

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Sherry Elizabeth Matthews
 Address 1035 Cole Thomas Rd City/Zip McComb, MS 39648
 Telephone (Work) 601680-2104 (Home) 601551-1299 (Fax) _____
 Contact Name Sherry Email Address Sherry.M55@49hoo.com
 Office Sought _____ Political Party (if any) Democratic Party

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 | \$ | \$ | \$ | \$ |
| TOTAL AMT OF DISBURSEMENTS | \$ 1443.16 | \$ | \$ | \$ |
| CASH ON HAND BALANCE | | | | \$ 250. ⁰⁰ |

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

Shen Dely Matthews
Signature of Candidate

6/6/2023
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.
Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

Name of Candidate or Committee Sherry Elzey Matthews

Reporting period May through June

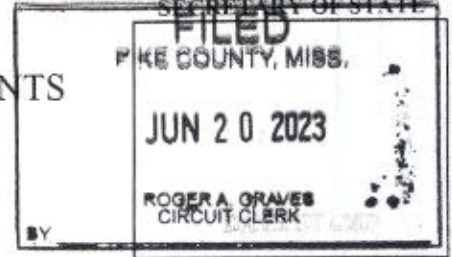
ITEMIZED RECEIPTS

| 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>Sammy Matthews</u> | <u>5/15/23</u> | \$ <u>692.50</u> |
| Mailing Address <u>1035 Cole Thomas Rd</u> | <u>5/12/23</u> | \$ <u>175.66</u> |
| City, State, Zip Code <u>McComb MS 39648</u> | <u>5/21/23</u> | \$ <u>575.⁰⁰</u> |
| Name of Employer (Required) _____ | ___/___/___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ <u>1443.16</u> |
| B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____ | | |
| 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) _____ | | |
| 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) _____ | | |
| Full name _____ | ___/___/___ | \$ |
| Mailing Address _____ | ___/___/___ | \$ |
| City, State, Zip Code _____ | ___/___/___ | \$ |
| Name of Employer (Required) _____ | ___/___/___ | \$ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ |



Michael Watson
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election



Name of Candidate Michael Cameron
Address 608 Georgia Ave City/Zip _____
Telephone (Work) 601-248-5891 (Home) _____ (Fax) _____
Contact Name self Email Address comandcask@bellsouth.net
Office Sought Pike Co Tax Collector Political Party (if any) Republican

Check here if above is different from previous report

TYPE OF REPORT

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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.

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**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 | \$ | \$ | \$ | \$ | |
| TOTAL AMT OF DISBURSEMENTS | \$ | \$ | \$ | \$ | |
| CASH ON HAND BALANCE | | | | \$ | 0 |

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

| | | | | | |
|-----------------------------------|--------------|------------------|-------------|-----------------------|---|
| JAN. 1, 2023 CASH ON HAND BALANCE | | | | \$ | 0 |
| | Itemized (+) | Non-Itemized (=) | This Period | Calendar Year-to-Date | |
| TOTAL AMT OF CONTRIBUTIONS | \$ 250.- | \$ 0 | \$ 250.- | \$ 1025.- | |
| TOTAL AMT OF DISBURSEMENTS | \$ | \$ | \$ | \$ | |
| 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

Date

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

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Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

Name of Candidate or Committee Michael Cameron

Reporting period 5/1/23 through 5/31/23

ITEMIZED RECEIPTS

| | | | |
|--|--|---------------------------|--|
| A. 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 | \$ |
| 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 Michael Cameron

Reporting period 5/1/23 through 5/31/23

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 |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. 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 | \$ |
| C. 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 | \$ |
| 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 | \$ |