



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Municipal Election

3-30-21
 amm

Name of Candidate Joel Gallagher
 Address 910 Long St City/State/Zip Southaven, MS 38672
 Telephone (Work) 662-393-8460 (Home) 901-857-4257 (Fax) _____
 Contact Name _____ Email Address jgallagher@southaven.org
 Office Sought Southaven Ward 4 Alderman Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

- Tuesday, March 30, 2021** (January 1, 2021 through March 27, 2021) Primary Pre-Election Report
- _____ **Tuesday, April 20, 2021** (March 28, 2021 through April 17, 2021)..... Primary Pre-Runoff Election Report
- _____ **Tuesday, June 1, 2021** (January 1, 2021 through May 29, 2021*)..... General Pre-Election Report
- _____ **Monday, January 31, 2022** (January 1, 2021 through December 31, 2021)..... Annual Report
- _____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, June 1, 2021 is March 28, 2021 through May 29, 2021.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2021.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | Itemized | + | Non-Itemized | This Period | Calendar year-to-date |
|----------------------------------|---------------------|---|---------------------|-------------------------|-------------------------|
| Total amount of contributions \$ | 1750. ⁰⁰ | + | 6335. ⁰⁰ | \$ 8085. ⁰⁰ | \$ 8085. ⁰⁰ |
| Total amount of disbursements \$ | 6879. ¹⁹ | + | 754. ³³ | \$ 7,633. ⁵² | \$ 7,633. ⁵² |
| Total amount of cash on hand | | | | \$ 1341. ³³ | |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Joel M. Gallagher 3-30-21
 Signature of Candidate 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. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee Joel Gallagher
 Reporting period 1-1-21 through 3-27-21

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 <u>Greg McRae</u> | <u>3/12/21</u> | \$ <u>500.⁰⁰</u> |
| Mailing Address <u>451 Craft Rds Hernando, MS 38632</u> | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>McRae Construction</u> | <u>—/—/—</u> | \$ |
| Name of Employer (Required) <u>Co-owner</u> | <u>—/—/—</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.⁰⁰</u> |
| | | |
| 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 <u>Jason & Jennifer Ware</u> | <u>2/23/21</u> | \$ <u>250</u> |
| Mailing Address <u>1244 Bennett Ct</u> | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Southaven, MS 38671</u> | <u>—/—/—</u> | \$ |
| Name of Employer (Required) <u>Juice Plus + and St. Jude</u> | <u>—/—/—</u> | \$ |
| Occupation (Required) <u>Talent Acquisition Leader - Clinical Trial finance</u> | Aggregate year-to-date | \$ <u>250.⁰⁰</u> |
| | | |
| C. 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 <u>Alan + Carrie Cook</u> | <u>2/23/21</u> | \$ <u>500.⁰⁰</u> |
| Mailing Address <u>3828 Swinnea Rd. Southaven MS</u> | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>Shelter Insurance 38672</u> | <u>—/—/—</u> | \$ |
| Name of Employer (Required) <u>Agent</u> | <u>—/—/—</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.⁰⁰</u> |
| | | |
| D. 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 <u>Ray + Brenda McRae</u> | <u>2/23/21</u> | \$ <u>500.⁰⁰</u> |
| Mailing Address <u>8054 Malone Rd. Olive Branch, MS 38654</u> | <u>—/—/—</u> | \$ |
| City, State, Zip Code <u>McRae Construction</u> | <u>—/—/—</u> | \$ |
| Name of Employer (Required) <u>Co-owner</u> | <u>—/—/—</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.⁰⁰</u> |

\$1,750⁰⁰ total

Name of Candidate or Committee Joel Gallagher

Reporting period 1-1-21 through 3-27-21 through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|--|
| <u>Paulsen Printing</u> | <u>3/25/21</u> | \$ <u>4608.46</u> |
| Mailing Address <u>4753 S. Mendenhall Rd Memphis TN 38141</u> | <u>3/25/21</u> | \$ <u>315.00</u> |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u> </u> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u>3/25/21</u> | \$ <u>702.00</u> |
| City, State, Zip Code | <u>3/3/21</u> | \$ <u>508.00</u> |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>6,133.46</u> |
| C. Full name <u>Elfo's Grisanti's</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>5627 Getwell Rd</u> | <u>2/25/21</u> | \$ <u>540.20</u> |
| City, State, Zip Code <u>Southaven, MS 38671</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) <u>Fundraiser</u> | Aggregate Year-to-date | \$ <u>540.20</u> |
| D. Full name <u>Howe S</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address <u>178 Goodman Rd West</u> | <u>2/24/21</u> | \$ <u>205.53</u> |
| City, State, Zip Code <u>Southaven, MS 38671</u> | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>205.53</u> |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | <u> / / </u> | \$ |
| City, State, Zip Code | <u> / / </u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |