

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
LAFAYETTE COUNTY DEMOCRATIC PARTY

ADDRESS (number and street) **1030 AUGUSTA DRIVE**
 Check if different than previously reported. (ACC) **OXFORD MS 38655**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00532788 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **03** / **2020** in the State of **MS**

5. Covering Period **10** / **01** / **2020** through **11** / **23** / **2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fino, Susan, , Ms,
Type or Print Name of Treasurer

Signature of Treasurer Fino, Susan, , Ms, [Electronically Filed] Date **12** / **01** / **2020**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

LAFAYETTE COUNTY DEMOCRATIC PARTY

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="1793.40"/>	<input type="text" value="1793.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5827.59"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4635.40"/>	<input type="text" value="10876.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10462.99"/>	<input type="text" value="12669.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5417.34"/>	<input type="text" value="7624.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5045.65"/>	<input type="text" value="5045.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LAFAYETTE COUNTY DEMOCRATIC PARTY

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2155.00	5205.00
(ii) Unitemized	2480.40	5671.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4635.40	10876.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4635.40	10876.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.44
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4635.40	10876.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4635.40	10876.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5417.34	6824.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5417.34	6824.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5417.34	7624.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5417.34	7624.19

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4635.40	10876.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4635.40	10876.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5417.34	6824.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5417.34	6824.19

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

A. Hull, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2226 Hall PL. NW
 City Washington State DC Zip Code 20007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2020
Transaction ID : SA11AI.4618
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Johnson, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 N. 14th St
 City Oxford State MS Zip Code 38655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not employed Occupation (for Individual) n/a
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2020
Transaction ID : SA11AI.4609
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Listenbee, Kido Jimmyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 CR 3073
 City Taylor State MS Zip Code 38655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Zen Sensei
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 01 / 2020
Transaction ID : SA11AI.-2147483508
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	790.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

A. Morris, Sharon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3043 Davis Drive

City Oxford	State MS	Zip Code 38655
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mississippi Center for Justice	Occupation (for Individual) Communications Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2020

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period
350.00

Memo Item

B. Tapscott, Gail, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1711 Anderson Rd. 1-104A

City Oxford	State MS	Zip Code 38655
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self employed	Occupation (for Individual) Minister
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2020

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
200.00

Memo Item

C. Unitemized, 7, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address n/a

City Oxford	State MS	Zip Code 38655
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) n/a	Occupation (for Individual) n/a
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2020

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period
315.00

Memo Item
Donations at Signs drop off

SUBTOTAL of Receipts This Page (optional).....	865.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Lori, , ,

Mailing Address 1252 West Commerce St.

City Aberdeen	State MS	Zip Code 39730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) White Oil Co.	Occupation (for Individual) Accountant
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		01		2020

Transaction ID : SA11AI-2147483516

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	2155.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial) A. Fino, Susan, , Ms,		Date of Disbursement MM / DD / YYYY 10 / 04 / 2020	
Mailing Address 1030 Augusta Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4644 Amount of Each Disbursement this Period [REDACTED] 116.93	
City Oxford	State MS	Zip Code 38655	Category/ Type 006
Purpose of Disbursement Reimburse for sample ballots & mailing labels			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Fino, Susan, , Ms,		Date of Disbursement MM / DD / YYYY 10 / 04 / 2020	
Mailing Address 1030 Augusta Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4648 Amount of Each Disbursement this Period [REDACTED] 105.00	
City Oxford	State MS	Zip Code 38655	Category/ Type 001
Purpose of Disbursement Reimburse 300 \$.35 stamps			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Frye, Ashley, , ,		Date of Disbursement MM / DD / YYYY 10 / 02 / 2020	
Mailing Address 210 Timber Lane		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4639 Amount of Each Disbursement this Period [REDACTED] 323.76	
City Oxford	State MS	Zip Code 38655	Category/ Type 006
Purpose of Disbursement 2nd Postcard Order			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

545.69

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial) A. Frye, Ashley, , ,		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 210 Timber Lane		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4650 Amount of Each Disbursement this Period 74.16	
City Oxford	State MS	Zip Code 38655	Category/ Type 006
Purpose of Disbursement Remainder owed for 1st postcard order			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Newman, James, , ,		Date of Disbursement MM / DD / YYYY 10 / 02 / 2020	
Mailing Address 701 Highland Cr.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4664 Amount of Each Disbursement this Period 900.00	
City Tupelo	State MS	Zip Code 38804	Category/ Type 006
Purpose of Disbursement Reimburse for Campaign Signs			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020	
Mailing Address 2535 Jackson Ave. W		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4649 Amount of Each Disbursement this Period 360.04	
City Oxford	State MS	Zip Code 38655	Category/ Type 006
Purpose of Disbursement 2500 Sample Ballots			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1334.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
1900 \$.35 stamps + postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4652
Amount of Each Disbursement this Period
631.80

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
935 \$.35 Stamps

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4653
Amount of Each Disbursement this Period
327.25

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
600 \$.35 Stamps

001
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2020

FEC Identification Number

C
Transaction ID : SB21B.4655
Amount of Each Disbursement this Period
210.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1169.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
820 \$.35 Stamps

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4656
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
500 \$.35 stamps

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4657
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement
100 \$.35 Stamps + 200 \$.55 Stamps

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4906
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LAFAYETTE COUNTY DEMOCRATIC PARTY

A. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 401 McElroy

City Oxford State MS Zip Code 38655-8777

Purpose of Disbursement 160 \$.35 Stamps

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2020

FEC Identification Number: C

Transaction ID : SB21B.4660

Amount of Each Disbursement this Period: 56.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	56.00
TOTAL This Period (last page this line number only).....▶	3711.94