## Candidate

# REPORT OF RECEIPTS AND DISBURSEMENTS

Campaign Finance Secretary of State

(Fax)

2024 Annual Report  $_{
m Name\ of\ Candidate}$ BRENT D ANDERSON Address PO BOX 4601 City/State/Zip BAY ST LOUIS, MS 39521 Telephone (Work) 228-216-1630 (Home)

Contact Name MAUREEN ANDERSON Email Address maureh@aol.com

Office Sought LEGISLATIVE HOUSE DIST. 122

Check here if above information is different from previous report

#### TYPE OF REPORT

X,	Friday, January 31, 2025 (Jan	uary 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**

- 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.
- 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.
- 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.
- 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).
- 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 BA	\$		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND I	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 BA	\$40,292.32		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$16,600.00	\$2,963.68	\$19,563.68
TOTAL AMT OF DISBURSEMENTS	\$ 15,466.97	\$11,538.16	\$27,005.16
DEC. 31, 2024 CASH ON HAND I	BALANCE		\$32,850.84

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.

	Page	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON	rage_	of
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBU	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JASON & NATALIE CHINICHE	10//15/2,024	<sup>\$</sup> 1500.00
725 OLD SPANISH TRAIL	//	S
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year-to-date	<sup>\$</sup> 1500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALEXANDER PAFFORD	10//15/2/02/4	<sup>\$</sup> 500.00
P.O. BOX 1981	//	S
City, State, Zip Code RUSTON, LA 71273	//	S
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	\$500.00
C. Source: OCorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
CSX TRANSPORTATION STATE CAMPAIGN	10/31/2024	<sup>\$</sup> 250.00
Mailing Address 500 WATER STREET	//_	\$
JACKSONVILLE, FL 32202	//	\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 250.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
GREGORY PAFFORD	10//15/2/02	\$1000.00
Mailing Address 260 WIRE ROAD	//	S
City, State, Zip Code ARCADIA, LA 71001	//	s

Name of Employer (Required)

Occupation (Required)

\$

\$1000.00

\_\_/\_\_/\_\_

Aggregate year–to-date

	Page	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON		
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBU'	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MICHEAL SHANE DAVIDSON	10//15/2/02/	\$500.00
Mailing Address 508 DARBONNE DRIVE	//	S
City, State, Zip Code WEST MONROE, LA 71219	//	S
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	<sup>\$</sup> 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name KENT NICAUD	10//15/2/02/4	<sup>\$</sup> 1000.00
Mailing Address 849 E SCENIC DRIVE	//	S
City, State, Zip Code PASS CHRISTIAN	//	S
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	\$1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DA SEAFOOD POT	10//15/2/02	<sup>\$</sup> 1000.00
Mailing Address 5268 PLEASURE STREET	//	\$
City, State, Zip Code BAY ST. LOUIS, MS 39520	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN REGAN KANE	10//15/2/02	\$500.00
Mailing Address 119 MDONALD LN	//	\$
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S

Name of Employer (Required)

Occupation (Required)

\$

\$500.00

Aggregate year–to-date

	Раде	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON	7 mgc -	
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SAUCIER RENTALS	10//15/2/02	<sup>\$</sup> 500.00
Mailing Address 21277 HWY 49	//	s
City, State, Zip Code SAUCIER, MS 39574	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
B. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DESALVO CONSTRUCTION DBA GULF COAST POOLS	10//15/2/02/4	<sup>\$</sup> 250.00
Mailing Address 10037 CENTRAL AVE	//	s
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LOOKS GREAT SERVICES OF MS	10/31/202	<sup>\$</sup> 500.00
Mailing Address 1501 HWY 13 NORTH	//	\$
Columbia, MS 39429	//	\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
HEATHER & MICHEAL SMITH	10//15/2/02	\$250.00
Mailing Address 521 ROYAL OAK DRIVE	//	\$
City, State, Zip Code PASS CHRISTIAN, SMS 39571	//	\$

Name of Employer (Required)

Occupation (Required)

