REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES
2020 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_____)

_____
Contact Person

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

_____   _____   _____
Phone   *Fax*   *Email (optional)*

Please check one of the following dates:

_____**May 8, 2020 Periodic Report** (January 1, 2020 through April 30, 2020) ....**Mandatory**

_____**June 10, 2020 Periodic Report** (May 1, 2020 through May 31, 2020) ....**Mandatory**

_____**July 10, 2020 Periodic Report** (June 1, 2020 through June 30, 2020) ....**Mandatory**

_____**October 9, 2020 Periodic Report** (July 1, 2020 through September 30, 2020) ....**Mandatory**

_____**October 27, 2020 Pre-Election Report** (October 1, 2020 through October 24, 2020) ....**Mandatory**

_____**November 17, 2020 Pre-Runoff Report** (October 25, 2020 through November 14, 2020) ....**Runoff Candidates Only**

_____**January 8, 2021 Periodic Report** (October 1, 2020 through December 31, 2020) ....**Mandatory**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized +	Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$	+ $	$	$
Total amount of disbursements	$	+ $	$	$

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.**
        2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.