

SCHOOL BOARD

DATE OF ELECTION

- General Election - November 6, 2018
- The candidate receiving the highest number votes cast in the district will be declared elected. There is no run-off.

QUALIFYING PERIOD

- Not earlier than August 8, 2018, nor later than September 7, 2018.

QUALIFICATIONS

- Must be a qualified elector of the district in which sought. (*Miss. Code §37-5-1, Miss. Constitution, Art. XII, §250*)
- Must have 50 qualified signatures of qualified electors from the district in which the candidate is running. (*Miss. Code §37-5-9*)
- Must have a high school diploma or its equivalent. Copy or letter of verification must be provided. (*Miss. Code §37-7-306*)
- Never have been convicted of a crime punishable by confinement in the penitentiary (unless full pardon received) (*Miss. Constitution, Art. IV, §44*)
- Never have been convicted for a felony in Federal court, or of a felony in the court of another state (*Miss. Constitution, Art. IV, §44*)

QUALIFYING PROCEDURE

- A candidate must file a petition with the County Election Commissioners. The petition must be signed by at least 50 qualified electors of the district in which the candidate is running, and the signatures must be certified by the Circuit Clerk. (*Miss. Code § 37-5-9*)
- Submit to the Circuit Clerk, along with the certified petition, a written Statement of Intent containing the name and address of the candidate and the office which the candidate is seeking.
- Forms are included in this packet.

STATEMENT OF ECONOMIC INTEREST

- Within 15 days of becoming a candidate, each candidate must file with the **Mississippi Ethics Commission** a "Statement of Economic Interest" which may be found at www.ethics.state.ms.us. This statement MUST be filed online.

REPORT OF CAMPAIGN FINANCES

- All candidates must file Campaign Finance Disclosure Reports **with the Circuit Clerk**. It is mandatory that you file these reports regardless of the amount of expenditures or contributions that you receive.
- All necessary forms and the dates that these reports are due are included in this packet. Please read the enclosed material.
- It may be necessary for you to make copies of the forms.
- A detailed explanation of this law and additional information regarding Campaign Finance may be found at www.sos.ms.gov/Elections-Voting/Pages/County-Candidates-and-Committees.



DELBERT HOSEMANN
Secretary of State

Qualifying Statement of Intent INDEPENDENT CANDIDATE

I, _____
(Please print name, as it will appear on the ballot)

a qualified elector of the County of _____,

State of Mississippi; do hereby declare my candidacy for the office of

_____, _____ District (if applicable), at
(Complete name of office sought)

the General Election to be held on _____.
(Date of General)

Name: _____ Date of Birth: ____/____/____
Last First Middle Month Day Year

Mailing Address: _____
City, State, Zip Code

Street Address: _____
City, State, Zip Code

Phone Number: () Email Address: _____

I hereby certify that: (mark as applicable):

- I have never been convicted of bribery, perjury or other infamous crime, being defined as a crime punishable by confinement in the penitentiary.**
- I have never been convicted of a felony in federal court after December 8, 1992, nor of a crime in the court of another state which is a felony in this state, after December 8, 1992, as provided in Section 44 of the Mississippi Constitution.**
- I meet all constitutional, statutory and other legal requirements to hold said office.**

Signature of Candidate _____
Date

Received by: _____
Signature Title Date

INTERNAL OFFICE USE:
STMNT OF INT W SIG _____
PETITION W CERT _____

DATE STAMP



DELBERT HOSEMANN
Secretary of State

Candidate Petition Independent Candidate

TO ELECTION COMMISSION of _____ County:
 We, the undersigned qualified electors of _____,
(County/District name and number, as applicable)
 State of Mississippi, hereby petition that the name of _____ be
 placed upon the ballot of the _____ election to be held on _____, 20____,
(General/Special)
 as a candidate for the office of _____.
(Office sought and District, if applicable)

- | | |
|--------------------------------------|--------------------------------------|
| 1. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 2. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 3. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 4. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 5. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 6. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 7. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 8. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 9. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |
| 10. SIGNATURE _____
Address _____ | Printed Name _____
Precinct _____ |

Copy this form for succeeding pages.
The appropriate county registrar must certify signatures on this form.
 The opening paragraph of each page of signatures MUST include:
 (1) The name of the candidate,
 (2) office sought, AND
 (3) date of the election.

*This petition shall be used **only** for candidates whose district falls wholly within one county.*



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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2018 County General/Special Election

DATE STAMP

Name of Candidate _____

Address _____ City/Zip _____

Telephone (Work) _____ (Home) _____ (Fax) _____

Contact Name _____ Email Address _____

Office Sought _____

Check here if above information is different from previous report

TYPE OF REPORT

____ **October 30, 2018 Pre-Election Report** (October 1, 2018 through October 27, 2018) **Mandatory**

____ **November 20, 2018 Pre-Runoff Report** (October 28, 2018 through November 17, 2018) **Runoff Candidates Only**

____ **January 31, 2019 Annual Report** (January 1, 2018 through December 31, 2018) **Mandatory**

____ **Termination Report** (Candidate will no longer make campaign expenditures, has no outstanding campaign debt obligation and a zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

- (1) **Pre-Election Reports and, absent termination, Annual Report are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating “0” (zero) for total amount of reported contributions and expenditures during the reporting period.**
- (2) **Beginning on Jan. 1, 2018, candidates and officeholders may not “personally use” campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those “personal use” expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as “personal use” and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the “personal use” restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the “personal use” restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.**
- (3) **Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**
- (4) **The Circuit Clerk’s Office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be mailed, hand delivered, faxed or emailed.**

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2018 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
CASH ON HAND BALANCE			
			\$

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED *AFTER JANUARY 1, 2018***

JAN. 1, 2018 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
CASH ON HAND BALANCE			
			\$

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

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 and 813 (1972).

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <input type="text"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
City, State, Zip Code		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

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	\$