				SECRETARY OF STATE
		itical Committee		
	REPORT OF RECE	IPTS AND DIS	BURSEMENTS	
		4 Annual Report		
			RECEIVED	
		- 1 1	Bv Mississippi Secretar	y of State at 3:38 pm, Jan 10
74	6.11. A.L. 11.10	at /	Э, постостри состоин	
Name of Committee	: IN Maan Call	ar vangar	1	
Address 3778 h	ilson Road	City/State/Zip_	Bailey MS 39	320
Telephone 601-490	-0652	Fax	1	
Treasurer	Jones	Email Address	billyadam 24 C.	Carrent not
		Eman Addi ess_	Direction Zie	COPPIZEST, FIES
Check here if	above is different from previou			
		TYPE OF REPORT		
\				
Friday, January 31,	2025 (January 1, 2024 throu	gh December 31, 2024)		Annual Report
	t (Committee will no longer a			
#####################################	has no outstanding campa	gn debt obligation)	ac campaign expenditures	Required to terminate reporting obligations
				,
		<u>IMPORTANT</u>		
(1) Annual Reports are ma Termination Report pri	ndatory UNLESS the political or to December 31, 2022.	committee filed all 2022	Periodic Reports OR the po	litical committee filed a
	en a serie de proprieta de la completa del la completa de la completa del la completa de la completa del la completa de la completa del l	periodic and pre-election	reports must be filed in ac	cordance with Miss. Code Ann.
8 25-15-007 (b) (ll) allu	ш).			
(3) The receiving office much	st be in actual receipt of the rec	uired reports by 5:00 p.	m. on the deadline. If the d	eadline falls on a weekend or a
committees supporting	or opposing candidates for Stat	red reports by 5:00 p.m e. State District or Legi	. on the first working day be	efore the deadline. Political
1 Otheren Committees Sul	portuie or obbosing candidate	s for county affice or cor	into hallot magazinea file wit	L 4L
Political committees sup	porting or opposing municipal	candidates or municipa	l ballot measures file with th	ne municipal clerk's office.
	DEDODUDO			
	REPORTED C	ONTRIBUTIONS AN	ND DISBURSEMENTS	
IAN 1 2024 CAS	H ON HAND BALA	NCE		22-1-
37111.1, 2024 CAS	II ON HAND BALA	NCE	Þ	28,706.13
		Itemized (+)	Von-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CO	NTRIBUTIONS \$	4000 s	40000 s	4400.00
运行等 医原始性免疫		7,000	10000	1700.00
TOTAL AMT OF DI	SBURSEMENTS \$	7,920,09 \$	3002.71 \$	10,922,80
DEC 21 2024 C4	CTT CONTENTS TO THE			
	SH ON HAND BAL		\$	22,183.33
I certify that I have	examined this report and to	the best of my knowled	lge and belief it is true, ac	curate, and complete.
(locara	ma Domas			
Signature of Dire	ector or Treasurer			- 25
			Date	
Authority: Miss. Code Ann. Penalties: Failure to timely s	845-15-801, et. seq. ubmit required renorts in acco	rdance with the applicab	ile statute(s) may want to 41	he imposition of a civil penalty
in the amount of \$	50 per day for ten (10) days an	d/or prosecution pursua	nt to Miss. Code Ann. §§ 23	-15-811 and 813 (1972).
	The second secon		30000	

SOS 12/2024

2025

Name of Candidate or Committee Billy Adam Calvert Co	Page	of
Reporting period through	ampaisin	
ITEMIZED CONTRIBU	TIONS	
A. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Mailing Address Meek More	41-71-24	\$ 25000
1315 S Central AVE		\$
City, State, Zip Code Wew Albany, MS 38652	//_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 250
B. Source: OCorporation OPAC OIndividual OLoan	year-to-date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Friends of MS Hospitals	11/7/24	\$ 500
116 Wood steen Crossins		\$
Madison MS 39110		s
Name of Employer (Required)	1 1	s
Occupation (Required)	Aggregate	\$500
C. Source: Ocorporation OPAC OIndividual OLoan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name - Leath Health	1117124	\$ 500
Mailing Address 169 Towerness Drive West Suite LICO	//_	s
City, State, Zip Code Gglewed (1) 80112	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	s 500
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Mailing Address Mailing Address	1/17/24	\$ 500
City, State, Zin Code		s
Name of Employer (Required)	//	\$
Occupation (Required)		\$
pandon (nedunen)	Aggregate year–to-date	\$ 500

