

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

1. Name of Committee Committee to Elect Bridgette M. Morgan
2. Address of Committee P.O. Box 13944
City, State, Zip Jackson Mississippi 39236
Email electromorganforjudge@gmail.com
Phone 769-218-8677 FAX
Contact Person D'erica Morgan Phone 769-218-8677
Contact Full Address P.O. Box 13944 Jackson Mississippi 39236
Email valencia.green1222@gmail.com

3. Is the committee registered with the Federal Election Commission (FEC)? Yes
FEC Identification Number No [checked]

FILED
APR 15 2024
ZACK WALLACE, CIRCUIT CLERK

4. If the committee is authorized by a candidate:
Name of Candidate Bridgette M.Morgan
Address 14 Pear Orchard Park
Office Sought Hinds County Court Judge-Sub2 Party

5. Describe, as concisely as possible, the purpose of the committee and, if applicable, the identification of affiliated or connected organizations:
The purpose of the Committee is to direct and assist the candidate to successfully run for office.

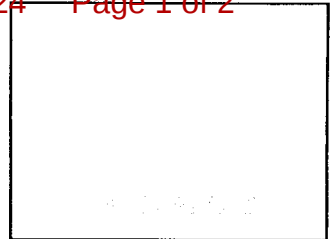
6. Name and address of all officers: (attach separate sheet if necessary)
a. Name Valencia Green Office Chief of Staff
Address P.O. Box 13944 Jackson Mississippi 39236
b. Name D'erica Morgan Office Treasurer
Address P.O. Box 13944 Jackson Mississippi 39236
c. Name Niya Love Office Media Manager
Address P.O. Box 13944 Jackson Mississippi 39236
d. Name Office
Address

7. Director Valencia Green (Print Name) [Signature] 04/15//2024 (Date)
8. Treasurer D'erica Morgan (Print Name) [Signature] 4/15/2024 (Date)

Send To: 1. Political Committees associated with statewide or multi-county elections should return the form to: Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205, Fax to (601)576-2545, or Email to CampaignFinance@sos.ms.gov. 2. Political Committees associated with single county elections should return this form to their County Circuit Clerk. 3. Political Committees associated with municipal elections should return this form to their Municipal Clerk.

Candidate's Committee

REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election



Name of Committee Committee to Elect Bridgette M. Morgan
Address P.O. Box 13944 City/Zip Jackson MS 39236
Telephone 769-718-8677 Fax N/A
Treasurer D'Erica Morgan Email Address electmorgantj udge@gmail.com
Office Sought Hinds County Court Judge Party Affiliation N/A **FILED**

Check here if above is different from previous report

JUL - 1 2024

TYPE OF REPORT

ZACK WALLACE, CIRCUIT CLERK

BY _____ D.C.

- ____ May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) Mandatory
- June 10, 2024 Periodic Report (May 1, 2024 through May 31, 2024) Mandatory
- ____ July 10, 2024 Periodic Report (June 1, 2024 through June 30, 2024) Mandatory
- ____ October 10, 2024 Periodic Report (July 1, 2024 through September 30, 2024) Mandatory
- ____ October 30, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) Mandatory
- ____ November 20, 2024 Pre-Runoff Report (October 30, 2024 through November 17, 2024) Runoff Candidates Only
- ____ January 10, 2025 Periodic Report (October 1, 2024 through December 31, 2024) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) 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 23-15-821, 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.

(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

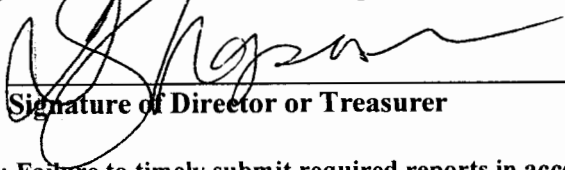
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

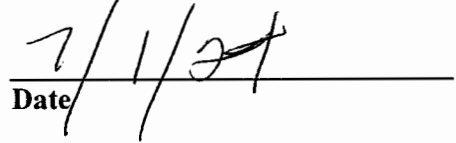
JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 250.00	\$ 200.00	\$ 450.00	\$ 1,247.01
TOTAL AMT OF DISBURSEMENTS	\$ 405.00	\$ 12.00	\$ 417.00	\$ 682.04
CASH ON HAND BALANCE				\$ 564.97
IN-KIND CONTRIBUTIONS				\$

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 Director or Treasurer

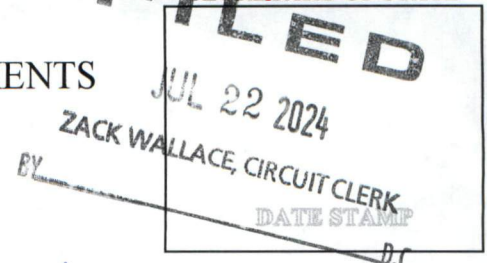

Date

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

FILED
JUL - 1 2024
ZACK WALLACE, CIRCUIT CLERK
BY _____ D.C.

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election



Name of Committee Committee to Elect Bridgette M. Morgan
Address P.O. Box 13944 City/Zip Jackson MS 39276
Telephone 767-218-8677 Fax _____
Treasurer D'Erica Morgan Email Address electm-morganforjudge@gmail.com
Office Sought Hinds County Court Judge Party Affiliation N/A
sub 2

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) Mandatory
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(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 500.00	\$ 210.00	\$ 710.00	\$ 1957.01
TOTAL AMT OF DISBURSEMENTS	\$ 500.00	\$	\$ 500.00	\$ 1182.04
CASH ON HAND BALANCE				\$ 232.09
IN-KIND CONTRIBUTIONS				\$

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 Director or Treasurer

7/10/24

Date

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Committee to Elect Bridgette M. Morgan
 Reporting period June 10, 2024 through July 10, 2024

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>Campaign Impact</u>	<u>7/2/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1394</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39215</u>	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
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	\$

Name of Candidate or Committee Committee to Elect Bridgette M. Morgan
 Reporting period June 10, 2024 through July 10, 2024

ITEMIZED CONTRIBUTIONS

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>The Jarrod Mumford Law Firm</u>	<u>6/14/24</u>	\$ <u>500.00</u>
Mailing Address <u>230 N. Congress Street</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39202</u>	___/___/___	\$
Name of Employer (Required) <u>Jarrod Mumford</u>	___/___/___	\$
Occupation (Required) <u>Marketing Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. 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	\$
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	\$