# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of Candidate City/Zip McComb 39648 (Home) 701-651-7198 Telephone (Work) Email Address Crawls, nan@gmail.com Contact Name Political Party (if any) Office Sought Check here if above is different from previous report TYPE OF REPORT Required to terminate Termination Report (Committee will no longer accept contributions, make campaign reporting obligations expenditures, has no outstanding campaign debt obligation)

### 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).
- 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

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	S	\$	\$
		A STATE OF STATE OF	270 ( 51 ( 42 ( 42 ( 42 ( 42 ( 42 ( 42 ( 42 ( 4	
TOTAL AMT OF DISBURSEMENTS	S	\$	\$	S

# 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	s 970.00		\$ 970.00	s 970.00
TOTAL AMT OF DISBURSEMENTS	\$ 1,590.92	\$	\$ 1,59092	\$ 1,590.92
CASH ON HAND BALANCE	5 - 620.92			

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

Cathy Hodge 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.

2

Name of Candidate or Committee Cathy Hodge	Page _	9 of 19
Reporting period January 1, 2023 through Apr	il 30, 2023	
ITEMIZED REC	CEIPTS	
A. Source: OCorporation OPAC Source: OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anonymous	02/28/2023	\$ 175.00
Mailing Address		S
City, State, Zip Code		\$
Name of Employer (Required)	_/_/	\$
Occupation (Required)	Aggregate year–to-date	\$ 176.00
B. Source: OCorporation OPAC Standividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anony Mous	03/03/2023	\$ 160.00
Mailing Address		S
City, State, Zip Code		\$
Name of Employer (Required)		S
Occupation (Required)	Aggregate year–to-date	\$ 326.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Apon ymous	03/14/2023	s [80.00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 506.00
D. Source: OCorporation OPAC Sindividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anonymous	03/21/2023	\$ 175.00
Mailing Address		s
Circ State Zin Code		Service Control of the Control of th

Name of Employer (Required)

Occupation (Required)

680.00

\$

Aggregate year–to-date

Reporting period January 1, 2023 through April 30, 2023		Cathy Hodge		0
Anni 20 2023				
Reporting period Sanuary 1, abas through April 50, abas	Reporting period January	2023 through	April 30,2023	

#### ITEMIZED RECEIPTS Amount of each MIndividual OLoan OPAC A. Source: OCorporation Date receipt (Mo., Day, Year) this period Other (please specify) Full name 04/06/2023 170.00 Anony mous Mailing Address City, State, Zip Code Name of Employer (Required) Aggregate Occupation (Required) 850.0C year-to-date Amount of each (XIndividual )Corporation Loan B. Source: ( Date receipt (Mo., Day, Year) this period Other (please specify) Full name Anony mous Mailing Address City, State, Zip Code Name of Employer (Required) Aggregate Occupation (Required) 970.00 year-to-date Amount of each Individual ( )Loan C. Source: Corporation Date receipt (Mo., Day, Year) this period Other (please specify) Full name Mailing Address City, State, Zip Code S Name of Employer (Required) Occupation (Required) Aggregate vear-to-date Amount of each Individual OLoan Corporation D. Source: ( Date receipt (Mo., Day, Year) this period Other (please specify) Full name S Mailing Address City, State, Zip Code Name of Employer (Required) S Aggregate Occupation (Required) year-to-date

5 of 13

Name of Candidate or Committee Reporting period January Prior to January 1, 2018 or On or After January 1, 2018 Disbursements from contributions accumulated A. Full name Amount of each Date (Mo., Day, Year) disbursement this period Mailing Address 03/06/2023 03/16/2023 Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each Date disbursement this period (Mo., Day, Year) Mailing Address 360.00 Long Bottom,
Purpose of Disbarsement (Optional) S Aggregate 915.00 Year-to-date Amount of each Date disbursement this period (Mo., Day, Year) Mailing Address 53.90 City, State, Zip Code Aggregate ,068.90 Year-to-date D. Full name Amount of each Date disbursement this period (Mo., Day, Year) Mailing Address Purpose of Disbursement (Optional) Aggregate Year-to-date E. Full name Amount of each Date disbursement this period (Mo., Day, Year) Mailing Address Purpose of Disbursement (Optional) Aggregate Year-to-date F. Full name Date Amount of each disbursement this period (Mo., Day, Year) Mailing Address City, State, Zip Code

Purpose of Disbursement (Optional)

Aggregate Year-to-date