OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

Name of Committee Community Leaders United Behind-CMSD (CLUB-CMSD)
Address of Committee 3410 Camellia Circle
City, State, Zip Columbus, MS 39705
Email johnnyljudson@gmail.com
Phone 662-386-2913 FAX 662-328-2664
Contact Person Johnny Judson Phone 662-386-2913
Contact Full Address 3410 Camellia Circle Columbus, MS 39705
Email johnnyljudson@gmail.com
Is the committee registered with the Federal Election Commission (FEC)? Yes
FEC Identification Number No
If the committee is authorized by a candidate:
Name of Candidate N/A
Address
Office Sought Party
Describe, as concisely as possible, the purpose of the committee and, if applicable, the identification of affiliated or connected organizations: PAC established to promote the passage of the Columbus Municipal School District (CMSD)
bond issue referendum scheduled for May 14, 2024 and to support the CMSD
Name and address of all officers: (attach separate sheet if necessary)
a. Name Johnny Judson Office Chairman
Address 3410 Camellia Circle Columbus, MS 39705
b. Name Chynee Bailey Office Treasurer
Address P.O. Box 8121 Columbus, MS 39705-0008
c. Name Carolyn Judson Office Co-Chairman
Address 3410 Camellia Circle Columbus, MS 39705
d. NameOffice
Address
Director Johnny Judson, Chairman 04/10/2024 (Print Name) (Date)
(Print Name) (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 Campaign Finance associated with municipal 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.

Political Committee REPORT OF RECEPTS AND DISBURSEMENTS Initiative Monthly Report

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	DATE STAMP	

Name of Committee Community Leaders United Behind-CMSD (CLUB-CMSD) Address 3410 Camellia Circle City/State/Zip_Columbus, MS 39705 Telephone 662-386-7361 Fax 662-328-2664 Email Address johnnyljudson@gmail.com Director Johnny Judson **Chynee Bailey** Check here if above is different from previous report TYPE OF REPORT April (Month) Termination Report (Committee will no longer accept contributions or make campaign expenditures and Required to terminate reporting has no outstanding debt obligation.) obligations

IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State 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 report by 5:00 p.m. on the first working day before the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

MESES AND GRANT PROPERTY.	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 18,150.00	\$2,083.00	\$20,233.00	\$20,233.00
TOTAL AMT OF DISBURSEMENTS	\$6,639.00	\$91.00	\$6,730.00	\$6,730.00
CASH ON HAND BALANCE				\$13,503.00

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

Signature of Director of Treasurer Date

Authority: Miss. Code Ann. §23-15-801, et seq.

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

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Name of	Candidate	or	Committe	e

Community Leaders United Behind-CMSD (CLUB-CMSD)

Reporting period 04/08/24

through 04/30/24

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Signature Sounds & Printing Media Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2116 1/2 Hwy 45 North	04 / 09 / 24	\$ 1370.00
City, State, Zip Code Columbus, MS 39705	04/18/24	\$ 1745.00
Purpose of Disbursement (Optional) Yard Signs	Aggregate Year-to-date	\$ See below
B. Full name Signature Sounds & Printing Media Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2116 1/2 Hwy 45 North	04/30/24	\$ 1845.00
City, State, Zip Code Columbus, MS 39705	_'_'_	\$
Purpose of Disbursement (Optional) Yard Signs	Aggregate Year-to-date	\$ 4960.00
C. Full name Reggilond Taylor/Rick Mason Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 203 Eastwood Drive	04/17/24	\$ 1250.00
City, State, Zip Code Columbus, MS 39702	Q	\$
Purpose of Disbursement (Optional) Radio & TV Advertisements for School Bond	Aggregate Year-to-date	\$ 1250.00
D. Full name Sideline Sports	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1932 Military Road	04/18/24	\$ 429.00
City, State, Zip Code Columbus, MS 39701	_/	\$
Purpose of Disbursement (Optional) T-Shirts	Aggregate Year-to-date	\$ 429.00
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	\$

Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS Initiative Monthly Report

	SECRETARY OF STATE
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Community Leaders United Behind-CMSD (CLUB-CMSD)

Address 3410 Camellia Circle	City/State/Zip_Columbus, MS 39705
Telephone 662-386-7361 Fax 662-328-2664	Email Address johnnyljudson@gmail.com
Director Johnny Judson Treasurer	Chynee Bailey
Check here if above is different from previous report	
TYPE OF R	EPORT
April 20 24 Monthly Report (due on or before the land)	0th day of following month)
Termination Report (Committee will no longer accept contributions has no outstanding debt obligation.)	s or make campaign expenditures and Required to terminate reporting obligations
IMPORTANZ	

(\$200.00) in the aggregate shall file financial reports with the Secretary of State. An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.

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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 Director or Treasurer	Date			

Authority: Miss. Code Ann. §23-15-801, et seq.