\$

Aggregate year–to-date <sup>\$</sup>250.00

	Page _	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON  Reporting period 01/01/2024 through 12/31/2024		
	TIONIC	
A. Source: OCorporation OPAC OIndividual OLoan	110N2	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name CASCIO SANFORD GOVERNMENT LAW GR	10/31/2,024	\$500.00
Mailing Address 825 N PRESIDENT STREET	//	\$
City, State, Zip Code JACKSON, MS 39202	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DAX B ALEXANDER	10//15/2/4	<sup>s</sup> 200.00
Mailing Address 1224 E BEACH BLVD	//	S
City, State, Zip Code GULFPORT, MS 39501	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$200.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name NEEL SCHAFFER	10//15/2/02	\$500.00
Mailing Address PO BOX 22625	//	\$
City, State, Zip Code JACKSON, MS 39225	//	S
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MICHAEL CURE	10//15/2/4	\$1500.00
Mailing Address 106 YARBOROUGH PLS	/ /	\$
City, State, Zip Code WAVELAND, MS 39576	1 1	\$
Name of Employer (Required)	/ /	\$ S
Occupation (Required)	Aggregate year-to-date	<sup>\$</sup> 1500.00

	Page_	01
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON  Paperting period 04/04/2024		
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name CRYSTAL SEAS SEAFOOD LLC	10//15/2/4	<sup>\$</sup> 500.00
PO BOX 717		\$
PASS CHRISTIAN, MS 39571	//	\$
Name of Employer (Required)	//	s
Occupation (Required)	Aggregate year–to-date	S
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
SHEMPER SEAFOOD COMPANY INC.	<u>10//15/2/4</u>	<sup>\$</sup> 500.00
PO BOX 307	//	\$
City, State, Zip Code BILOXI, MS 39533	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name DIGITAL ENGINEERING & IMAGING INC.	10//15/2/4	<sup>\$</sup> 1000.00
Mailing Address 527 W. ESPANADE AVE, SUITE 200	//	S
City, State, Zip Code KENNER, LA 70065	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 1000.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
SPAT-TECH OF LOUISIANA	10/31/202	\$1000.00
Mailing Address 39198 ASHWOOD LANE		S
City, State, Zip Code PEARL RIVER, LA 70452	//	s
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>s</sup> 1000.00

	Page _	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON		
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBUT	ΓIONS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name RONALD BARNES	11//18/2/4	<sup>\$</sup> 500.00
Mailing Address 10000 JORDAN ROAD	//	\$
City, State, Zip Code OCEAN SPRINGS, MS 39505	//	\$
Name of Employer (Required) COAST ELECTRIC POWE ASSOCIATION	//	\$
Occupation (Required)	Aggregate year-to-date	<sup>\$</sup> 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
CEASARS ENTERPRISE SERVICES	11//18/2/02	<sup>\$</sup> 500.00
ONE CEASARS PALACE DRIVE	//	S
City, State, Zip Code LAS VEGAS, NV 89109	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
C. Source: Ocorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name MS RELATORS PAC	11//18/2/4	<sup>\$</sup> 500.00
Mailing Address PO BOX 3210000	//	S

City, State, Zip Code FLOWOOD, MS 39232

D. Source: Corporation PAC Individual Loan

Full name MPC STATE PAC CORPORATE

Other (please specify)\_

Mailing Address 2992 W BEACH BLVD.

City, State, Zip Code GULFPORT, MS 39501

Name of Employer (Required)

Name of Employer (Required)

Occupation (Required)

Occupation (Required)

\$

\$

\$

S

Aggregate year-to-date

Date

(Mo., Day, Year)

