Candidate's Committee **REPORT OF RECEIPTS AND DISBURSEMENTS** 2023 Election

RECEIVED

By Secretary of State Elections Division at 10:38 am, Oct 10, 2023

Name of Committee Friends to Elect Zachary	y Grady
Address PO Box 6326	_{City/Zip} D'Iberville 3954
Telephone 228-313-6254	Fax
Treasurer Amanda Roberts	Email Address info@votegr

list 1 **Office Sought**

Email Address Into@votegrady.com

Republican **Party Affiliation**

Check here if above is different from previous report

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)	Mandatory
August 1, 2023 Primary Pre-Election Report (July 1, 2023 through July 29, 2023)	Mandatory (If Opposed)
August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023)	•
Cctober 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 (If Opposed)
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

- (1) All candidates for office, and their political committees if organized as such, 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 committee 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.
- Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. (3) § 23-15-807 (b) (ii) and (iii).
- (4)

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 BALAN	CE	··· ··· ···		\$:
			Litera and the second	iner Delter	经推销运行的	Q.
	Itemized (+)	Non-Itemized (=)	This Period	Calendar	Year-to-Dat	tę
TOTAL AMT OF CONTRIBUTIONS	\$	\$.	\$	\$,	n.	
		A CONTRACTOR AND A CONTRACT	以这次中国的政治政治的政治	t menter service	BANKS AND	禄
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$ ``	\$ ·	1	
19月2日の1月1日の1日の1日の1日の1日の1日の1日の1日の1日の1日の1日の1日の1日の1				3.243		統治
CASH ON HAND BALANCE	,			\$	· · · · · ·	r

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

JAN. 1, 2023 CASH ON HAND BALAN		· · · · · · · · · · · · · · · · · · ·		\$0	4, ¹⁴ , 1
	在在自然主动和新闻的	Charles and the second	為南省民族的法律		的建設
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year	-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$22,470.00	\$676.06	\$23,146.06	\$62,034.14	
Here was der der der die state beschieden.			SALES OF BELLEVILLE		的地址影响
TOTAL AMT OF DISBURSEMENTS	\$29,392.85	\$819.92	\$30,212.77	\$60,293.75	
	家的是为此的问题。		MESS SECTION AND AND AND AND AND AND AND AND AND AN		國際認識
CASH ON HAND BALANCE				\$1,740.39 ⁻	

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

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Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email <u>CampaignFinance@sos.ms.gov</u>. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

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Name of Candidate or Committee Friends to Elect Zachary Grady

Reporting period July 1, 2023

through <u>September 30, 2023</u>

ITEMIZED CONTRIBUT	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Ycar)	Amount of each receipt
Other (please specify) Full name BNSF Railway	07 / 18 / 23	this period \$500.00
Mailing Address 2500 Lou Menk Dr		\$
ZOUU LOU IVIENK DI City, State, Zip Code	/	S
•••	//	
Name of Employer (Required) n/a	//	\$
Occupation (Required) n/a	Aggregate year-to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Haney's Pawn Shop	07/18/23	^{\$} 300.00
Mailing Address 10115 Central Ave	//	S
City, State, Zip Code D'Iberville, MS 39540	//	S
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 300.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Banker's Association	07/18/23	^{\$} 2,500.00
Mailing Address PO Box 1091	//	\$
City, State, Zip Code Jackson, MS 39205	//	\$
Name of Employer (Required) N/A	//	\$
Occupation (Required) N/A	Aggregate yearto-date	^{\$} 2,500.00
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Barnett's Plaza	07 / 18 / 2:	this period \$250.00
Mailing Address DO David COCO		
Mailing Address PO Box 6068		\$
City, State, Zip Code D'Iberville, MS 39540		\$
Name of Employer (Required) N/A	/	\$
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 250.00

