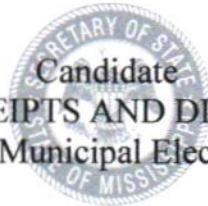


1-31-22



**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2021 Municipal Election**

Name of Candidate George Payne  
 Address 7843 Richland Dr. City/State/Zip Southaven, MS 38671  
 Telephone (Work) 901-626-7103 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address gpayne38671@gmail.com  
 Office Sought Alderman at Large 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 \$	0	+ \$ 0	\$ 0	\$ 13851.00
Total amount of disbursements \$	300	+ \$ 302.86	\$ 602.86	\$ 15058.11
<b>Total amount of cash on hand</b>			<b>\$ 317.32</b>	

*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

Date

1/31/2022

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 George Payne

Reporting period May 29th 2021 through Jan 31st 2022

## 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
Peyton Kyle	06/30/2021	\$ 300
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign/Election Day help.	Aggregate Year-to-date	\$ 300
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	\$
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	\$