

## REPORT OF RECEIPTS AND DISBURSEMENTS

PIKE COUNTY, MISS.

2023 Election

MAY 10 2023

ROGER A. GRAVES  
CLERK

BY

Name of Candidate

Robbie Roberts

Address

1177 Friendship Rd McComb, MS

City/Zip

39648

Telephone (Work)

Cell 601-600-1934

(Home)

(Fax)

Contact Name

Email Address

robertsforsheriff24@gmail.com

Office Sought

Sheriff

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.

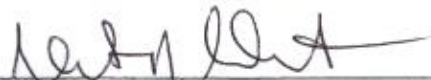
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2023 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
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	\$ 6,016.99	\$	\$ 6,016.99	\$ 6,016.99
TOTAL AMT OF DISBURSEMENTS	\$ 5,752.72	\$	\$ 5,752.72	\$ 5,752.72
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](mailto: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 Robbie RobertsReporting period 1-1-23 through 4-30-23

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Angie McKenzie</u>	<u>2/3/23</u>	\$ <u>200.00</u>
Mailing Address	<u>1021 Orchard Lane</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
City, State, Zip Code	<u>McComb, Ms 39601</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Name of Employer (Required)	<u>Fortenberry Trucking</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Occupation (Required)	<u>Broker</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Judy Coon</u>	<u>2/10/23</u>	\$ <u>1,000.00</u>
Mailing Address	<u>3011 Hwy 44 East</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
City, State, Zip Code	<u>McComb, Ms 39648</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Name of Employer (Required)	<u>Retired</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Occupation (Required)	<u>N/A</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Shanna Barrett</u>	<u>2/13/23</u>	\$ <u>9.70</u>
Mailing Address	<u>6048 McComb Holmesville Rd</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
City, State, Zip Code	<u>McComb, Ms 39648</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Name of Employer (Required)	<u>Partnership for a Healthy Ms</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Occupation (Required)	<u>Project Director</u>	Aggregate year-to-date	\$ <u>9.70</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Math Sims</u>	<u>2/14/23</u>	\$ <u>96.62</u>
Mailing Address	<u>147 Haley Lane</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
City, State, Zip Code	<u>Choudrant, LA 71227</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Name of Employer (Required)	<u>Choudrant P.D.</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>0</u>
Occupation (Required)	<u>Police officer</u>	Aggregate year-to-date	\$ <u>96.62</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## 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>Margaret Holloway</u>	<u>2/14/23</u>	\$ <u>25.00</u>
Mailing Address	<u>1040 Nelson Dr.</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code	<u>McLomb, MS 39648</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required)	<u>Hennington Wellness Center</u>	___/___/___	\$ <u>0</u>
Occupation (Required)	<u>Office Mgr.</u>	Aggregate year-to-date	\$ <u>25.00</u>
B. 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>Chris Richardson</u>	<u>2/14/23</u>	\$ <u>94.62</u>
Mailing Address	<u>1003 Gardenia Lane</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code	<u>Summit, MS 39666</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required)	<u>N/A</u>	___/___/___	\$ <u>0</u>
Occupation (Required)	<u>stay@ Home Mom</u>	Aggregate year-to-date	\$ <u>94.62</u>
C. 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>John Mark Bestora</u>	<u>2/14/23</u>	\$ <u>50.00</u>
Mailing Address	<u>209 Hawthorne Dr.</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code	<u>Long Beach, MS 39560</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required)	<u>Long Beach PD</u>	___/___/___	\$ <u>0</u>
Occupation (Required)	<u>Police Officer</u>	Aggregate year-to-date	\$ <u>50.00</u>
D. Source: <input checked="" 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	<u>Pan's Express</u>	<u>2/14/23</u>	\$ <u>30.00</u>
Mailing Address	<u>406 Ave H.</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code	<u>Kentwood, LA 70444</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required)		___/___/___	\$ <u>0</u>
Occupation (Required)		Aggregate year-to-date	\$ <u>30.00</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## 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>Ray Wilkinson</u>		<u>2 / 14 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>3009 Friendship Rd</u>		___ / ___ / ___	\$ <u>Ø</u>
City, State, Zip Code <u>McComb, Ms 39648</u>		___ / ___ / ___	\$ <u>Ø</u>
Name of Employer (Required) <u>Dept of Ag.</u>		___ / ___ / ___	\$ <u>Ø</u>
Occupation (Required)	Aggregate year-to-date		\$ <u>250.00</u>
B. 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>Lewis Roberts</u>		<u>2 / 22 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>1155 Friendship Rd</u>		<u>3 / 8 / 23</u>	\$ <u>500.00</u>
