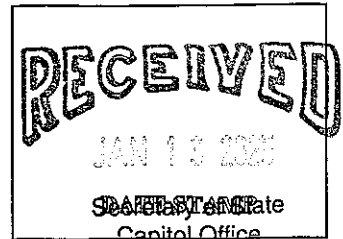




REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Bill Pigott
 Address 92 Pigott Easterling Rd Tyler town City/Zip 39667
 Telephone (Work) 601 303 0958 (Home) _____ (Fax) _____
 Contact Name Same Email Address bpigott@house.ms.gov
 Office Sought House Dist 99 Political Party (if any) Republican

Check here if above is different from previous report

TYPE OF REPORT

- May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) Mandatory
- June 10, 2024 Periodic Report (May 1, 2024 through May 31, 2024) Mandatory
- July 10, 2024 Periodic Report (June 1, 2024 through June 30, 2024) Mandatory
- October 10, 2024 Periodic Report (July 1, 2024 through September 30, 2024) Mandatory
- October 30, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) Mandatory
- November 20, 2024 Pre-Runoff Report (October 30, 2024 through November 17, 2024) Runoff Candidates Only
- January 10, 2025 Periodic Report (October 1, 2024 through December 31, 2024) Mandatory
- Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) 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, 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.

- (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.

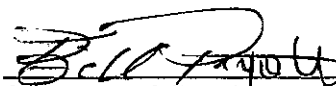
**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$ 0

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 2550.00	\$	\$	\$ 2850.00
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 2446.07	\$	\$ 2446.07
CASH ON HAND BALANCE				\$ 38464.80
IN-KIND CONTRIBUTIONS				\$

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

1-10-25
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. 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).

Name of Candidate or Committee Bill PappReporting period Oct 30, 2024 through Dec 31, 24

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" 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 <u>MPC PAC</u>	<u>11/19/24</u>	\$ <u>300.00</u>
Mailing Address <u>2992 West Beach Boulevard</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	___/___/___	\$
Name of Employer (Required) <u>Sty Ormes</u>	___/___/___	\$
Occupation (Required) <u>POWER CO</u>	Aggregate year-to-date	\$ <u>300.00</u>
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 <u>EXXON MOBIL Corp</u>	<u>11/25/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 7659</u>	___/___/___	\$
City, State, Zip Code <u>Spring TX 77387</u>	___/___/___	\$
Name of Employer (Required) <u>Jeff Goreskey</u>	___/___/___	\$
Occupation (Required) <u>Oil Co.</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" 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 <u>Cornstone Gov. Affairs</u>	<u>12/12/24</u>	\$ <u>500.00</u>
Mailing Address <u>800 Main Ave. SW 7th Floor</u>	___/___/___	\$
City, State, Zip Code <u>Washington DC 20024</u>	___/___/___	\$
Name of Employer (Required) <u>Camille Young</u>	___/___/___	\$
Occupation (Required) <u>Gov Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input 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 <u>Helena Agri Enterprises</u>	<u>12/16/24</u>	\$ <u>500.00</u>
Mailing Address <u>225 Schilling Blvd Suite 300</u>	___/___/___	\$
City, State, Zip Code <u>Collinsville IN 46017</u>	___/___/___	\$
Name of Employer (Required) <u>Carolyn Sun</u>	___/___/___	\$
Occupation (Required) <u>Agri Enterprise</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Bill Pett

Reporting period Oct 20-24 through Dec 21-24

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" 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 <u>MS Veterans Medical Assoc</u>	<u>12/9/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 392</u>	___/___/___	\$
City, State, Zip Code <u>Clinton MS 39060</u>	___/___/___	\$
Name of Employer (Required) <u>Deanna S. Ward</u>	___/___/___	\$
Occupation (Required) <u>Veterans</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input 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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input 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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input 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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$