Name of Candidate or Committee		rage	01	
Reporting period	through			
TTEN ATTEN	CONTEDANT			
IIEMIZED	CONTRIBU	TIONS		
A. Source: Corporation PAC Individual	OLoan	Date	Amount	of each
Other (please specify)		(Mo., Day, Year)	recei this pe	
Full name Ten One Pal Mailing Address		11/6/24		~ ``
	1-11/12		\$	\mathcal{O}_{-}
200 N Congress St 5	16400	_'_'_		
_ Jachson M5 3920	1-1917	//_	\$.10
Name of Employer (Required)			s	
Occupation (Required)		-'-'-		
		Aggregate year-to-date	\$ 250)
B. Source: OCorporation PAC OIndividual	OLoan	Date	Amount	f each
Other (please specify)		(Mo., Day, Year)	receij this per	
Full name Mississing Raltors		12,12,29		`
Pil box 32 1000			\$	
City, State, Zip Code FIDW DOD MS 39232			\$	
Name of Employer (Required)			\$	
Occupation (Required)		Aggregate year-to-date	\$ 500	1
C. Source: Ocorporation OFAC OIndividual	DLoan	Date	Amount o	f each
Other (please specify)		(Mo., Day, Year)	receip this per	
Full name F SCM Pac		12/26/24	\$ 250	- 00
Mailing Address 1219 Parola DAL		1 1	\$	
City, State, Zip Code Ferricles, LA 71334			\$	
Name of Employer (Required)			\$	
Occupation (Required)		'	Ψ	
		Aggregate year–to-date	\$ 250	/
Other (please specify) Full name)Loan	Date (Mo., Day, Year)	Amount of receip this peri	t
TEA DAE STUTESIES Mailing Address		12/19/24	\$ 250	00
200 IV Congress of He 403			\$	
Tacison MS 39201 Name of Employer (Required)	9		\$	
Occupation (Required)			\$	
· openii Viii · ·		Aggregate year–to-date	\$ 250	<i>0</i> 0

Reporting period	eipt eriod
A. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name V Fold High + Pape I / 3 / 24 \$ 500 Mailing Address 10 / 30x 1267 \$	eipt eriod
A. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name V Fold High + Pape I / 3 / 24 \$ 500 Mailing Address 10 / 30x 1267 \$	eipt eriod
Wilford Albert Pape	- 0
0,0,Box 1267	
City, State, Zip Code	
Hatti ehuis ms 39403 Name of Employer (Required)	
Occupation (Required)	
Aggregate year-to-date \$ 500	000
B. Source: Corporation PAC Olindividual Loan Date (Mo., Day, Year) Enll name	ipt
Full name MAE-DAC Mailing Address this per 124 011 24 \$500	
1657 Me for land Blvd NSte 63c -1-1- \$ City, State, Zip Code 185406 - 220: -1-1- \$	
105CA 1005A AL 35406 - 220:	
Occupation (Required) Aggregate year-to-date \$500) ~
Other (please specify) Other (please specify) Other (please specify) Other (please specify)	pt
Full name this pe	riod
Mailing Address	
City, State, Zip Code	
Name of Employer (Required)	
Occupation (Required) Aggregate year-to-date	
D. Source: Corporation OPAC OIndividual Cloan Date (Mo., Day, Year) Other (please specify) (Mo., Day, Year)	pt
// \$	
Mailing Address	
City, State, Zip Code	
Name of Employer (Required)	
Occupation (Required) Aggregate year-to-date \$	

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Name of Candidate or Committee	DillyA	dun i	alver	Canpais -		
Reporting period			irougn			
HEMI	ZED I	DISB	URSE	MENT	S	
Disbursements from contributions accumi	ılated Prio	or to Janua	ry 1, 2018 or	On or After J	anuary 1, 2018	
- Northey Baschall	AD			Date (Mo., Day, Year)	Amount disbursement	
Mailing Address City, State, Zip Code				1129124)
Purpose of Disbursement (Optional)				''	\$	
B. Full,name				Aggregate Year-to-date	s 7til)
Mailing Address	H			Date (Mo., Day, Year)	Amount of disbursement	
City, State, Zip Code	ad			_'_'_	s 600	
Purpose of Disbursement (Optional)					\$	
C. Full name				Aggregate Year-to-date	\$ 600	
Meridian Rotary	Club			Date (Mo., Day, Year)	Amount o disbursement	
City, State, Zip Code				4,15,24	\$ 367	حيا
Meridian MS				817 124	\$ 250	
Purpose of Disbursement (Optional)				Aggregate Year-to-date	s	
Steve Hull Memoria Mailing Address	el Golf	Tour		Date (Mo., Day, Year)	Amount o disbursement	f each his period
City, State, Zip Code				5/10/24	\$ 250°	O ₀
Meridian M5 39302 Purpose of Disbursement (Optional)				//_	\$	
E. Full name				Aggregate Year-to-date	\$ 250	
Mailing Address	ichdon	n a	45	Date Mo., Day, Year)	Amount of disbursement t	each his period
City, State, Zip Code				6126121	\$ 250°	
Meridian M5 39301 Purpose of Disbursement (Optional)		,			S	
F. Full name	1.			Aggregate Year-to-date	\$ 250	
Mailing Address	ation		(Date Mo., Day, Year)	Amount of disbursement t	each nis period
City, State, Zip Code			4	9110124	\$250	01
Purpose of Disbursement (Optional)				_/_/_	\$	0
				Aggregate Year-to-date	\$ 250	
						SS04-06