City, State, Zip Code <u>McComb, Ms 39648</u>		<u>4 / 3 / 23</u>	\$ <u>200.00</u>
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$ <u>Ø</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date		\$ <u>800.00</u>
C. 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>Lauren Timmons</u>		<u>3 / 1 / 23</u>	\$ <u>485.06</u>
Mailing Address <u>2112 Bienville Blvd Suite N1</u>		___ / ___ / ___	\$ <u>Ø</u>
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>		___ / ___ / ___	\$ <u>Ø</u>
Name of Employer (Required) <u>Timmons family + Cosmetic Denistry</u>		___ / ___ / ___	\$ <u>Ø</u>
Occupation (Required) <u>Dentist</u>	Aggregate year-to-date		\$ <u>485.06</u>
D. 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>Rhonda Boyd</u>		<u>3 / 7 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>223 7th st</u>		___ / ___ / ___	\$ <u>Ø</u>
City, State, Zip Code <u>McComb, Ms 39648</u>		___ / ___ / ___	\$ <u>Ø</u>
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$ <u>Ø</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date		\$ <u>100.00</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## 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>Carl Denver</u>	<u>3 / 8 / 23</u>	\$ <u>96.62</u>
Mailing Address <u>10017 Idlewood Pl.</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>River Ridge, LA 70123</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>96.62</u>
B. 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>Kennis Davis</u>	<u>3 / 14 / 23</u>	\$ <u>300.00</u>
Mailing Address <u>1180 Friendship Rd</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. 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>Karen + Shane Smith</u>	<u>3 / 13 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>2017 Hwy 570 W.</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>McComb, MS 39648</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>100.00</u>
D. 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>Kevin Coon</u>	<u>3 / 13 / 23</u>	\$ <u>300.00</u>
Mailing Address <u>3329 Mallalieu Dr. SE</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>Rush, MS 39662</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>300.00</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## 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>James + Virginia White</u>	<u>3 / 13 / 23</u>	\$ <u>100.00</u>
Mailing Address <u>9620 East Fork Rd</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>Liberty, Ms 39445</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. 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>Jason Price</u>	<u>3 / 17 / 23</u>	\$ <u>156.00</u>
Mailing Address <u>6054 McComb Holmesville Rd</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>McComb, Ms 39648</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Price Tree Service</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>Self Employed/owner</u>	Aggregate year-to-date	\$ <u>156.00</u>
C. 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>Shirley Fitzgerald</u>	<u>3 / 19 / 23</u>	\$ <u>300.00</u>
Mailing Address <u>1107 Friendship Rd</u>	___ / ___ / ___	\$ <u>0</u>
City, State, Zip Code <u>McComb, Ms 39648</u>	___ / ___ / ___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Fundraiser</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>T-Shirt Fundraiser</u>	<u>3 / 20 / 23</u>	\$ <u>382.00 - CASH</u>
Mailing Address	<u>3 / 20 / 23</u>	\$ <u>279.37 - PayPal</u>
City, State, Zip Code	<u>4 / 4 / 23</u>	\$ <u>60.00 - CASH</u>
Name of Employer (Required)	___ / ___ / ___	\$ <u>0</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>721.37</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gene + Judy Van Norman</u>	<u>3/28/23</u>	\$ <u>100.00</u>
Mailing Address <u>4090 Summit Holmesville Rd</u>	<u>4/3/23</u>	\$ <u>100.00</u>
City, State, Zip Code <u>McComb, Ms 39648</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___/___/___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>\$200</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Shannon Sullivan</u>	<u>3/28/23</u>	\$ <u>200.00</u>
Mailing Address <u>1055 Shamrock Lane</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code <u>McComb, Ms 39648</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required) <u>Process Service Specialist</u>	___/___/___	\$ <u>0</u>
Occupation (Required) <u>Safety Tech</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Doug Touchstone</u>	<u>4/3/23</u>	\$ <u>100.00</u>
Mailing Address <u>1040 Chester Reeves Rd</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code <u>McComb, Ms 39648</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___/___/___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>100.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Claine Allen</u>	<u>4/3/23</u>	\$ <u>100.00</u>
Mailing Address <u>6048 McComb Holmesville</u>	___/___/___	\$ <u>0</u>
City, State, Zip Code <u>McComb Ms 39648</u>	___/___/___	\$ <u>0</u>
Name of Employer (Required) <u>Retired</u>	___/___/___	\$ <u>0</u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>100.00</u>



