



REPORT OF RECEIPTS AND DISBURSEMENTS

Michael Watson
SECRETARY OF STATE
PIKE COUNTY, MISS.

MAY 10 2023

BY *[Signature]* ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Dwain Barster
 Address 2073 Friendship Rd City/Zip McComb, Ms.
 Telephone (Work) 601-248-4078 (Home) SAME (Fax) _____
 Contact Name _____ Email Address dwainbarster@yahoo.com
 Office Sought Supervisor Political Party (if any) 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 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.

- (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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 0	\$	\$	\$
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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 0	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

5/10/23

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.

Name of Candidate or Committee

Dwain Brister

Reporting period

JAN 1

through

April 30

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$

Name of Candidate or Committee

Dustin Brister

Reporting period

JAN 1

through

April 30

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name <u>Pike Co Circuit Clerk</u>	Date (Mo., Day, Year) <u>1/19/23</u>	Amount of each disbursement this period \$ <u>100.00</u>
Mailing Address		
City, State, Zip Code <u>MAGNOLIA MS.</u>		\$
Purpose of Disbursement (Optional) <u>Qualifying FEE</u>	Aggregate Year-to-date	\$ <u>100.00</u>
B. Full name <u>SCREEN GRAPHICS</u>	Date (Mo., Day, Year) <u>2/7/23</u>	Amount of each disbursement this period \$ <u>1874.20</u>
Mailing Address <u>2147 HW 48 WEST</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>		\$
Purpose of Disbursement (Optional) <u>Signs</u>	Aggregate Year-to-date	\$ <u>1974.20</u>
C. Full name <u>Vista Print</u>	Date (Mo., Day, Year) <u>2/8/23</u>	Amount of each disbursement this period \$ <u>223.83</u>
Mailing Address <u>ONLINE</u>		
City, State, Zip Code		\$
Purpose of Disbursement (Optional) <u>Push Card & Door Hangers</u>	Aggregate Year-to-date	\$ <u>2198.03</u>
D. Full name <u>LOWES</u>	Date (Mo., Day, Year) <u>2/18/23</u>	Amount of each disbursement this period \$ <u>228.32</u>
Mailing Address <u>1802 PIKES POINT Circle</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>		\$
Purpose of Disbursement (Optional) <u>FENCE Post & CABLE TIES</u>	Aggregate Year-to-date	\$ <u>2426.35</u>
E. Full name <u>LOWES</u>	Date (Mo., Day, Year) <u>2/19/23</u>	Amount of each disbursement this period \$ <u>18.17</u>
Mailing Address <u>1802 Pikes Point Circle</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>		\$
Purpose of Disbursement (Optional) <u>CABLE TIES</u>	Aggregate Year-to-date	\$ <u>2444.52</u>
F. Full name <u>SCREEN GRAPHICS</u>	Date (Mo., Day, Year) <u>2/24/23</u>	Amount of each disbursement this period \$ <u>475.75</u>
Mailing Address <u>2147 HW 48 WEST</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>		\$
Purpose of Disbursement (Optional) <u>4x4 SIGNS</u>	Aggregate Year-to-date	\$ <u>3220.27</u>

Name of Candidate or Committee Dwain BristerReporting period JAN 1 through APR 30

