Candidate Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Election

RECEIVED

By Secretary of State Elections Division at 3:53 pm, Oct 10, 2023

Name of Candidate SOLOMON CURTIS OSBORNE	, SR.			
Address 216 Star Street, Greenwood, MS	City/Zip 38930			
Telephone (Work) 662-392-7524 (Home) 662	2-453-9112 _(Fax) 662-766-4073			
Contact Name Solomon C. Osborne Em	nail Address solomonosborne@mail.com			
Office Sought House of Representatives Po	litical Party (if any) Democratic			
Check here if above is different from previous report TYPE OF REPORT				
May 10, 2023 Periodic Report (January 1, 2023 through	April 30, 2023)			
June 9, 2023 Periodic Report (May 1, 2023 through May	731, 2023)			
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)				
August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023)				
X October 10, 2023 Periodic Report (July 1, 2023 through	September 30, 2023)			
October 31, 2023 Pre-Election Report (October 1, 2023 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 co expenditures, has no outstanding c	ontributions, make campaign Required to terminate reporting obligations Required to terminate reporting obligations			
IMF	PORTANT			

- (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 in the election for which the report is required.
- (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				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$ -0-

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

JAN. 1, 2023 CASH ON HAND BALANCE				\$ 3556.50
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$-0-	\$ -0-	\$ -0-	\$-0-
TOTAL AMT OF DISBURSEMENTS	\$ -0-	\$ -0-	\$ -0-	\$ -0-
CASH ON HAND BALANCE	obstant de men de la company			\$ -0- 3556.50

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

10-10-2023

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.

Name of Candidate or Committee Solomon Curtis Osborne, Sr.	Page	of
Reporting period July 1, 2023 through September 30,	2023	
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) Full name	(Mo., Day, Year)	this period
Mailing Address	'	3
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ -0-
B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address	//_	s
City, State, Zip Code	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$-O-
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	_'_'_	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$-0-
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		s
City, State, Zip Code	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$-0-

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Name of Candida	te or Committee
Reporting period	July 1, 2023

e Solomon Curtis Osborne, Sr.

through September 30, 2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After J	anuary 1, 2018
A. 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	\$ -0-
B. 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 -0-
C. 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	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ -0-
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ -0-
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ -0-