



REPORT OF RECEIPTS AND DISBURSEMENTS
2021 Municipal Election



Name of Candidate Patrick Bennett
 Address 126 Jeff Davis Avenue City/State/Zip Long Beach, MS 39560
 Telephone (Work) N/A (Home) 228-860-7653 (Fax) _____
 Contact Name Patrick Bennett Email Address Pbennett1022@yahoo.com
 Office Sought Alderman Ward 1 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	\$ 4500.00	+	\$	\$	\$ 4500.00
Total amount of disbursements	\$ 686.00	+	\$	\$	\$ 686.00
Total amount of cash on hand				\$ 3814.00	

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

[Signature]
Signature of Candidate

3/30/2021
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 Patrick Bennett

Reporting period Jan 1, 2021 through March 27, 2021

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 Terry Green		03 / 15 / 21	\$ 2000.00
Mailing Address P.O. Box 2788		__ / __ / __	\$
City, State, Zip Code Sugar Land, TX 77487		__ / __ / __	\$
Name of Employer (Required) Self Employed		__ / __ / __	\$
Occupation (Required) Business Owner		Aggregate year-to-date	\$ 2000.00
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 Parrish's Restaurant		03 / 03 / 21	\$ 500.00
Mailing Address 217 E. Beach Blvd		__ / __ / __	\$
City, State, Zip Code Long Beach, MS 39560		__ / __ / __	\$
Name of Employer (Required) Self Employed		__ / __ / __	\$
Occupation (Required) Business Owner		Aggregate year-to-date	\$ 500.00
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 Laura Peebles		03 / 15 / 21	\$ 2000.00
Mailing Address P.O. Box 1600		__ / __ / __	\$
City, State, Zip Code Gulfport, MS 39502		__ / __ / __	\$
Name of Employer (Required) Island View		__ / __ / __	\$
Occupation (Required) Administrative Assistance		Aggregate year-to-date	\$ 2000.00
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	\$

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Reporting period Jan 1, 2021 through March 27, 2021

ITEMIZED DISBURSEMENTS

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

A. Full name US Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Klondyke Road	02 / 25 / 21	\$ 343.00
City, State, Zip Code Long Beach, MS 39560	03 / 17 / 21	\$ 343.00
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	\$ 686.00
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	\$