

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2024 Annual Report

**RECEIVED**

By Mississippi Secretary of State at 3:38 pm, Jan 10, 2025

Name of Committee Billy Adam Calvert Campaign  
Address 3778 Wilson Road City/State/Zip Barley MS 39320  
Telephone 601-490-0652 Fax \_\_\_\_\_  
Treasurer Jeanne Jones Email Address billyadam24@comcast.net

Check here if above is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) ..... **Annual Report**  
 **Termination Report** (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Annual Reports are mandatory UNLESS the political committee filed all 2022 Periodic Reports OR the political committee filed a Termination Report prior to December 31, 2022.
- (2) Until a committee files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) 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. Political committees supporting or opposing candidates for State, State District, or Legislative Office file with the Secretary of State's Office. Political committees supporting or opposing candidates for county office or county ballot measures file with the circuit clerk's office. Political committees supporting or opposing municipal candidates or municipal ballot measures file with the municipal clerk's office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 28,706.13
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$ 4,000	\$ 400.00	\$ 4,400.00	
TOTAL AMT OF DISBURSEMENTS	\$ 7,920.09	\$ 3002.71	\$ 10,922.80	
DEC. 31, 2024 CASH ON HAND BALANCE				\$ 22,183.33

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

Jeanne Jones  
Signature of Director or Treasurer

1-7-25  
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).

## ITEMIZED CONTRIBUTIONS

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 <u>SAM Creekmore</u>	<u>11/7/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>1315 S Central AVE</u>	_ / _ / _	\$
City, State, Zip Code <u>New Albany, MS 38652</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</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 <u>Friends of MS Hospitals</u>	<u>11/7/24</u>	\$ <u>500</u>
Mailing Address <u>116 Woodgreen Crossing</u>	_ / _ / _	\$
City, State, Zip Code <u>Mossburn MS 39110</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
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 <u>United Health</u>	<u>11/7/24</u>	\$ <u>500</u>
Mailing Address <u>169 Taverness Drive West suite 400</u>	_ / _ / _	\$
City, State, Zip Code <u>Englewood CO 80112</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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>Capital Hockey Group</u>	<u>11/7/24</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 217</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson MS 39205</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>



Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED CONTRIBUTIONS

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>Ten One Pac</u>	<u>11/6/24</u>	\$ <u>250</u>
Mailing Address <u>200 N Congress St STE 403</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39201-1917</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) _____	_ _ / _ _ / _ _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
<b>B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Full name <u>Mississippi Realtors</u>	<u>12/12/24</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 321000</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Flowood MS 39232</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) _____	_ _ / _ _ / _ _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
<b>C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Full name <u>FSC MPAC</u>	<u>12/26/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>219 Pamela Dr</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Ferriday LA 71334</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) _____	_ _ / _ _ / _ _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
<b>D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each receipt this period</b>
Full name <u>Ten One Strategies</u>	<u>12/19/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>200 N Congress St Hc 403</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39201</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) _____	_ _ / _ _ / _ _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED CONTRIBUTIONS

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 <u>Wilford Albert Payne</u>	<u>1/3/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 1267</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS 39403</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$ <u>4</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. 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>MAE-PAC</u>	<u>12/01/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>1657 McFarland Blvd N Ste 630</u>	___/___/___	\$
City, State, Zip Code <u>TUSCALOOSA AL 35406-2201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
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	\$



Name of Candidate or Committee Billy Adam Calvert Campaign Page \_\_\_\_\_ of \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# 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
Northeast Baseball AD		1/29/24	\$ 250
Mailing Address			
City, State, Zip Code			
Meridian MS 39301			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 250
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Lauderdale County 4H			
Mailing Address			
9916 West Lauderdale Road			
City, State, Zip Code			
Collinsville MS 39325			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 600
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Meridian Rotary Club			
Mailing Address			
P.O. Box 3413		4/15/24	\$ 367 <sup>00</sup>
City, State, Zip Code			
Meridian MS		8/7/24	\$ 250
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 600
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Steve Hull Memorial Golf Tour			
Mailing Address			
		5/10/24	\$ 250 <sup>00</sup>
City, State, Zip Code			
Meridian MS 39302			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 250
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Russell Christian Touchdown Club			
Mailing Address			
		6/26/24	\$ 250 <sup>00</sup>
City, State, Zip Code			
Meridian MS 39301			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 250
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Gill Memorial Foundation			
Mailing Address			
		9/10/24	\$ 250 <sup>00</sup>
City, State, Zip Code			
Meridian MS 39302			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date	\$ 250 <sup>00</sup>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# 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
WL Touchdown Club	9/10/24	\$ 250 <sup>00</sup>
Mailing Address 9416 West Lauderdale Road		
City, State, Zip Code Collinsville MS 39325	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250 <sup>00</sup>
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Ten One Strategies	10/1/24	\$ 3500 <sup>00</sup>
Mailing Address 200 North Congress		
City, State, Zip Code Jackson MS 39201	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3500 <sup>00</sup>
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
T CJ Events	12/9/24	\$ 330.09
Mailing Address P.O. Box 2514		
City, State, Zip Code <del>Meridian</del> Jackson MS 39207	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 330.09
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Protery Meridian	12/19/24	\$ 267 <sup>00</sup>
Mailing Address P.O. Box 3413		
City, State, Zip Code Meridian MS 39303	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
West Lauderdale Softball	12/19/24	\$ 250 <sup>00</sup>
Mailing Address 9416 West Lauderdale Road		
City, State, Zip Code Collinsville MS 39325	__/__/__	\$
Purpose of Disbursement (Optional) Sign-Ads	Aggregate Year-to-date	\$ 250
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Southern Business Supply	12/19/24	\$ 856 <sup>00</sup>
Mailing Address <del>Meridian</del> 5655 Pale Drive		
City, State, Zip Code <del>Meridian</del> Marion MS 39342	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 856 <sup>00</sup>



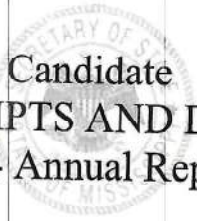
Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# 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
Local 52 - Firemen	12/26/24	\$ 250
Mailing Address P.O. Box		
City, State, Zip Code Meridian MS 39302	__/__/__	\$
Purpose of Disbursement (Optional) Fireman's Association	Aggregate Year-to-date	\$ 250
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	\$



SECRETARY OF STATE

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report

DATE STAMP
------------

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Office Sought \_\_\_\_\_

Check here if above information is different from previous report

**TYPE OF REPORT**

\_\_\_\_\_ Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) ..... Annual Report

\_\_\_\_\_ Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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.
- (3) 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.
- (4) 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).
- (5) 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, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

<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, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE				\$

*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

\_\_\_\_\_  
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.