Name of Candidate Robbie Roberts	BY CIRCUIT CLERK
Address 1177 Friendship Rd McComb, M	S City/7in 39648
Telephone (Work) Cell (Home) 601-600-1934	(Fax)
Contact Name Bobbie + De Ama Roberts Email Address robe	erts for sheriff 24 @ gmail.com
	Republican

Check here if above is different from previous report

REPORT OF RECEIP

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)	
_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

- All candidates for office shall file periodic reports in the year in which they are to be elected.
- 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.

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).

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 phibited 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"

SOS 10-2022

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.

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

5年37天在2007年7月1日,1942年1月1日			Maria de Cara de Cara	2000年第2月1日 - 10月1日 - 1
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
		CHECK MANUFACE	经国际行为 和主义 3年以	海域電影 心成的 古人
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
GRAND SECTION LAND AND A			ELECTRONIC CO.	AR TORK OF A
CASH ON HAND BALANCE				\$

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

JAN. 1, 2023 CASH ON HAND BALANCE			\$	
and the season of the season o				STREET SELECTION
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ \$600.00	s 0	\$ 600,00	\$ 10,893.12
		Conflicts Participal	以外的人的情况。 此次有什	强强国际通讯。(4) (2)
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 0	\$ 0 .	\$ 9,952.88
	No. 10 March 19		BETT MADES LINE	
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.

Robbe Reberts
Signature of Candidate

Date

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

'enalties: 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).

andidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, S; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov. andidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

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Page_	/ of	

Name	of Candidate	or Committee _
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Robbie Roberts
through 4-30-23 Reporting period 4-1-23 ITEMIZED RECEIPTS

, ITEMIZED KEC	LILIS	
A. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year	Amount of each receipt this period
Josan Food Mart	619123	s 200.00
Mailing Address 540 Plan 1 River Ave		\$
M'COMB, Ms 39648		\$
Name of Employer (Required)	_'_'_	S
Occupation (Required)	Aggregate year-to-date	\$ 200.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Exterior Design + Landscape	4,9,23	\$ 300.00
Mailing Address 1037 Bill Bacot Rd		s
City, State, Zip Code McComb, Ms 39648		S
Name of Employer (Required)	_/_/_	S
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source: Ocorporation OPAC DIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Javonda Shanks	Q 28 23	\$ 100.00
PO Box 653	_'_'_	S
Magnolia Ms 39452 Name of Employer (Required)	//	S
Name of Employer (Required)' Pike Co. S. O.	_''	S
Capt. Of Patrol	Aggregate year–to-date	\$ 100.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		s
City, State, Zip Code		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate	s