ITEMIZED CONTRIBUT	TIONS	
A. Source: OCorporation OPAC Oladividual OLoan Other (please specify)	Date (Mo., Day, Ycar)	Amount of each reccipt this period
Full name ECM CO	07 /27 /23	^{\$} 500.00
Mailing Address	//	S
City, State, Zip Code	//	S
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	\$500.00
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (plcase specify) Full name Teresa Wieck	07 /27 23	^{\$} 240.00
Mailing Address 4294 Popps Ferry Rd	//	\$
City, State, Zip Code D'Iberville, MS 39540	//	\$
Name of Employer (Required) Compass Realty	//	\$
Occupation (Required) Realtor	Aggregate year-to-date	^{\$} 740.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Aaron Holmes	07/30 23	\$200.00
Mailing Address	08 / 11 / 23	^{\$} 100.00
City, State, Zip Code	//	\$
Name of Employer (Required) Self Employed	//	\$
Occupation (Required) Self Employed	Aggregate year-to-date	\$300.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Andrew Densing	08/03/23	\$500.00
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required) TCB Waste	//	\$
Occupation (Required) President	Aggregate year-to-date	^{\$} 500.00

Name of Candidate or Committee Friends to Elect Zachary Grady Reporting period July 1, 2023 through September 30, 2023

ITEMIZED CONTRIBUT	TIONS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Astro Ford	27 /23	^{\$} 500.00
Mailing Address	//	S
City, State, Zip Code	//	S
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (plcase specify)	07 /27 23	
Luann Pappas		\$1,000.00
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required) Scarlett Pearl	//	\$
Occupation (Required) CEO	Aggregate yearto-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Land Holdings	07 /27 /23	^{\$} 1,000.00
Mailing Address		\$
City, State, Zip Code	//	\$
Name of Employer (Required) N/A	//	\$
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	07 / 27 /23	\$500.00
	· · ·	
Mailing Address 439 B Katherine Dr	<u> </u>	\$
City, State, Zip Code Flowood, MS 39232	′′	S
Name of Employer (Required) N/A	/	\$
Occupation (Required) N/A	Aggregate ycar-to-date	\$500.00

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ITEMIZED CONTRIBU	TIONS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Koch Industries	<u>07 /27 /23</u>	^{\$} 500.00
Mailing Address PO Box 5020	/	S
City, State, Zip Code Wichita, KS 67201	//	\$
Name of Employer (Required) N/A	//	\$
Occupation (Required) N/A	Aggregate year-to-date	\$500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RAI Services	07 /27 23	^{\$} 500.00
Mailing Address 401 N Main St	//	\$
City, State, Zip Code Winston-Salem, NC 27101	//	\$
Name of Employer (Required) N/A	/	\$
Occupation (Required) N/A	Aggregate year-to-date	\$500.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE	07/27 23	^{\$} 500.00
Mailing Address 1657 McFarland Blvd N Ste		\$
City, State, Zip Code Tuscaloosa, AL 35406	//	S
Name of Employer (Required) N/A	//	\$
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MADA Autopac	07/27/23	\$500.00
Mailing Address 800 Woodlands Pkway, Ste 100	_//	\$
City, State, Zip Code Ridgeland, MS 39157	//	S
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	\$500.00

Reporting period July 1, 2023 through September 30, 2023

ITEMIZED CONTRIBUTIONS				
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Fundraiser Cash Donations	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Fundraiser	08 /07 /23	^{\$} 1,010.00		
Mailing Address	//	\$		
City, State, Zip Code	/	S		
Name of Employer (Required) N/A	//	.\$		
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 1,010.00		
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each reccipt this period		
Full name Zachary Grady	08,11,23	^{\$} 3,000.00		
Mailing Address 11122 Wieck Rd	//	\$		
City, State, Zip Code D'Iberville, MS 39540	/	\$		
Name of Employer (Required) Coca Cola United	//	\$		
Occupation (Required) Account Manager	Aggregate year-to-date	\$8,202.24		
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name John C. Eure	08/11 23	^{\$} 1,500.00		
Mailing Address	_/_/	\$		
City, State, Zip Code		\$		
Name of Employer (Required) Self Employed	_''	\$		
Occupation (Required) Business Owner	Aggregate year-to-date	^{\$} 2,500.00		
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Jay McKnight	08/11/23	\$500.00		
Mailing Address	_/_/_	\$		
City, State, Zip Code	_/_/_	\$		
Name of Employer (Required) Self Employed	_/_/	s		
Occupation (Required) Business Owner	Aggregate ycar-to-date	\$500.00		

