



**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2020 Annual Report



Name of Candidate GEORGE BASS  
 Address 20171 LOVERS LANE City/State/Zip LONG BEACH, MS 38560  
 Telephone (Work) 228-863-1556 (Home) 228-234-1832 (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address GEORGE BASS194@GMAIL.COM  
 Office Sought MAYOR, CITY OF LONG BEACH, MS.

Check here if above information is different from previous report

**TYPE OF REPORT**

Friday, January 29, 2021 (January 1, 2020 through December 31, 2020) ..... **Annual Report**  
 **Termination Report** (Candidate 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) Annual Reports are mandatory for all candidates who did not run for office in 2020 filing 2020 Periodic Reports and have not filed a Termination Report prior to December 31, 2020, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) 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 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, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office 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 required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

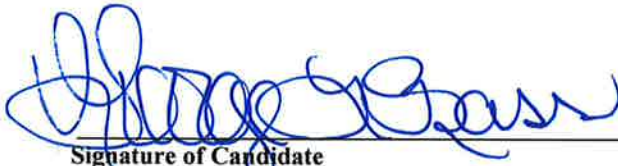
JAN.1, 2020 CASH ON HAND BALANCE			\$ 92.53
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$ 14678.00	\$ 7716.19	\$ 22394.19
TOTAL AMT OF DISBURSEMENTS	\$ 22199.43	\$ 99.23	\$ 22298.66
DEC. 31, 2020 CASH ON HAND BALANCE			\$ 95.53

<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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

JAN.1, 2020 CASH ON HAND BALANCE			\$ 8465.76
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 12500.00	\$ 0	\$ 12500.00
TOTAL AMT OF DISBURSEMENTS	\$ 5290.26	\$ 800	\$ 6090.26
DEC. 31, 2020 CASH ON HAND BALANCE			\$ 6569.74

*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 Candidate

January 29, 2021

\_\_\_\_\_  
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 timely submit required reports in accordance with the applicable statutes 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 23-15-813.

Name of Candidate or Committee GEORGE BASS FOR MAYOR - LONG BEACHReporting period JANUARY 1, 2018 through JANUARY 29, 2021**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> SOUTHERN PRINTING AND SILK SCREENING INC.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 230 DAVIS AVE.	01 / 15 / 18	\$ 208.25
<b>City, State, Zip Code</b> PASS CHRISTIAN, MS 39571	12 / 06 / 18	\$ 2768.79
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 2977.04
<b>B. Full name</b> SOUTHERN PRINTING AND SILK SCREENING INC.	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 230 DAVIS AVE.	11 / 25 / 20	\$ 337.05
<b>City, State, Zip Code</b> PASS CHRISTIAN, MS 39571	12 / 03 / 20	\$ 600.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3914.09
<b>C. Full name</b> PINK HEART FUNDS LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 5095 BEATLINE ROAD	09 / 18 / 18	\$ 250.00
<b>City, State, Zip Code</b> LONG BEACH, MS 39560	10 / 04 / 19	\$ 250.00
<b>Purpose of Disbursement (Optional)</b> DONATION	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00
<b>D. Full name</b> HARRISON COUNTY REPUBLICAN COMMITTEE	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> C/O THOMAS CARP 1319 26TH AVE	10 / 21 / 20	\$ 200.00
<b>City, State, Zip Code</b> GULFPORT, MS 39501	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> DONATION/SPONSORSHIP	<b>Aggregate</b> <b>Year-to-date</b>	\$ 200.00
<b>E. Full name</b> BULL'S RESTURANT	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 300 JEFF DAVIS AVE	12 / 11 / 18	\$ 676.17
<b>City, State, Zip Code</b> LONG BEACH, MS, 39560	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b> FUND RAISER	<b>Aggregate</b> <b>Year-to-date</b>	\$ 676.17
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

