

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



DATE STAMP

Name of Committee _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ Email Address _____

Director _____ Treasurer _____

Check here if above is different from previous report

TYPE OF REPORT

_____ 2018 Monthly Report (due on or before the 10th day of following month)Mandatory

_____ Termination Report (Committee will no longer accept contributions or make campaign expenditures, has no outstanding debt obligation and zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$	+	\$	\$	\$
Total amount of disbursements	\$	+	\$	\$	\$
Total amount of cash on hand				\$	

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 Director or Treasurer

Date

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

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.