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ITEMIZED CONTRIBU	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name CSX	$\frac{08}{11} / \frac{23}{23}$	^{\$} 250.00
Mailing Address	_/_/_	\$
City, State, Zip Code	/	\$
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 250.00
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of cach receipt this period
Other (please specify) Full name MMHA	08 / 18 23	\$1,000.00
Mailing Address	//	\$
City, State, Zip Code	_/_/_	S
Name of Employer (Required) N/A	//	\$
Occupation (Required) N/A	Aggregate yearto-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Opel	08/19 23	^{\$} 420.00
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	S
Name of Employer (Required) Retired	//	\$
Occupation (Required) Retired	Aggregate year-to-date	^{\$} 420.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joey Hood	08/18/23	\$1,000.00
Mailing Address PO Box 759	_/_/_	\$
City, State, Zip Code Ackerman, MS	_/_/_	\$
Name of Employer (Required) Self Employed	//	S
Occupation (Required) Self Employed	Aggregate year-to-date	^{\$} 1,000.00

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ITEMIZED CONTRIBUTIONS				
A. Source: OCorporation OPAC OIndividual OLoan	· Date (Mo., Day, Year)	Amount of each receipt		
Other (please specify) Full name Kevin Ford	08 / 18 / 23	this period \$1,000.00		
Mailing Address		S		
City, State, Zip Code	//	\$		
Name of Employer (Required) self employed	//	S		
Occupation (Required) self employed	Aggregate year-to-date	^{\$} 1,000.00		
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period		
Other (please specify)	08 / 18 23	\$500.00		
Mailing Address	//	\$		
City, State, Zip Code	//	S		
Name of Employer (Required) self employed	//	\$		
Occupation (Required) self employed	Aggregate year-to-date	^{\$} 500.00		
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Fundraiser Donations	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name Fundraiser	08/18 23	^{\$} 700.00		
Mailing Address	11	\$		
City, State, Zip Code	//	S		
Name of Employer (Required)	//	\$		
Occupation (Required)	Aggregate year-to-date	^{\$} 700.00		
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name BNSF Railway	08/28/23	\$500.00		
Mailing Address 2500 Lou Menk Dr	//	s		
City, State, Zip Code	//	S		
Name of Employer (Required) N/A	//	S		
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 1,000.00		

ITEMIZED CONTRIBUTIONS		
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECM Co	08 /28 /23	\$500.00
Mailing Address	//	\$
City, State, Zip Code	//	s
Name of Employer (Required) N/A	//	S
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 1,000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Healthcare PAC	08 / 28 23	^{\$} 500.00
Mailing Address	//	\$
City, State, Zip Code	//	S
Name of Employer (Required) N/A	/	\$
Occupation (Required) N/A	Aggregate year-to-date	^{\$} 500.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Ycar)	Amount of each receipt this period
Full name	//	\$
Mailing Address	11	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	S
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	//	\$
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	_/_/	\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee Friends to Elect Zachary Grady	
Reporting period July 1, 2023 through September 30, 2023	
ITEMIZED RECEIPTS - IN-KIND CONTRI	BUTIONS
A. Source: OCorporation OPAC OIndividual OLoan	Date
Other (please specify)	(Mo., Day, Year)
Full name Michael Geter	<u>7_/7/23</u>
Mailing Address	Estimated
City, State, Zip Code	Amount of In-Kind Contribution*
Name of Employer (Required) Self Employed	\$1,500.00
Occupation (Required) Self Employed	
In-Kind Description:	
Campaign video	
B. Source: OCorporation OPAC OIndividual OLoan	Date
Oother (please specify)	(Mo., Day, Year)
Oother (please specify)	(Mo., Day, Year) <u>07</u> / <u>01</u> / <u>23</u> Estimated
Oother (please specify) Full name Sara Yennie	(Mo., Day, Year) 07 / <u>01</u> / <u>23</u>
Other (please specify) Full name Sara Yennie Malling Address City, State, Zip Code	(Mo., Day, Year) <u>07</u> / <u>01</u> / <u>23</u> Estimated Amount of
Other (please specify) Full name Sara Yennie Malling Address City, State, Zip Code	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind
Other (please specify) Full name Sara Yennie Matting Address	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Malling Address City, State, Zip Code Name of Employer (Required) Harrison Co School District	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* / \$500.00
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* /
Other (please specify) Full name Sara Yennie Matting Address City, State, Zip Code Name of Employer (Required) Harrison Co School District Occupation (Required) Teacher In-Kind Description:	(Mo., Day, Year) <u>07 / 01 / 23</u> Estimated Amount of In-Kind Contribution* / \$500.00

