



**REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES**  
**2026 Judicial Election**

Check one of the following:

- The independent expenditure disclosed was made in support of the candidate identified.
- The independent expenditure disclosed was made in opposition to the candidate identified.

*Name of the Candidate of whom the expenditure was in support or in opposition.*

*Full Name of Individual or Entity Making Independent Expenditure(s).*

*Please check the appropriate box:*

Corporation       Political Committee  
 Individual       Other (Specify \_\_\_\_\_)

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*Contact Person*

*Mailing Address* *City* *State* *Zip Code*

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*Phone* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email (optional)* \_\_\_\_\_

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**Please check one of the following dates:**

**May 9, 2026 Periodic Report** (January 1, 2026 through April 30, 2026) ..... **Mandatory**

**June 10, 2026 Periodic Report** (May 1, 2026 through May 31, 2026) ..... **Mandatory**

**July 10, 2026 Periodic Report** (June 1, 2026 through June 30, 2026) ..... **Mandatory**

**October 9, 2026 Periodic Report** (July 1, 2026 through September 30, 2026) ..... **Mandatory**

**October 27, 2026 Pre-Election Report** (October 1, 2026 through October 22, 2026) ..... **Mandatory**

**November 24, 2026 Pre-Runoff Report** (October 23, 2026 through November 19, 2026) ..... **Runoff Candidates Only**

**January 9, 2027 Periodic Report** (October 1, 2026 through December 31, 2026) ..... **Mandatory**

## **REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

| Itemized                             | +  | Non-itemized | =   | This Period | Calendar Year-To-Date |
|--------------------------------------|----|--------------|-----|-------------|-----------------------|
| <b>Total amount of contributions</b> | \$ |              | +\$ | \$          | \$                    |
| <b>Total amount of disbursements</b> | \$ |              | +\$ | \$          | \$                    |

*Attach itemized receipt and itemized disbursement pages, as necessary, to properly disclose the source of contribution(s) received in excess of \$200 in the aggregate and each recipient of expenditure(s) made in excess of \$200 in the aggregate.*

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

*Authorized Signature*

*Date*

**AUTHORITY:** Miss. Code Ann. §§ 23-15-807 and §23-15-809

**SEND TO:** 1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205, FAX to 601-576-2545 or EMAIL to [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).  
2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.