Aggregate year-to-date

11/26/24

<sup>\$</sup>500.00

\$300.00

\$300.00

Amount of each

receipt

this period

	Page _	of
Name of Candidate or Committee FRIENDS OF BRENT ANDERSON		
Reporting period <u>01/01/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBUT	ΓΙΟNS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name ERGON STATE PAC	12/06/2/4	<sup>\$</sup> 250.00
Mailing Address PO BOX 1639	//	S
City, State, Zip Code JACKSON, MS 39215	//	S
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name EMC CO-PAC	12/06/2/4	<sup>\$</sup> 500.00
Mailing Address PO BOX 3300	//	S
City, State, Zip Code RIDGELAND, MS 39158	//	\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name ENPAC MISSISSIPPI	12/30/24	<sup>\$</sup> 350.00
Mailing Address PO BOX 1640	//	\$
City, State, Zip Code JACKSON, MS 39215	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$350.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
MS ASPHALT CONTRACTOR PAC	12/30/202	\$250.00
Mailing Address 711 N PRESIDENT ST	//	\$

 $\overline{\text{City, State, Zip Code}} \, \text{JACKSON, MS 39202}$ 

Name of Employer (Required)

Occupation (Required)

\$

\$

<sup>\$</sup>250.00

Aggregate year–to-date

Page	of
B-	·-

Name	of	Candidate	or	Committee
------	----	-----------	----	-----------

FRIENDS OF BRENT ANDERSON

Reporting period 01/01/2024

through 12/31/2024

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018				
A. Full name CASA OF HANCOCK COUNTY	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 644 DUNBAR AVE	01/08/2,024	\$ 1900.00		
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S		
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 1900.00		
B. Full name WAVELAND CIVIC ASSOCIATION	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address PO BOX 104	01/10/2/02	\$ 200.00		
City, State, Zip Code WAVELAND, MS 39576	//	S		
Purpose of Disbursement (Optional) MEMBERSHIP	Aggregate Year-to-date	\$ 200.00		
C. Full name SOUTHERN LEGISLATIVE CONFERENCE	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 1946 CLAIRMONT ROAD	02/02/2024	\$ 500.00		
City, State, Zip Code DECATUR, GA 30033	//	\$		
Purpose of Disbursement (Optional) REGISTRATION-CONFERENCE	Aggregate Year-to-date	\$ 500.00		
D. Full name WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 460 HWY 90	2/7/24_/	\$ 343.53		
City, State, Zip Code WAVELAND, MS 39576	//	S		
Purpose of Disbursement (Optional) BATTERED WOMENS SHELTER DONATION	Aggregate Year-to-date	\$ 343.53		
E. Full name SANDI DESCHAMP LEDFORD	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 16050 ROAD 509	2/1/4/24/	\$ 200.00		
City, State, Zip Code KILN, MS 39556	//	S		
Purpose of Disbursement (Optional) MEDICAL DONATION	Aggregate Year-to-date	\$ 200.00		
F. Full name BAY HIGH BASEBALL BOOSTER	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address 750 BLUE MEADOW RD	02/22/2/4	\$ 350.00		
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$		
Purpose of Disbursement (Optional) SPONSORSHIP	Aggregate Year-to-date	\$ 350.00		

Page	of

Name	of	Candidate	or	Committee
Tame	UI	Candidate	O.	Committee

FRIENDS OF BRENT ANDERSON

Reporting period 01/01/2024

through 12/31/2024

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	anuary 1, 2018
A. Full name WAVELAND CIVIC ASSOCKELLY CANNON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 104	03/01/2/4	\$ 256.00
City, State, Zip Code WAVELAND, MS 39570	//	S
Purpose of Disbursement (Optional) PARADE MARKETING SUPPLIES	Aggregate Year-to-date	\$ 256.00
B. Full name STATE OF MS HOUSE OF REPRESENTATIVES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 HIGH STREET	03/08/2/4	\$ 250.00
City, State, Zip Code JACKSON, MS 39201	//	\$
Purpose of Disbursement (Optional) MEMBERSHIP	Aggregate Year-to-date	\$ 250.00
C. Full name SOUTHERN GRAPHICS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 3838	02/02/2024	\$ 262.16
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$
Purpose of Disbursement (Optional) PARADE MARKETING SUPPLIES	Aggregate Year-to-date	\$ 262.16
D. Full name WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 460 HWY 90	03/28/2024	\$ 269.35
City, State, Zip Code WAVELAND, MS 39576	//	S
Purpose of Disbursement (Optional) COOKING EVENT SPONSOR	Aggregate Year-to-date	\$ 269.35
E. Full name 50 YARD LINE BOOSTER CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7084 STENNIS AIRPORT RD	04/9/24/	\$ 500.00
City, State, Zip Code KILN, MS 39556	//	S
Purpose of Disbursement (Optional) SPONSORSHIP	Aggregate Year-to-date	\$ 500.00
F. Full name BENEFIT FOR DEXTER SMITH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 750 BLUE MEADOW RD	04/11/2/4	\$ 500.00
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 500.00

