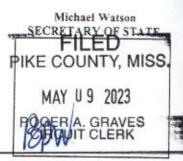
## REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of Candidate Bryant "Wally" Jones	
Address 2134 US Highway 51 City/Zip Su.  Telephone (Work) N/a (Home) 601-303-0598 (Fax) N/g	mm:+, 39666
Contact Name Wally Email Address Wally jones 112  Office Sought Sher: ff Political Party (if any) Republic	•
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)	
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)	
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			\$	
	V	MARKET MEASURE		
。	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	S
	AND REAL PROPERTY.	· · · · · · · · · · · · · · · · · · ·	<b>为是是一种产品的</b>	4、
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
	10世	· · · · · · · · · · · · · · · · · · ·	PROPERTY OF	<b>第二次 100 100 100 100 100 100 100 100 100 10</b>
CASH ON HAND BALANCE				S

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

JAN. 1, 2023 CASH ON HAND BALAN	ICE			s 0
100 - 100 Carlot + 145 Carlot - 146 Carlot	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 9,500.76		\$ 9,500.76	\$ 9,500.76
TOTAL AME OF DISPURSEMENTS	The state of the s			MARKET AND THE PARTY OF THE PAR
TOTAL AMT OF DISBURSEMENTS	13 8336.58	2	\$ 83.26.58	\$ 8326.58
CASH ON HAND BALANCE				\$ 1.74.18

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

$\wedge$	
Buns	05/08/73
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 Condidate or Committee Bosses "Italians " To a	Page A of Y
Name of Candidate or Committee Bryant "Wally" Jone Reporting period 01/01/023 through 04/	30/2022
ITEMIZED RECEI	11/13
A. Source: OCorporation OPAC Ofindividual OLogn	Date Amount of each
Other (please specify)	(May, Day, Year) this present
JJ Vianeault	213123 1 250.00
18 Pontalba	_'_'_
Little Rock, Ar, 72211	_'_'_ '
Retired Retired	
Occupation (Required) Reticed	vear-to-date \$ 250.00
B. Source: Carporation PAC Studividual OLoan Other (please specify)	Date receipt (Mo., Day, Year) this period
Foll name 3B Enterprise LLC	5
1093 Kenna Rd	2 3 33 1000.00
Slama: t. MS 39666	_''5
Name of Emplayer (Required) BUD Budhicaja	
Decupation (Required) Bhsiness Owner	vear-to-date 5 1000.01)
C. Source: O 'orporation OPAC Studividual OLoan	Date \mount of each
Other (please specify)	(Mo., Day, Year) this period
Robert Henselling	5
Value Address 1018 Pinehurst W.	2 2 33 75.00
Mulpens, MS 39648	-1 5
Same of Employer (Required) RO+' COd	
Decupation (Required) Reficed	Aggregate 5 75.00
O. Source: Corporation PAC SIndividual Loan Other (please specify)	Date Amount of each receipt this period
ull name Charles Paulk	8.15 A3 : 250.00
1026 Heritage Dr.	_'_'_ 5
Summit MS 39666	
Business Owner	s
Decupanon (Required)	Aggregate \$ 250.00

940 200 A CARL	Page 3 of 4
Name of Candidate or Committee Bryant "Wally" Jones	
Reporting period 01/01/d023 through 04/	
ITEMIZED RECEI	PTS
A. Source: OCorporation OPAC Ofindividual Ofinan	Date Amount of each
Other (please specify)	(Mar. Year) this present
Pat Brunfield	<u>2.16.33 1 500.00</u>
Big D. TCHLK Stop	_'_'
City, State, 719 Code MCLomb ms 39648	_'_'
Name of Employer (Required) Business owner	
Occupation (Required)  BUS.LESS OWNER	vear-to-date 5500.00
B. Seurce: 'O'Corporation OPAC Ondividual Ol.oan Other (please specify)	Date receipt (Mo., Day, Year) this period
Chad Reed Agency Luc	5
PO BOX 745	3 17 73 , 300 DO
Shanit, ins 34666	
Name of Emplayer (Required) Business Dwall	
Occupation (Required) Business Dwae(	Vezr-to-date 5 200.00
C. Source: O Corporation OPAC Oludividual OLoan	Amount of each
Other (please specify)	(Mo., Day, Year) this period
FUS ASSEC BUS WALL	- 5
Mailing Address P.O. BOX. 497  City, State, Zip Code	4 6 33 500.00
OSYLA, MS 39657	_'-'- <sup>5</sup>
Business Dwner	
Occupation (Required) Business Dune!	Aggregate \$ 500.00
O. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date Amount of each (Mo., Day, Year) receipt this period
Full name McComb Disel Inc.	4 6 23 : 500.00
PD BOX 781	_'_' s
City, State, Zip Code MCLDM MS 39648	s
Name of Employer (Required) MULDING D'SEL FIL.	
Occupanon (Required) MULDING D'SEL INC.	Negregate \$ 500.00

