



Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

Michael Watson
 SECRETARY OF STATE
 PIKE COUNTY, MISS.
 JUL 11 2023
 ROGER A. GRAVES
 CIRCUIT CLERK
 BY _____

Name of Committee Committee to Re-Elect Aubrey Rimes
 Address 1053 Magnolia Progress Road City/State/Zip McComb, MS 39648
 Telephone 601-248-1096 Fax 601-783-3670
 Treasurer Sharon L. Rimes Email Address sharon.rimes@yahoo.com

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
- August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023)Runoff Candidates Only
- October 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
- 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) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) 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

JAN. 1, 2023 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$ -0-	\$ 1,600.00
TOTAL AMT OF DISBURSEMENTS	\$ 733.85	\$	\$ 733.85	\$ 1,333.85
CASH ON HAND BALANCE				\$ 266.15

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

07/11/2023

 Date

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

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).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: 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. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Committee to Re-Elect Aubrey RimesReporting period 06/01/2023 through 06/30/2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan 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	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan 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	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan 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	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan 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	\$

Name of Candidate or Committee ¹⁷ _____
 Reporting period 06/01/2023 through 06/30/2023

ITEMIZED DISBURSEMENTS

A. Full name Stewart Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2109 Highway 48 West	06 / 19 / 23 __ / __ / __	\$ 716.00
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional) Political Signs	Aggregate Year-to-date	\$ 716.00
B. Full name First Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 808	06 / 14 / 23 __ / __ / __	\$ 17.85
City, State, Zip Code McComb, MS 39649	__ / __ / __	\$
Purpose of Disbursement (Optional) Check Order	Aggregate Year-to-date	\$ 17.85
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	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. 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	\$
F. 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	\$