	Page	of
BRENT ANDERSON		

Name of Candidate or Committee FRIENDS OF

Reporting period 01/01/2024

through 12/31/2024

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	anuary 1, 2018
A. Full name SAM'S CLUB GULFPORT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10431 OLD HWY 49	04//12/2/4	\$ 206.36
City, State, Zip Code GULFPORT, MS 39503	//	S
Purpose of Disbursement (Optional) SPONSOR COOKING EVENT	Aggregate Year-to-date	\$ 206.36
B. Full name HANCOCK COUNTY COMMUNITY COMMITTEE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4184 KILN DELISLE ROAD	4/19/24,	\$ 200.00
City, State, Zip Code KILN, MS 39556	//	S
Purpose of Disbursement (Optional) DONATION-MARKETING	Aggregate Year-to-date	\$ 200.00
C. Full name SOUTHERN GRAPHICS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 3838	04/22/2024	\$ 225.35
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S
Purpose of Disbursement (Optional) PARADE MARKETING SUPPLIES	Aggregate Year-to-date	\$ 225.35
D. Full name AMERICAN AIRLINES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 619616	4/3,0/24,	\$ 893.49
City, State, Zip Code DFW AIRPORT, TX 75261	//	\$
Purpose of Disbursement (Optional) CONFERENCE TRAVEL	Aggregate Year-to-date	\$ 893.49
E. Full name WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 460 US HWY 90	5/1/24_/	\$ 212.93
City, State, Zip Code WAVELAND, MS 39576	//	s
Purpose of Disbursement (Optional) OFFICE SUPPLIES	Aggregate Year-to-date	\$ 212.93
F. Full name SAM'S CLUB GULFPORT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10431 OLD HWY 49	5/9/24_/	\$ 447.75
City, State, Zip Code GULFPORT, MS 39503	//	S
Purpose of Disbursement (Optional) DONATION-SPONSOR	Aggregate Year-to-date	\$ 447.75

	Page	of	
DERSON			

Name of Candidate or Committee FRIENDS OF BRENT AND

Reporting period 01/01/2024

through 12/31/2024

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After J	anuary 1, 2018
A. Full name  MS DEPT OF AGRIGULTURE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3505 25TH AVENUE	5/2/1/24/	\$ 225.00
City, State, Zip Code GULFPORT, MS 39501	//	S
Purpose of Disbursement (Optional) EVENT SPONSOR	Aggregate Year-to-date	\$ 225.00
B. Full name DEEPSOUTH BRAND	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 720 ST GEORGE AVENUE	5/22/24,	\$ 317.00
City, State, Zip Code JEFFERSON, LA 70121	//	\$
Purpose of Disbursement (Optional) COOKING DONATION SUPPLIES	Aggregate Year-to-date	\$ 317.00
C. Full name HANCOCK GOAL CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7084 STENNIS AIRPORT ROAD	6/5/24 /	\$ 400.00
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$
Purpose of Disbursement (Optional) SPONSOR	Aggregate Year-to-date	\$ 400.00
D. Full name BAY HIGH TOUCHDOWN CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1047 WASHINGTON STREET	6/2 <u>A</u> /24 <sub>/</sub>	\$ 200.00
City, State, Zip Code BAY ST LOUIS, MS 39520	//	\$
Purpose of Disbursement (Optional) SPONSOR	Aggregate Year-to-date	\$ 200.00
E. Full name MAKE A WISH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 7488	6/2/8/24/	\$ 1200.00
City, State, Zip Code GULFPORT, MS 39506	//	S
Purpose of Disbursement (Optional) SPONSOR	Aggregate Year-to-date	\$ 1200.00
F. Full name PASS CHRISTIAN SOCCER CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 720 WEST NORTH STREET	6/2,8/24,	\$ 200.00
City, State, Zip Code PASS CHRISTIAN, MS 39571	//	\$
Purpose of Disbursement (Optional) SPONSOR	Aggregate Year-to-date	\$ 200.00