Name of Candidate or Committee GEORGE BASSReporting period JANUARY 01, 2020 through DECEMBER 31, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>MIKE BOHLKE</b>	<u>12 / 06 / 18</u>	\$ <b>500</b>
Mailing Address <b>13 Southern Oaks LN</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___ / ___ / ___	\$
Name of Employer (Required) <b>UTILITIES PARTNERS</b>	___ / ___ / ___	\$
Occupation (Required) <b>MANAGEMENT</b>	Aggregate year-to-date	\$ <b>500</b>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>PHILLIP KIES</b>	<u>12 / 06 / 18</u>	\$ <b>500</b>
Mailing Address <b>709 DOGWOOD DRIVE</b>	___ / ___ / ___	\$
City, State, Zip Code <b>LONG BEACH MS, 39560</b>	___ / ___ / ___	\$
Name of Employer (Required) <b>RETIRED</b>	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500</b>
C. 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 <b>LEGGETS FIRESTONE</b>	<u>12 / 06 / 18</u>	\$ <b>500</b>
Mailing Address <b>18015 PINEVILLE ROAD</b>	___ / ___ / ___	\$
City, State, Zip Code <b>LONG BEACH, MS 39560</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500</b>
D. 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 <b>KIJONKA INVESTMENTS</b>	<u>12 / 06 / 18</u>	\$ <b>500</b>
Mailing Address <b>139 SEA OAKS BLVD</b>	___ / ___ / ___	\$
City, State, Zip Code <b>LONG BEACH, MS 39560</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500</b>

Name of Candidate or Committee GEORGE BASSReporting period JANUARY 01, 2020 through DECEMBER 31, 2020**ITEMIZED RECEIPTS**

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 NEAL GATIAN ENTERPRISES		12 / 05 / 18	\$ 1000
Mailing Address 5064OUTH MITCHELL ROAD		__ / __ / __	\$
City, State, Zip Code Long Beach, MS 39560		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required) DEVELOPER		Aggregate year-to-date	\$ 1000
B. 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 OIL PLUS, INC		02 / 09 / 18	\$ 1000
Mailing Address 19006 PINEVILLE ROAD		11 / 26 / 18	\$ 1000
City, State, Zip Code LONG BEACH, MD 39560		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 2000
C. 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 DAD'S SUPER PAWN		11 / 26 / 18	\$ 1000
Mailing Address 3125 25TH AVE		__ / __ / __	\$
City, State, Zip Code GULFPORT, MS 39502		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
D. 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 JLB CONTRACTORS		11 / 07 / 18	\$ 1000
Mailing Address 21294 JOHNSON ROAD		__ / __ / __	\$
City, State, Zip Code LONG BEACH, MS 39560		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee GEORGE BASSReporting period JANUARY 01, 2020 through DECEMBER 31, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>KYLE &amp; LUCY CASSAGNE</b>	<u>12/06/18</u>	\$ 500
Mailing Address <b>21294 JOHNSON ROAD</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>JLB CONTRACTORS</b>	___/___/___	\$
Occupation (Required) <b>BUILDERS</b>	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>LEON &amp; KATHY LONG</b>	<u>12/06/18</u>	\$ 500
Mailing Address <b>19128 COMMISSION ROADS</b>	___/___/___	\$
City, State, Zip Code <b>LONG BEACH, MD 39560</b>	___/___/___	\$
Name of Employer (Required) <b>SELF EMPLOYED</b>	___/___/___	\$
Occupation (Required) <b>BUILDERS</b>	Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>ANNA &amp; SARGENT MELLEN</b>	<u>11/29/18</u>	\$ 500
Mailing Address <b>5004 PLANTATION DRIVE</b>	___/___/___	\$
City, State, Zip Code <b>LONG BEACH, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>SELF EMPLOYED</b>	___/___/___	\$
Occupation (Required) <b>REALATORS</b>	Aggregate year-to-date	\$ 500
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>JOHNATHON &amp; ALEXANDRIA DAMIENS</b>	<u>12/06/18</u>	\$ 500
Mailing Address <b>6 CANAL PLACE</b>	___/___/___	\$
City, State, Zip Code <b>LONG BEACH, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>JLB CONTRACTORS</b>	___/___/___	\$
Occupation (Required) <b>BUILDERS</b>	Aggregate year-to-date	\$ 500