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

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Name of Candidate or Committee Friends to Elect Zachary Grady			
Reporting period July 01, 2023 through September 30, 2023	·····		
ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS			
A. Source: OCorporation OPAC Oludividual OLoan	Date		
Other (please specify)	(Mo., Day, Year)		
Full name Vincent Creel	$\underline{08} / \underline{03} / \underline{23}$		
Mailing Address 2573 Hampton Ln	Estimated Amount of		
City, State, Zip Code Biloxi, MS 39532	In-Kind Contribution*		
Name of Employer (Required) Self Employed	\$2,500.00		
Occupation (Required) Consulting			
In-Kind Description:			
Individual donated toward TV advertising. Committee was not made aware until time was purchased.	after television		
B. Source: OCorporation OPAC OIndividual OLoan	Date		
Other (please specify)	(Mo., Day, Year)		
Full name	//		
Mailing Address	Estimated		
City, State, Zip Code	Amount of In-Kind		
	Contribution*		
Name of Employer (Required)	\$		
Occupation (Required)			
In-Kind Description:			
•			
•			

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

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Name of Candidate or Committee Friends to Elect Zachary Grady			
Reporting period July 1, 2023 through September 30, 2023			
ITEMIZED DISBURSE	EMENTS		
Disbursements from contributions accumulated Prior to January 1, 2018 or			
A. Full name Illustrative Ink	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 1844 Blaylock Rd	<u>07</u> / <u>01</u> / <u>23</u>	s 1,502.28	
City, State, Zip Code Saucier, MS 39574	<u>08</u> / <u>07</u> / <u>23</u>	\$ 945.88	
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	s see below	
B. Full name Illustrative Ink	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	<u>08</u> <u>/21</u> <u>/23</u>	\$ 1,291.00	
City, State, Zip Code	′′	\$	
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$ 8,839.02	
C. Full name Blax Screenprinting	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 4511 Popps Ferry Rd	08/04/23	\$ 158.78	
City, State, Zip Code D'Iberville, MS 39540		S	
Purpose of Disbursement (Optional) Marketing Materials	Aggregate Year-to-date	\$ 891.45	
D. Full name City of D'Iberville	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08/01/23	\$ 300.00	
City, State, Zip Code	08 /08 /23	\$ 5.00	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ see below	
E. Full name City of D'Iberville	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08 , 29 , 23	\$ 100.00	
City, State, Zip Code	$\underline{09}, \underline{12}, \underline{23}$	\$ 5.00	
Purpose of Disbursement (Optional) Rentals	Aggregate Year-to-date	s 560.00	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Facebook	07 /05 /23	\$ 354.95	
City, State, Zip Code	<u>07, 17, 23</u>	\$ 600.00	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ see below	

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Name of Candidate or Committee Friends to Elect Zachary Grady			
Reporting period July 1, 2023 through Sept	tember 30, 2023	3	
ITEMIZED DISBURSEMENTS			
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name Date Amount of each Facebook (Mo., Day, Year) dispursement this per			
Mailing Address	(Mo., Day, Year)	disbursement this period	
Mailing Address	$\frac{08}{03}, \frac{03}{23}$	\$ 900.00	
City, State, Zip Code	08 /07 23	\$ 135.20	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	s see below	
B. Full name	Date (Ma Day Veer)	Amount of each	
Facebook	(Mo., Day, Year)	disbursement this period	
Mailing Address	$\frac{08}{2}, \frac{07}{2}, \frac{23}{23}$	\$ 188.52	
City, State, Zip Code	<u>08 / 11 / 23</u>	\$ 647.46	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ see below	
Advertising	· · · · · · · · · · · · · · · · · · ·		
C. Full name Facebook	Date (Mo., Day, Year)	Amount of each disbursement this periods	
Mailing Address	09/06/23	\$ 800.62	
City, State, Zip Code	//	\$	
Purpose of Disbursement (Optional)	Aggregate	\$	
Advertising	Year-to-date	6,006.35	
D. Full name Gulf Coast Silk Screen	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	<u>07 / 11 / 23</u>	\$ 104.33	
City, State, Zip Code	<u>07 / 19 / 23</u>	\$ 104.32	
Purpose of Disbursement (Optional) Marketing Materials	Aggregate Year-to-date	\$ see below	
E. Full name	Date	Amount of each	
Gulf Coast Silk Screen	(Mo., Day, Year)	disbursement this period	
Mailing Address	08/15/23	\$ 120.38	
City, State, Zip Code		\$	
Purpose of Disbursement (Optional) Marketing Materials	Aggregate Year-to-date	\$ 329.03	
F. Full name JMHG	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	080223/	\$ 2,959.86	
City, State, Zip Code	/	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,959.86	