Name of Candidate or Committee	Tage	
Reporting period		
	_ through	•
ITEMIZED DIS	BURSEMENTS	8
Disbursements from contributions accumulated Prior to Jan	nuary 1, 2018 or On or After Ja	nuary 1, 2018
A. Full name WL Touch down Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9914 West audordale Moad	9,10,24	\$ 150 le
Collinsville Ws 39325		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
Ten one stratesies Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
200 North Conscess City, State, Zip Code	10,1,24	\$ 350000
Jackson MS39201		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3500-60
C. Full name TCJ Even+5 Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Box 2514	12,9,24	\$ 330.09
City, State, Zip Code Jack Son MS 39207		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 330,09
no term meridia	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1.0 Box 3413	1214127	\$ 2670
Meridian W/6 34 702		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
West Vanderdales Softbal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9916 West landerdale Bread	12,14,24	\$ 250
City, State, Zip Code Call (1/5V) 16 WS 39325	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250
Souther Business Sugaly	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address City, State, Zip Code	12119124	\$ 356 in
Purpose of Disbursement (Optional)		\$
au pose of Disbursement (Optional)	Aggregate Year-to-date	\$ 856 00
		5504-06

	Page	of
Name of Candidate or Committee		
Reporting period	through	
ITEMIZED DIS	DIDCEMENTO	1
Disbursements from contributions accumulated Prior to Ja	nuary 1, 2018 or On or After Ja	nuary 1, 2018
A. Full name LOCcol 52 - Free men Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
_V.O. Bey	12126124	s 250
City, State, Zip Code		S
Purpose of Disbursement (Optional) Fireman Conventor B. Full name		
ficeman Conventor	Aggregate Year-to-date	s 25C
B. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	'	\$
		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period \$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		•
		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	(No., Day, Year)	disbursement this period \$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)		
F. Full name	Aggregate Year-to-date	\$
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate	s I
	Year-to-date	
		SCUNTUR

SECRETARY OF STATE

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

N:	ame of Candidate					DATE	STAMP
A	ddress		City/	State/Zip	,		
Te	elephone (Work)	(H	ome)		(Fax)		
Co	ontact Name		Emai	l Address			
Oí	ffice Sought	Manager and the same and the sa					
	Check here if above	e information is different from previo	ous report				
			TYPE OF REI	ORT			
		2025 (January 1, 2024 throug Candidate will no longer according the has no outstanding campaign	ept contribution	ıs. make campai		Required to	terminate
	4	management and the state of the	IMPORTAN	IT			
(1)	Annual Reports are mandato prior to December 31, 2022, for total amount of reported	ory for all candidates who did not r even if no contributions or expendi contributions and expenditures du	un for office in 20 tures have occurr ring the reporting	22 filing 2022 Peri ed. In such case, the	odic Reports and have n e candidate shall submi	ot filed a Termir t a report indicat	ation Report ing "0" (zero)
(2)	Annual Reports are mandato	ry for 2022 judicial candidates who In such case, the candidate shall s	. 11.1		y January 10, 2023, ever for total amount of repo	n if no contributi erted contribution	ons or is and
(3)	"personal use" and therefore subject to the "personal use" accumulated therefrom ARE	ndidates and officeholders may no tures which are specifically prohib permissible from campaign contri restrictions of Section 23-15-821, I subject to the "personal use" restr officeholders for any campaign con interest or dividends.	butions. Campai	n contributions at n contributions ac Beginning on Jan. 1	cepted and held prior to , 2018, campaign contri	which are not del Jan. 1, 2018 AR butions accepted	ined as E NOT and
4)	Until a Candidate files a Terr Miss. Code Ann. § 23-15-807	nination Report, all campaign fina (b) (ii) and (iii).	nce disclosure rep	orts must be filed	in accordance with the a	pplicable schedu	le set forth by
5)	Candidates who have previou	n actual receipt of the required re ot of the required report by 5:00 p. s ran for Statewide, State District county Circuit Clerk's Office. M	or Lagislative Off	cking day before th	e deadline. Reports ma	eekend or legal l y be faxed or em County or Coun	noliday, the ailed. ty District

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

JAN. 1, 2024 CASH ON HAND BA	ALANG	CE			\$	
	Iter	nized (+)	Non-Item	ized (=)	Calendar Yea	r-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$		\$		\$	
TOTAL AMT OF DISBURSEMENTS	\$		\$		\$	
DEC. 31, 2024 CASH ON HAND I	BALAN	NCE			\$	

¹ 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

		Ttominad (1)	Wekishi mission	
TOTAL AMT OF CONTRIBUTIONS	d	Itemized (+)	Non-Itemized (=	Calendar Year-to-Date
TOTAL AMI OF CONTRIBUTIONS	\$		\$	\$
TOTAL AMT OF DISBURSEMENTS	\$		th.	
DISBORSEMENTS	Þ		\$	\$
DEC. 31, 2024 CASH ON HAND	RAI	ANCE		
				\$
I certify that I have examined this report	and to	o the best of my kn	owledge and belief it is	true, accurate, and complete.

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 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.