Occupation (Required)

200.00

Legregate

ne of Candidate or Committee Bryant "Wally"		1 1 2
	04/30/40	5
Disbursements from contributions accumulated Prior to January 1.		900 E
A to Z Printing	Date (Mo., Day, Year)	dishursement this period
Marting Address 116 310 St	114133	405.59
Cin. State. Zip Code Millomb, MS 39648	1/13/23	1920.76
Purpose of Disbursement (Option A)  FIVE (5 and 4+8 5.65	\egregate Year-to-date	3326 35
8. Full maine (2010) 5.005	Date (Mo., Day, Year)	Amount of each
Mailing Address 1027 KOID-1 ANDIOLIS RO	T133 93	338.00
City, State, Zip Code	-1-1-	5
Purpose of Disburgement (Optional) Advertising Class	\ggregate Year-to-date	5 239 24
C. Full named South INPING	Date (Mo., Day, Year)	Amount of each
Mailing Address 6097 HWY 569 North	3,31,73	\$ 200.00
City, State, Zip Code Smithdalp ms 39664		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
D. Full same	Date	Amount of each
Mailing Address	3.137123	s 42.00
310 East Bay St.  City, State, Zip Code	1 1	5
Purpose of Dishursement (Optional)	Aggregate	5 /42 542
E. Full game Organics Ext.	Year-to-date  Date (Mo., Day, Year)	Amount of each
Mading Address 218 Mais 5+	3,9 33	175,00
McComb, Ms. 39648		5
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	175.00
SCIPPA (SCANALS	Date (Mo., Dav. Year)	Amount of each disbursement this period
2147 Hwy 48 West	3/13/33	5 4141 73
City. State, Zip Code	3,14.23	575,00
Yacal Signs and 4x4/4x3	Aggregate Vear-to-date	\$ 4721.23

B	_ Par _	2 1 2
Reporting period 01/01/2023 throu		
ITEMIZED DISBU	RSEMENT:	S agus or
Disbursements from contributions accumulated Prior to January 1  A. Full name		
Mailing Address Supply	Mo., Day, Year)	dishursement this period
602 West Presley Blvd.	3,39,33	80.00
McComb MS 39648	_'_'_	,
Purpose of Disbursement (Option A) T-POS+	\ggregate Year-to-date	\$ 80.00
Ed Sones	Date (Mo., Day, Year)	Amount of each disbursement this period
1147 Grady VINA Rd	3130133	\$ 200.00
City, State, Zip Code Magnolia, MS 39648		5
Purpose of Disbursement (Ontdoni)  T - POS+	\egregate Year-to-date	\$ 200.00
C. Full name (20+00 Signs	Date (Mo., Day, Year)	timount of each disbursement this period
Mailing Address 1027 Karey Andrews Rd	4,24,23	344.00
City, State, Zip Code  Mc Comb MS 39648	_'_'_	5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	344 00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	5
City, State, Zip Code	_'_'_	s
Purpose of Dishursement (Optional)	Aggregate Year-to-date	5
E. Full game	Date (Mo., Day, Year)	Amount of each disbursement this period
Mading Address		5
City, State, Zip Code		5
arpose of Disbursement (Optional)	Aggregate Year-to-date	5
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tailing Address	_/_/_	S
îty, State, Zip Code		s
urpose of Disbursement (Optional)	Aggregate Vear-to-date	s