

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Election



Michael Watson
SECRETARY OF STATE
FILED
PIKE COUNTY, MISS.
MAY 08 2023
ROGER A. GRAVES
CIRCUIT CLERK

BY

Name of Committee Amanda V Upchurch
Address 1240 Park Lane Rd Apt 4103 City/Zip Mercomb 39648
Telephone 662-771-1916 Fax N/A
Treasurer Christopher Upchurch Email Address korrecords@gmail.com
Office Sought Southern District Judge Party Affiliation Democrat

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, and their political committees if organized as such, 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 committee 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 committee 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				\$	0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$	0
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$	0
CASH ON HAND BALANCE				\$	0

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

JAN. 1, 2023 CASH ON HAND BALANCE				\$	775.38
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$ 775.38	\$	\$ 775.38	\$	775.38
TOTAL AMT OF DISBURSEMENTS	\$ 0.00	\$	\$ 775.38	\$	775.38
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

Date

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).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form 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. 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 Amanda V. Upchurch
 Reporting period Jan 1, 2023 through April 30, 2023

ITEMIZED RECEIPTS

A. 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>Website Lead Gen LLC</u>	<u>3/16/23</u>	\$ <u>85.73</u>
Mailing Address <u>4780 IRISONS Suite 100 Jackson Ms 39211</u>	<u>3/16/23</u>	\$ <u>169.11</u>
City, State, Zip Code <u>Christophol</u>	<u>2/3/23</u>	\$ <u>20.54</u>
Name of Employer (Required) <u>Operations</u>	<u>3/14/23</u>	\$ <u>500.00</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>775.38</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 Amanda V. Upchurch

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
<u>Kenny Cotton</u>	<u>3/17/23</u>	\$ <u>100⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100⁰⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Craft Funeral Home</u>	<u>3/28/23</u>	\$ <u>75⁰⁰</u>
Mailing Address		
<u>210 M.L.K Jr. Dr Meridian, Ms 39040</u>	<u>__/__/__</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>75⁰⁰</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dylon Hudson</u>	<u>2/25/23</u>	\$ <u>50⁰⁰</u>
Mailing Address		
<u>North Carolina</u>	<u>__/__/__</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>50⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Christopher Upchurch</u>	<u>2/3/23</u>	\$ <u>ⓧ</u>
Mailing Address		
<u>1240 Parklane Rd Apt 403 Meridian Ms 39040</u>	<u>3/16/23</u>	\$ <u>550.30</u>
City, State, Zip Code	<u>3/19/23</u>	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>550.30</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>__/__/__</u>	\$
Mailing Address		
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$