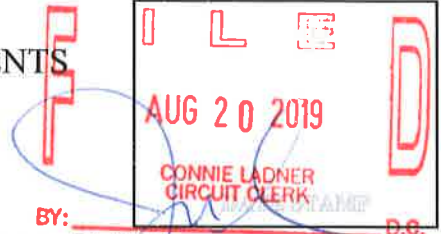


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2019 Election



Name of Committee Friends of Ricky Dombrowski for Harrison County Constable District 2
 Address 2421 14th Street City/State/Zip Gulfport, Ms. 39501
 Telephone 228-297-6679 Fax _____
 Treasurer Kirk Hanson Email Address rickydombrowski@icloud.com

Check here if above is different from previous report

TYPE OF REPORT

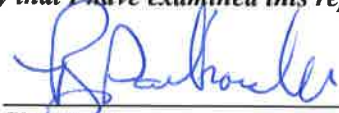
- ____ May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) Mandatory
- ____ June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
- ____ July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
- ____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
- August 20, 2019 Primary Pre-Runoff Report (July 28, 2019 through August 17, 2019) Runoff Candidates Only
- ____ October 10, 2019 Periodic Report (July 1, 2019 through September 30, 2019) Mandatory
- ____ October 29, 2019 Pre-Election Report (October 1, 2019 through October 26, 2019) Mandatory
- ____ November 19, 2019 Pre-Runoff Report (October 27, 2019 through November 16, 2019) Runoff Candidates Only
- ____ January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) **Required to terminate reporting obligations**

IMPORTANT

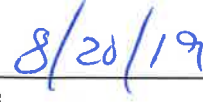
- (1) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2019 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) 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.

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$0	\$0	\$0	\$11,525.00
TOTAL AMT OF DISBURSEMENTS	\$1861.65	\$0	\$1861.65	\$8,589.32
CASH ON HAND BALANCE				\$2,935.68

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 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).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: 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. 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 Friends of Ricky Dombrowski for Constable District 2

Reporting period July 31, 2019 through August 20, 2019

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
Knight Abbey	__ / __ / __	\$ 743.65
Mailing Address 315 Caillavet St	__ / __ / __	\$
City, State, Zip Code Biloxi, Ms. 39530	__ / __ / __	\$
Purpose of Disbursement (Optional) Mailer	Aggregate Year-to-date	\$ 743.65
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Coast Radio Group	__ / __ / __	\$ 518.00
Mailing Address 10250 Lorraine Road	__ / __ / __	\$
City, State, Zip Code Gulfport, Ms. 39507	__ / __ / __	\$
Purpose of Disbursement (Optional) Radio advertising	Aggregate Year-to-date	\$ 518.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tele South Media	__ / __ / __	\$ 600.00
Mailing Address 9471 Three Rivers Road	__ / __ / __	\$
City, State, Zip Code Gulfport, Ms. 39503	__ / __ / __	\$
Purpose of Disbursement (Optional) Radio Advertising	Aggregate Year-to-date	\$ 600.00
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	\$



REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
SECRETARY OF STATE



Name of Candidate Nick Patano
 Address 2533 Linwood Dr. City/Zip Biloxi 39531
 Telephone (Work) 228 860 4180 (Home) _____ (Fax) _____
 Contact Name Nick Patano Email Address mpatano@cableone.net
 Office Sought Justice Court Judge District 5 Political Party (if any) Republican

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2019 Periodic Report (January 1, 2019 through April 30, 2019) Mandatory
- ____ June 10, 2019 Periodic Report (May 1, 2019 through May 31, 2019) Mandatory
- ____ July 10, 2019 Periodic Report (June 1, 2019 through June 30, 2019) Mandatory
- ____ July 30, 2019 Primary Pre-Election Report (July 1, 2019 through July 27, 2019) Mandatory
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- ____ January 10, 2020 Periodic Report (October 1, 2019 through December 31, 2019) Mandatory
- ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office 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 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.
- (3) Until a candidate 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, 2019, 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, 2019 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2019, 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, 2019, 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, 2019 CASH ON HAND BALANCE					\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$	\$	
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$	
CASH ON HAND BALANCE					\$

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

JAN. 1, 2019 CASH ON HAND BALANCE					\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$ 500	\$	\$ 500	\$ 12,318.50	
TOTAL AMT OF DISBURSEMENTS	\$ 500	\$	\$ 500	\$ 11,083.53	
CASH ON HAND BALANCE					\$ 1249.97

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

Nicki P. Petano
Signature of Candidate

8/20/19
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 Statewide, State District or Legislative 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.

Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

¹ Contributions to pre-Jan. 1, 2019 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2019 monies.

Name of Candidate or Committee Nick Patano

Reporting period 8/1 through 8/17

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	<u>Nick Patano</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>2533 Linwood</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	<u>Biloxi Ms 39531</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
		Aggregate year-to-date	\$ <u>11,083.53</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
		Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)	_____	<u> </u> / <u> </u> / <u> </u>	\$ _____
		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Nick Patano
 Reporting period 6/1 through 8/17

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Premium Consulting</u>	<u> / / </u>	\$ <u>500</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16,696.37</u>
<u>FB ad</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$