Name of Candidate or Committee GEORGE BASSReporting period JANUARY 01, 2020 through DECEMBER 31, 2020**ITEMIZED RECEIPTS**

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 SMITH TIRE & AUTO SERVICE		12/06/18	\$ 500
Mailing Address 20103 PINEVILLE ROAD		__/__/__	\$
City, State, Zip Code Long Beach, MS 39560		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMES LEVENS		12/06/18	\$ 500
Mailing Address 125 JEFF DAVIS AVENUE		__/__/__	\$
City, State, Zip Code LONG BEACH, MD 39560		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required) RETIRED		Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name DR. MAX EDRINGTON		12/06/18	\$ 500
Mailing Address P.O. BOX 979		__/__/__	\$
City, State, Zip Code LONG BEACH, MS 39560		__/__/__	\$
Name of Employer (Required) RETIRED		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
D. 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 DAVID FAYARD		12/06/18	\$ 1000
Mailing Address 700 OLD SAVANNAH DRIVE		__/__/__	\$
City, State, Zip Code LONG BEACH, MS 39560		__/__/__	\$
Name of Employer (Required) OWNER		__/__/__	\$
Occupation (Required) RESTURANT OWNER		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee GEORGE BASSReporting period JANUARY 01, 2020 through DECEMBER 31, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>STEPHEN McNALLY</b>	<u>12</u> / <u>06</u> / <u>18</u>	\$ <b>500</b>
Mailing Address <b>20073 COMMISSION ROAD</b>	__ / __ / __	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	__ / __ / __	\$
Name of Employer (Required) <b>SELF EMPLOYED</b>	__ / __ / __	\$
Occupation (Required) <b>DEVELOPER</b>	Aggregate year-to-date	\$ <b>500</b>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>ROBERT KNESAL</b>	<u>12</u> / <u>06</u> / <u>18</u>	\$ <b>500</b>
Mailing Address <b>111 LUNDGREN LANE</b>	__ / __ / __	\$
City, State, Zip Code <b>GULFPORT, MS 39507-4421</b>	__ / __ / __	\$
Name of Employer (Required) <b>UTILITIES PARTNERS</b>	__ / __ / __	\$
Occupation (Required) <b>MANAGEMENT/ENGINEERING</b>	Aggregate year-to-date	\$ <b>500</b>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>JOE C. CULLPEPPER</b>	<u>12</u> / <u>06</u> / <u>18</u>	\$ <b>500</b>
Mailing Address <b>14333 BUELAH CHURCH ROAD</b>	__ / __ / __	\$
City, State, Zip Code <b>GULFPORT MS 39503</b>	__ / __ / __	\$
Name of Employer (Required) <b>UTILITIES PARTNERS</b>	__ / __ / __	\$
Occupation (Required) <b>ENGINEER/MANAGER</b>	Aggregate year-to-date	\$ <b>500</b>
D. 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 <b>JERRY or CINDY LEVENS</b>	<u>12</u> / <u>06</u> / <u>18</u>	\$ <b>500</b>
Mailing Address <b>20059 PINEVILLE ROAD</b>	__ / __ / __	\$
City, State, Zip Code <b>LONG BEACH, MS. 39560</b>	__ / __ / __	\$
Name of Employer (Required) <b>ALEXANDER, VAN LOON, SLOAN, LEVENS</b>	__ / __ / __	\$
Occupation (Required) <b>ACCOUNTANT/PARTNER</b>	Aggregate year-to-date	\$ <b>500</b>