



Name of Candidate Natalie McMahon	and a
Address 1023 Kori Lane	City/Zip Summit / 39666
Telephone (Work) 601 276-2004 (Home)	601 248-0063 (Fax)
Natalia McMahon	Email Address mcmahon.natalie@gmail.com
Office Sought Pike County Circuit Clerk	Political Party (if any) Republican
Check here if above is different from pro	PE OF REPORT
May 10, 2023 Periodic Report (January 1, 2023 throu	ugh April 30, 2023)
June 9, 2023 Periodic Report (May 1, 2023 through)	May 31, 2023)
July 10, 2023 Periodic Report (June 1, 2023 through	June 30, 2023)
August 1, 2023 Primary Pre-Election Report (July	, 2023 through July 29, 2023)
August 22, 2023 Primary Pre-Runoff Report (July 3	80, 2023 through August 19, 2023)Runoff Candidates Only
October 10, 2023 Periodic Report (July 1, 2023 thro	ugh September 30, 2023)
October 31, 2023 Pre-Election Report (October 1, 20	023 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)
Termination Report (Committee will no longer accept expenditures, has no outstanditures)	HENT TO THE TOTAL OF THE PERSON OF THE P

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				\$ 0
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$0
TOTAL AMT OF DISBURSEMENTS	S	\$	\$	\$ 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				\$ 1242.15
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 635.58	\$ 0	\$ 635.58	\$ 8114.70
TOTAL AMT OF DISBURSEMENTS	\$ 763.67	\$ 48.69	\$ 812.36	\$ 7711.34
CASH ON HAND BALANCE				\$ 403.36

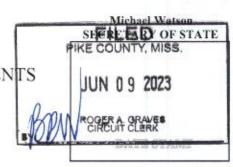
I certify that I have examined this report and to the best of my	knowledge and belief it is true, accurate, and complete.
Motalie McMahon	6/9/2023
Signature of Candidate	Date

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

REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of Candidate Natalie McMahon	
Address 1023 Kori Lane	City/Zip Summit / 39666
Telephone (Work) 601 276-2004 (Home)	601 248-0063 (Fax)
Contact Name Natalie McMahon	Email Address mcmahon.natalie@gmail.com
Office Sought Pike County Circuit Clerk	Political Party (if any)_Republican
☐ Check here if above is different from pr	evious report
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	May 31, 2023)
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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	S	S	\$	\$ 0
TOTAL AMT OF DISBURSEMENTS	S	S	\$	\$ 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				S 1242.15
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
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TOTAL AMT OF DISBURSEMENTS	\$ 763.67	\$ 48.69	\$ 812.36	\$ 7711.34
CASH ON HAND BALANCE				\$ 403.36

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

6/9/2023

Date

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

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Page _		of	

Name of Candidate or Committee

Natalie McMahon

Reporting period May 1, 2023

through May 31, 2023

ITEMIZED DISBURSEMENTS

A. Full name Parklane Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1115 Parklane Rd.	5,23,23	s 300
City, State, Zip Code McComb, MS 39648		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400
B. Full name Amazon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 Terry Ave. N.	5 / 4 / 23	\$ 325.40
City, State, Zip Code Seattle, WA 98109		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 656.56
C. Full name Lowe's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1802 Pike's Point	<u>5</u> , <u>15</u> , <u>23</u>	s 128.27
City, State, Zip Code McComb, MS 39648		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 334.27
Facebook (Meta)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 Hacker Way	5 / 8 / 23	s 10
City, State, Zip Code 7Menlo Park, CA 94025		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 167
E. Pull name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vailing Address		s
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
. 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	s

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Page 1	of 1
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Name of Candidate or Committee

Natalie McMahon

Reporting period May 1, 2023

through

May 31, 2023

ITEMIZED RECEIPTS

A. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Self	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Natalie McMahon		s 635.58
Mailing Address 1023 Kori Lane	_1_1_1_	s
City, State, Zip Code Summit, MS 39666		s
Name of Employer (Required) SMCC	11	\$
Occupation (Required) Library Director	Aggregate vear-to-date	\$ 7315.70
B. Source: OCorporation OPAC OIndividual OLoan 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)	//	s
Occupation (Required)	Aggregate year-to-date	s
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11	s
Mailing Address	11	S
City, State, Zip Code		s
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	s
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		s
Mailing Address	_1_1_	\$
City, State, Zip Code	11	\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	s