Name of Candidate or Committee Robbie RobertsReporting period 1-1-23 through 4-30-23

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Erin McKenzie</u>		<u>4/18/23</u>	\$ <u>100.00</u>
Mailing Address <u>2159 Oakdale Road</u>		___/___/___	\$ <u>Ø</u>
City, State, Zip Code <u>M'Comb, Ms 39601</u>		___/___/___	\$ <u>Ø</u>
Name of Employer (Required) <u>First South Farm Credit</u>		___/___/___	\$ <u>Ø</u>
Occupation (Required) <u>Loan Officer</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Javonda Shanks</u>		<u>4/19/23</u>	\$ <u>100.00</u>
Mailing Address <u>Po Box 653</u>		___/___/___	\$ <u>Ø</u>
City, State, Zip Code <u>Magnolia, Ms 39652</u>		___/___/___	\$ <u>Ø</u>
Name of Employer (Required) <u>Pike Co. Sheriff's Office</u>		___/___/___	\$ <u>Ø</u>
Occupation (Required) <u>Cap. of Patrol</u>		Aggregate year-to-date	\$ <u>100.00</u>
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 Robbie RobertsReporting period 1-1-23 through 4-30-23

## 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
<u>Graphics Etc</u>	<u>2/14/23</u>	\$ <u>278.29</u>
Mailing Address		
<u>218 Main St</u>	<u>4/18/23</u>	\$ <u>338.60</u>
City, State, Zip Code		
<u>McComb, Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>616.89</u>
<u>Business &amp; Rack Cards / Kooties &amp; Labels</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Victor Lowery</u>	<u>3/1/23</u>	\$ <u>1,367.80</u>
Mailing Address		
<u>1090 Hwy 51 N.</u>	<u>3/14/23</u>	\$ <u>1,095.00</u>
City, State, Zip Code		
<u>McComb Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,462.80</u>
<u>Signs X 2</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>3/3/23</u>	\$ <u>500.00</u>
Mailing Address		
<u>112 Oliver Commerich Dr.</u>	<u>4/11/23</u>	\$ <u>110.00</u>
City, State, Zip Code		
<u>McComb, Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>610.00</u>
<u>Political Directory / 2x4 AD</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CO-OP (Pike County)</u>	<u>3/14/23</u>	\$ <u>206.62</u>
Mailing Address		
<u>105 Nehi Cir.</u>	<u>—/—/—</u>	\$ <u>Ø</u>
City, State, Zip Code		
<u>McComb, Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>206.62</u>
<u>T-Post for Signs</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Victor Lowery</u>	<u>3/20/23</u>	\$ <u>326.90</u>
Mailing Address		
<u>1090 Hwy 51 N.</u>	<u>4/10/23</u>	\$ <u>915.01</u>
City, State, Zip Code		
<u>McComb, Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1241.41</u>
<u>Bumper &amp; Door Magnets / Signs-Banners</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Barry Worley (Victors Tint)</u>	<u>3/20/23</u>	\$ <u>360.00</u>
Mailing Address		
<u>1090 Hwy 51 N.</u>	<u>—/—/—</u>	\$ <u>Ø</u>
City, State, Zip Code		
<u>McComb, Ms 39648</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>360.00</u>
<u>T-Shirts</u>		



Name of Candidate or Committee

Robbie Roberts

Reporting period

1-1-23

through

4-30-23

## 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
Friends of Pike County	3 / 28 / 23	\$ 160.00
Mailing Address		
PO Box 1107		
City, State, Zip Code		
Summit, MS		\$ 0
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 160.00
Smokin' on Tracks Vendor Fee		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McComb Branch of NAACP	3 / 28 / 23	\$ 30.00
Mailing Address		
PO Box 2133		
City, State, Zip Code		
McComb, MS 39648		\$ 0
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30.00
Banquet Ticket		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MMSA	4 / 27 / 23	\$ 65.00
Mailing Address		
117 S. Front St		
City, State, Zip Code		
McComb, MS 39648		\$ 0
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 65.00
Iron Horse Fest Vendor Fee		
D. 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	\$
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	\$