2025 ELECTION CYCLE

AMM 03/25/25

SECRETARY OF STATE

DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

Name of Candidate Scottie Montgomery

Address 1983 Wolk Jones Way City/State/Zip Southaven MS 38672

Telephone (Work) 662-392-3277 (Home) _____ (Fax) _____

Contact Name Scottie Montgomery Email Address jzg.stmontgomery@gmail.com

Office Sought Alderman ward 4 Political Party (if any) Republican

☐ Check here if above information is different from previous report

TYPE OF REPORT

✓ **Tuesday, March 25, 2025** (January 1, 2025 through March 23, 2025) ..... **Primary Pre-Election Report**

_____ **Tuesday, April 15, 2025** (March 24, 2025 through April 13, 2025)..... **Primary Pre-Runoff Election Report**

_____ **Tuesday, May 27, 2025** (January 1, 2025 through May 25, 2025)..... **General Pre-Election Report**

_____ **Friday, January 30, 2026** (January 1, 2025 through December 31, 2025)..... **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 General Pre-Election Report due Tuesday May 27, 2025 is March 24, 2025 through May 25, 2025.**

(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, 2025.**

(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 $	2226.22	+ $	$ 2226.22	$ 2226.22
Total amount of disbursements $	2226.22	+ $	$ 2226.22	$ 2226.22
Total amount of cash on hand			$	

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

Scottie Montgomery
Signature of Candidate

3/25/25
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 Scottie Montgomery

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

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

A. Full name: Griffin Strategies LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 822 Taylor	1/23/25	$ 1385.97
City, State, Zip Code: Starkville, MS 39759	2/8/25	$ 840.25
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2226.22
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	$

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Name of Candidate or Committee Scottie Montgomery

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Scottie Montgomery	1/23/25	$ 1385.97
Mailing Address: 1983 Walk Jones Way	2/8/25	$ 840.25
City, State, Zip Code: Southaven Ms 38672	___/___/___	$
Name of Employer (Required): Byhalia P.D	___/___/___	$
Occupation (Required): Police officer	Aggregate year–to-date	$ 2226.22
B. 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	$
C. 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	$
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	$