.00
Mailing Address 1067 Leaning Hickory		S
City, State, Zip, Code		S
Name of Employer (Required)	_/_/_	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 400,00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Robin Mc Daniel		\$ 500.00
Mailing Address 1045 Shady Lane		S
City, State, Zip, Code Comb, MS 39448	_'_'_	S
Name of Employer (Required) Honetown Reality	_'_'_	S
Occupation (Required) Realtor	Aggregate year-to-date	\$ 500,00
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	this period
Full name Mike Butrick		s 500°
Mailing Address 1092 Robb St. Ext. West	_'_'_	\$
City, State, Zip Code Summit, MS 39666	_/_/_	s
Name of Employer (Required)	_'_'_	\$
Occupation (Required) Ref Lised	Aggregate year-to-date	\$ 500,00

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Name of Candidate or Committee  Reporting period  Jan   2023 through   April	30, 202	2-3
Reporting period Jan 1, 2023 through April	TC	
TIEMIZED RECEIP	15	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		\$ //on .00
thilip Moore	_/_/_	400
Mailing Address 3071 Magnolia Progress Rd	_'_'_	S
City, State, Zip Code Comb M5 396 +8	_'_'_	\$
Name of Employer (Required)	_'_'_	S
Occupation (Required) Reficed	Aggregate year–to-date	\$ 400,00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		s
Mailing Address		S
City, State, Zip Code		S
Name of Employer (Required)	_'_'_	S
Occupation (Required)	Aggregate year–to-date	s
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	_/_/_	s
Mailing Address		\$
City, State, Zip Code	_/_/_	S
Name of Employer (Required)	_/_/_	S
Occupation (Required)	Aggregate year-to-date	\$
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1 1	s
Mailing Address	/ /	s
City, State, Zip Code		s
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	s

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Name of Candidate or Committee Brad Bellipani	11	20 0023
Reporting period Jan 2023 through	and the second of the second o	30, 2023
ITEMIZED DISBURSE	MENTS	
Disbursements from contributions accumulated Prior to January 1, 2018 or	_/	
A. Full name Cator Graphix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1020 Karey Andrews Rd	1119123	s 3.186.89
City, State, Zip Code  Mc Comb. MS 39648	1119123	s 535.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 3721,89
B. Full name Gator Graphics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1020 Karey Andrews Rd.	2120123	s 1177,00
City, State, Zip Code, MS 39448	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1177,00
C. Full name Coator Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1020 Karey Andrews Rd	4,19,23	\$ 898.24
City, State, Zip Code  NC Comb. MS 39448	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 898,24
D. Full name Enterprise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Oliver Emmerich Dr.	3110123	\$ 500°00
City, State, Zip Code Comb, MS 39648	_'_'_	S
Purpose of Disbursement (Optional)  ( ampaign Ad	Aggregate Year-to-date	s 500.00
E. Full name Enter prise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Oliver Emmerich Dr	3115123	\$ 55,00
City, State, Zip Code Clamb, MS 39648	_'_'_	S
Purpose of Disbursement (Optional)  Compaign Ad	Aggregate Year-to-date	\$ 55.00
F. Full name Enterprise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Oliver Emmerial Dr.	4128123	\$ 55.00
City, State, Zip Code McComb, MS 39448	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 55.00

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Name of Candidate or Committee Brad Bellipa	Page	of
Name of Candidate or Committee Drad Dellipa	nni	20 2023
Reporting period	TO TO STORE	, 2005
ITEMIZED DISBURS		
Disbursements from contributions accumulated Prior to January 1, 2018 of	or 🗸 On or After Ja	
A. Full name Oraphics Etc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 218 Main St.	4110123	s 115.56
City, State, Zip Code Nc Comb, MS 39648	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 115,56
B. Full name Lowes of McConb	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1802 Pike Point Place	211123	s 535.00
City, State, Zip Code Mc Comb MS 39648	_'_'_	S
Purpose of Disbursement (Optional)  5+alce5	Aggregate Year-to-date	s 535.00
C. Full name McComb Billboard	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 561	211123	s 1200.00
City, State, Zip Code, McComb, MS 39648	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1200'00
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	_'_'_	\$ .
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