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name <u>Pike Co Co-op</u>	Date (Mo., Day, Year) <u>3, 2, 23</u>	Amount of each disbursement this period \$ <u>102.55</u>
Mailing Address <u>P.O. Box 937</u>		\$
City, State, Zip Code <u>McComb, Ms. 39649</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>T-Post For Signs</u>	Aggregate Year-to-date	\$ <u>3322.02</u>
B. Full name <u>Enterprise Journal</u>	Date (Mo., Day, Year) <u>3, 9, 23</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>112 OLIVER EMMERICH DR</u>		\$
City, State, Zip Code <u>McComb, Ms. 39649</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>NEWSPAPER POLITICAL CALENDAR</u>	Aggregate Year-to-date	\$ <u>3822.82</u>
C. Full name <u>AVERY</u>	Date (Mo., Day, Year) <u>3, 7, 23</u>	Amount of each disbursement this period \$ <u>34.75</u>
Mailing Address <u>ONLINE PRINTING</u>		\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>BUSINESS CARDS</u>	Aggregate Year-to-date	\$ <u>3857.55</u>
D. Full name <u>Pike Co Mississippi</u>	Date (Mo., Day, Year) <u>3, 13, 23</u>	Amount of each disbursement this period \$ <u>27.83</u>
Mailing Address <u>175 S. CHERRY ST</u>		\$
City, State, Zip Code <u>MAGNOLIA, MS. 39666</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3885.38</u>
E. Full name <u>Vista Print</u>	Date (Mo., Day, Year) <u>3, 13, 23</u>	Amount of each disbursement this period \$ <u>156.07</u>
Mailing Address <u>ONLINE PRINTING</u>		\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>MAILOUT PRINTING</u>	Aggregate Year-to-date	\$ <u>4041.45</u>
F. Full name <u>SCREEN GRAPHICS</u>	Date (Mo., Day, Year) <u>2, 13, 23</u>	Amount of each disbursement this period \$ <u>35.31</u>
Mailing Address <u>2149 HW 48 WEST</u>		\$
City, State, Zip Code <u>McComb, MS. 39648</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>80 WIRE STEP STAIRS FOR YARD SIGNS</u>	Aggregate Year-to-date	\$ <u>4076.76</u>

Name of Candidate or Committee

Dwain Barstow

Reporting period Jan 1 2023 through April 30 2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name Pike Co CO-OP	Date (Mo., Day, Year) 3/22/23	Amount of each disbursement this period \$ 76.91
Mailing Address 105 NEhi Circle		
City, State, Zip Code McComb MS 39648		
Purpose of Disbursement (Optional) T-POST FOR SIGNS	Aggregate Year-to-date	\$ 4153.67
B. Full name SCREEN GRAPHICS	Date (Mo., Day, Year) 3/23/23	Amount of each disbursement this period \$ 387.89
Mailing Address 2147 HW 48 WEST		
City, State, Zip Code McComb, MS 39648		
Purpose of Disbursement (Optional) 4X4 SIGNS	Aggregate Year-to-date	\$ 4541.56
C. Full name VISTA PRINT	Date (Mo., Day, Year) 3/24/23	Amount of each disbursement this period \$ 121.54
Mailing Address ONLINE PRINTING		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4663.10
D. Full name USPS	Date (Mo., Day, Year) 3/29/23	Amount of each disbursement this period \$ 2178.80
Mailing Address 530 DELAWARE AVE		
City, State, Zip Code McComb MS 39648		
Purpose of Disbursement (Optional) POSTAGE FOR MAIL OUTS	Aggregate Year-to-date	\$ 5,141.90
E. Full name Vista Print	Date (Mo., Day, Year) 4/6/23	Amount of each disbursement this period \$ 142.18
Mailing Address ONLINE PRINTING		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5284.08
F. Full name SCREEN GRAPHICS	Date (Mo., Day, Year) 4/7/23	Amount of each disbursement this period \$ 449.40
Mailing Address 2147 HW 48 WEST		
City, State, Zip Code McComb, MS 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5733.48

Name of Candidate or Committee

Dawn Bairston

Reporting period

JAN 1, 2023

through

April 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
Pika Co-OP	4/8/23	\$ 15.63
Mailing Address		
P.O. Box 937		
City, State, Zip Code		
McComb, Ms. 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5809.11
House Post For Signs		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics		
Mailing Address		
2147 Hwy 48 WEST		\$ 45.47
City, State, Zip Code		
McComb, Ms. 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5854.58
STEP STEAKS		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vista Print		
Mailing Address		
ONLINE Printing	4/24/23	\$ 684.43
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6539.01
Yard Signs		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Screen Graphics		
Mailing Address		
2147 Hwy 48 WEST		\$ 401.25
City, State, Zip Code		
McComb, Ms. 39648		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6940.26
4x4 Signs		
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	\$