

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



Name of Committee Committee to Re-Elect Aubrey Rimes
Address 1053 Magnolia Progress Road City/State/Zip McComb, MS 39648
Telephone 601-248-1096 Fax 601-783-3670
Treasurer Sharon L. Rimes Email Address sharon.rimes@yahoo.com

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) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) 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

JAN. 1, 2023 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$600.00	\$	\$600.00	\$600.00
TOTAL AMT OF DISBURSEMENTS	\$600.00	\$	\$600.00	\$600.00
CASH ON HAND BALANCE				\$-0-

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

05/17/2023

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

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).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to 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 Re-Elect Aubrey RimesReporting period 01/01/2023 through 04/30/2023

ITEMIZED RECEIPTS

A. 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>Aubrey P. Rimes</u>	<u>01</u> / <u>04</u> / <u>23</u>	\$ <u>100.00</u>
Mailing Address <u>1053 Magnolia Progress Road</u>	<u>02</u> / <u>20</u> / <u>23</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Pike County, MS</u>	___ / ___ / ___	\$
Occupation (Required) <u>Justice Court Judge</u>	Aggregate year-to-date	\$ <u>600.00</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 Re-Elect Aubrey RimesReporting period 01/01/2023 through 04/30/2023

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pike County Circuit Clerk		
Mailing Address	<u>01</u> / <u>04</u> / <u>23</u>	\$ 100.00
P. O. Box 31		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Magnolia, MS 39652		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
Qualifying Fee		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal		
Mailing Address	<u>02</u> / <u>20</u> / <u>23</u>	\$ 500.00
P. O. Box 2009		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
McComb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Ad on Political Calendar		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$