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

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${\bf Name\ of\ Candidate\ or\ Committee}$	Community Leaders United Behind-CMSD (CLUB-CMSD)	_
Reporting period 04/08/24	through _ <u>04/30/24</u>	_

HEMIZED CONTRIBUT	LIONS	
A. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Church		this period
MT Zion M. B. Church	<u>04</u> / <u>08</u> / <u>24</u>	\$300.00
P.O. Box 606	<u></u>	\$
City, State, Zip Code Columbus, MS 39703	_'_'_	\$
Name of Employer (Required) MT Zion M. B. Church	_/_/_	\$
Occupation (Required) Church	Aggregate year–to-date	\$300.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Josie Shumake	04/ 09 / 24	\$3000.00
Mailing Address 720 College Street	_/_/_	\$
City, State, Zip Code Columbus, MS 39701		\$
Name of Employer (Required) Retired	_/_/_	\$
Occupation (Required) Retired	Aggregate year–to-date	\$3000.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify) Law Firm	(Mo., Day, Year)	receipt this period
Full name Young Law Group PLLC	04/11/24	^{\$} 1000.00
Mailing Address 317 E. Capitol Street, Suite 500	_/_/_	\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Required) Young Law Group PLLC	//	\$
Occupation (Required) Law Firm	Aggregate year–to-date	\$1000.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Carla Kirkland/The Kirkland Group 10/10	04/12/24	\$1300.00
Mailing Address 404 Orchard Park	_'_/_	s
City, State, Zip Code Ridgeland, MS 39158	_/_/_	\$
Name of Employer (Required) The Kirkland Group 10/10	_//	\$
Occupation (Required) CEO	Aggregate year–to-date	\$1300.00

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Name of Candidate or Committee Community Leaders United Behind-CMSD (CLUB-CMSD)

Reporting period 04/08/24 through 04/30/24

HEMIZED CONTRIBU	LIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Educational Materials Specialists, Inc	04/17/24	^{\$} 1000.00
Mailing Address P.O. Box 1212		\$
City, State, Zip Code Madison, MS 39130	_'_'	\$
Name of Employer (Required) Educational Materials Specialists, Inc		\$
Occupation (Required) Educational Materials Specialists, Inc	Aggregate year–to-date	\$1000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name R. L. Mack Consulting, LLC	04/17/24	^{\$} 2000.00
Mailing Address 313 Hunters Crest	_/_/_	\$
City, State, Zip Code Ridgeland, MS 39157	//	\$
Name of Employer (Required) R. L. Mack Consulting, LLC	_/_/_	\$
Occupation (Required) Owner	Aggregate year–to-date	\$2000.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Tom Kline/Kline Mechanical Systems, Inc.	<u>04</u> / <u>18</u> / <u>24</u>	\$1000.00
Mailing Address P.O. Box 121	_/_/=	\$
City, State, Zip Code Fulton, MS 38843	//	\$
Name of Employer (Required) Kline Mechanical Systems, Inc		\$
Occupation (Required) President	Aggregate year–to-date	\$1000.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Neel-Schaffer	04/18/24	\$500.00
Mailing Address P.O. Box 22625	_'_'=	\$
City, State, Zip Code Jackson, MS 39225	_'-'-	\$
Name of Employer (Required) Neel-Schaffer		\$
Occupation (Required) Neel-Schaffer	Aggregate year–to-date	\$500.00

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Name of Candidate or Committee Community Leaders United Behind-CMSD (CLUB-CMSD)

Reporting period 04/08/24 through 04/30/24

HEMIZED CONTRIBUT	CIOIL	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) PA Full name Taylor Guild/Eley Guild Hardy Architects, PA	04/18/24	\$2500.00
Mailing Address 1091 Tommy Munro Drive	_/_/_	\$
City, State, Zip Code Biloxi, MS 39532	_/_/_	\$
Name of Employer (Required) Taylor Guild/Eley Guild Hardy Architects, PA	_'_'_	\$
Occupation (Required) President	Aggregate year–to-date	\$2500.00
B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Mike Waters/ Waters Truck & Tractor Company, Inc	04/22/24	^{\$} 600.00
Mailing Address 96 East Plymouth Rd	_/_/_	\$
City, State, Zip Code Columbus, MS 39705	_/_/_	\$
Name of Employer (Required) Waters Truck & Tractor Company, Inc	_/_/_	\$
Occupation (Required) President	Aggregate year–to-date	^{\$} 600.00
C. Source: Ocorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Dennis & Shelia Dupree	04/22/24	^{\$} 400.00
Mailing Address 435 Cedar Drive	_/_/=	\$
City, State, Zip Code Columbus, MS 39705		\$
Name of Employer (Required) Retired	//	\$
Occupation (Required) Retired	Aggregate year–to-date	\$400.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Jerry Patterson/Patterson HVAC & Electrical, Inc.	04/27/24	\$250.00
Mailing Address P.O. Box 2283	_'_'_	\$
City, State, Zip Code Columbus, MS 39705	_'_'	\$
Name of Employer (Required) Jerry Patterson/Patterson HVAC & Electrical, Inc.		\$
Occupation (Required) President/Owner	Aggregate year–to-date	\$250.00

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Name of Candidate or Committee Community Leaders United Behind-CMSD (CLUB-CMSD)

Reporting period 04/08/2024 through 04/30/2024

TIEMIZED CONTRIBUT	LIONS	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Church	04/30/24	\$ 000 00
United Christian Baptist Church	04/30/24	\$300.00 \$
P. O. Box 2725		
City, State, Zip Code Columbus, MS 39704		\$
Name of Employer (Required) United Christian Baptist Church	· · · · · · · · · · · · · · · · · · ·	\$
Occupation (Required) Church	Aggregate year–to-date	\$300.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) LLC	(Mo., Day, Year)	this period
Carters Funeral Services LLC	<u>04</u> / <u>30</u> / <u>24</u>	\$2000.00
P. O. Box 1441	_/_/	\$
City, State, Zip Code Columbus, MS 39703		\$
Name of Employer (Required) Carters Funeral Services LLC	_/_/_	\$
Occupation (Required) Funeral Services	Aggregate year–to-date	\$2000.00
C. Source: Ocorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Dawson L. Johnson	04/30/24	\$2000.00
Mailing Address 222 Burgundy Drive		\$
City, State, Zip Code Columbus, MS 39702		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$2000.00
D. Source: Corporation PAC Individual 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	\$