



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Municipal Election

Rec'd
 ENTERED MAR - 8 2021
 59
 DATE STAMP

Name of Candidate PETER L. Mc GOEY III
 Address 5206 Mitchell Rd. City/State/Zip Long Beach MS 39560
 Telephone (Work) 228-865-4136 (Home) 228-669-2601 (Fax) _____
 Contact Name PETE Email Address _____
 Office Sought ALDERMAN Ward 6 Long Beach 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 \$	746.77	+	0	\$	\$ 746.77
Total amount of disbursements \$	746.77	+	0	\$	\$ 746.77
Total amount of cash on hand				\$	0

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Peter L. McGoey III
 Signature of Candidate

3/9/21
 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 Peter Louis Mc Goey III

Reporting period Jan 1, 2021 through March 27, 2021

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>Craig Sartin</u>	<u>2/12/21</u>	\$ <u>500.00</u>
Mailing Address <u>4300 15th Street</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required) <u>Sartins Discount Drugs</u>	___/___/___	\$
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" 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 <u>Arnon Hammons</u>	<u>2/16/21</u>	\$ <u>246.77</u>
Mailing Address <u>13 Pecan Lane</u>	___/___/___	\$
City, State, Zip Code <u>Long Beach MS 39560</u>	___/___/___	\$
Name of Employer (Required) <u>in HBA Electric / AJ Hammons Roofing</u>	___/___/___	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>246.77</u>
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	\$

NOTHING FOLLOWS

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTSDisbursements 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
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	\$