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Name of Candidate or Committee Friends to Elect Zachary Grady			
	ember 30, 2023	3	
ITEMIZED DISBURSEMENTS			
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name Lamar Advertising	Date (Mo., Day, Ycar)	Amount of cach disbursement this period	
Mailing Address 10571 Outdoor Way	08,18,23	s 721.00	
City, State, Zip Code Gulfport, MS	//	S	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	S	
B. Full name Michael Geter	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08,23,23	\$ 1,600.00	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional) Campaign Video	Aggregate Year-to-date	\$ 1,600.00	
C. Full name Quave Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	08 / 28 / 23	\$ 92.42	
City, State, Zip Code	$\underline{08}, \underline{30}, \underline{23}$	\$ 158.30	
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$ see below	
D. Full name Quave Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	09,06,23	\$ 267.50	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$	
E. Full name Selena Furney	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	$\underline{08},\underline{23},\underline{23}$	\$ 181.43	
City, State, Zip Code	09,05 23	\$ 167.88	
Purpose of Disbursement (Optional) reimburse for campaign event supplies	Aggregate Year-to-date	\$ 349.31	
F. Full name Vincent Creel	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	<u>07 / 12 / 23</u>	\$ 2,000.00	
City, State, Zip Code	$\underline{07}, \underline{12}, \underline{23}$	\$ 1,202.00	
Purpose of Disbursement (Optional) CONSULTANT, MARKETING	Aggregate Year-to-date	s see below	

	Page	<u>Цof</u> Ц
Name of Candidate or Committee Friends to Elect Za	chary Grady	
Reporting period July 1, 2023	through September 30, 2023	
ITEMIZED D	ISBURSEMENTS	5
Disbursements from contributions accumulated Prior	to January 1, 2018 or On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Vincent Creel Mailing Address	(Mo., Day, Year)	disbursement this period
	<u>07</u> 2523 _/	1,399.84
City, State, Zip Code	<u>07</u> <u>26</u> <u>23</u>	\$ 287.00
Purpose of Disbursement (Optional) Marketing Materials	Aggregate Year-to-date	see below
B. Full name Vincent Creel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>08 / 03 / 23</u>	\$ 1,023.00
City, State, Zip Code	08 ,0323	\$ 2,500.00
Purpose of Disbursement (Optional) Advertising, direct mail	Aggregate Ycar-to-date	\$ see below
C. Full name Vincent Creel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08 / 14 / 23	\$ 860.00
City, State, Zip Code	08 /14 /23	\$ 2,000.00
Purpose of Disbursement (Optional) Marketing, consulting	Aggregate Year-to-date	\$ see below
D. Full name Vincent Creel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08/15/23	\$ 928.90
City, State, Zip Code	<u>08 / 31 / 23</u>	\$ 2,242.35
Purpose of Disburscment (Optional) Direct Mail, CTA	Aggregate Year-to-date	\$
E. Full name Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	08/08/23	\$ 451.93
City, State, Zip Code	<u>08 / 14 / 23</u>	\$ 12.24
Purpose of Disbursement (Optional) Campaign Event Supplies	Aggregate Year-to-date	\$ see below
F. Full name Walmart	Date (Mo., Day, Year)	Amount of each disbursement this period
VVallflall Mailing Address	08 / 30 / 23	\$ 73.48
City, State, Zip Code		\$
Purpose of Disbursement (Optional) Campaign Event Supplies	Aggregate Year-to-date	\$