Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMENT 2022 Election



Name of Candidate Bruce vv. Burton		
Address Post Office Box 23144	S (1970)	City/Zip Jackson 39225
Telephone (Work) (601) 899-5287	(Home) 000	(Fax) 000
Contact Name Cheryl L. Burton		ss votebruceburton@gmail.com
Office Sought Court of Appeals Juc		
Check here if above is differen	nt from previous repor	t
	TYPE OF REPO	ORT
May 10, 2022 Periodic Report (January)	, 2022 through April 30, 2	2022)Mandatory
June 10, 2022 Periodic Report (May 1, 2	022 through May 31, 2022	2)Mandatory
July 8, 2022 Periodic Report (June 1, 202	22 through June 30, 2022)	
October 10, 2022 Periodic Report (July 1	, 2022 through September	· 30, 2022)Mandatory
November 1, 2022 Pre-Election Report (October 1, 2022 through C	October 27, 2022)
November 22, 2022 Pre-Runoff Report (October 28, 2022 through	November 17, 2022)Runoff Candidates Only
January 10, 2023 Periodic Report (Octob	per 1, 2022 through Decem	aber 31, 2022)Mandatory
Termination Report (Candidate will no lo	onger accept contributions, to outstanding campaign de	make campaign

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate 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.
- Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807
- 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

RECEIVED

JUL - 8 2022

BUSINESS SERVICES SECRETARY OF STATE REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN. 1, 2022 CASH ON HAND BALANCE				\$0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL AMT OF DISBURSEMENTS	\$0.00	\$0.00	\$0.00	\$0,00
CASH ON HAND BALANCE				\$0.00

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

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July 8, 2022

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. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Judicual Office file this Report 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.

Page 1	of 1
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Name	of	Candidate	or	Committee
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Bruce W. Burton

Reporting period June 1, 2022

through June 30, 2022

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		S
Mailing Address	_/_/_	\$
City, State, Zip Code		S
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 0.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/	\$
Mailing Address	_'_'_	s
City, State, Zip Code		\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	s
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	_/_/_	\$
City, State, Zip Code	//_	s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: OCorporation OPAC OIndividual OLoan 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	\$

			Page 1	of
Name of Candidate or Committee	Bruce W. Burton			
Reporting period June 1, 2022		through June 30, 2022		

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prio	r to January 1, 2018 or 🔳 On or After Ja	nuary 1, 2018	
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$ 0.00	
City, State, Zip Code		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00	
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		s	
City, State, Zip Code		S	
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		s	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	