		Page	 of
Name of Candidate or Committee	FRIENDS OF BRENT ANDERSON		
Reporting period 01/01/2024	through 12/31/2024		

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name GREENBRIAR HOTEL	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address GREENBRIAR BLVD.	7/2/6/24/	\$ 2021.79	
City, State, Zip Code WHITE SULPHUR SPRINGS WV 24986	//	S	
Purpose of Disbursement (Optional) CONFERENCE LODGING	Aggregate Year-to-date	\$ 2021.79	
B. Full name JOURDAN RIVER STEAMER	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 5152 HWY 603	10/18/24	\$ 392.73	
City, State, Zip Code KILN, MS 39556	//	S	
Purpose of Disbursement (Optional) CAMPAIGN DINNER	Aggregate Year-to-date	\$ 392.73	
C. Full name PEARLINGTON IMPACT ASSOC-WALMART	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 16006 1ST STREET	10/30/2/4	\$ 346.13	
City, State, Zip Code PEARLINGTON, MS 39572		\$	
Purpose of Disbursement (Optional) EVENT SPONSOR	Aggregate Year-to-date	\$ 346.13	
D. Full name HANCOCK SOCCER TEAM	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 7070 STENNIS AIRPORT ROAD	11/6/24/	\$ 237.24	
City, State, Zip Code KILN, MS 39556	//	S	
Purpose of Disbursement (Optional) MEAL SPONSOR	Aggregate Year-to-date	\$ 237.24	
E. Full name CLAIBORNE HILL	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 410 US 90	11/21/2/4	\$ 252.89	
City, State, Zip Code WAVELAND, MS 39576	//	\$	
Purpose of Disbursement (Optional) SPONSOR-THANKSGIVING MEAL	Aggregate Year-to-date	\$ 252.89	
F. Full name SAM'S CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 10431 OLD HWY 49	11/25/2/4	\$ 269.32	
City, State, Zip Code GULFPORT, MS 39503	//	\$	
Purpose of Disbursement (Optional) SPONSOR-THANKSGIVING MEAL	Aggregate Year-to-date	\$ 269.32	

Page	of	

Name	οf	Candidate or	Committee
Manie	UI	Canuluate of	Committee

FRIENDS OF BRENT ANDERSON

Reporting period 01/01/2024

through 12/31/2024

Disbursements from contributions accumulated Prior to Jan		anuary 1, 2018
A. Full name HANCOCK GOAL CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7084 STENNIS AIRPORT ROAD	12/5/24,	\$ 250.00
City, State, Zip Code KILN, MS 39556	//	S
Purpose of Disbursement (Optional) SPONSOR	Aggregate Year-to-date	\$ 250.00
B. Full name VIOLET BAMBINA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 833 US 90 STE A	<u>12/6/24</u> ,	\$ 250.00
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S
Purpose of Disbursement (Optional) HANCOCK LIBRARY SYSTEM	Aggregate Year-to-date	\$ 250.00
C. Full name THE LOFT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 108 SOUTH BEACH BOULEVARD	<u>12/9/25</u> /	\$ 237.95
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S
Purpose of Disbursement (Optional) CAMPAIGN	Aggregate Year-to-date	\$ 237.95
D. Full name COTY'S CHRISTMAS CHARITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 19033 HWY 603	12//10/2/4	\$ 350.00
City, State, Zip Code KILN, MS 39556	//	\$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	\$ 350.00
E. Full name L&J FIRE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10037 CENTRAL AVENUE	12/31/24	\$ 600.00
City, State, Zip Code BAY ST LOUIS, MS 39520	//	S
Purpose of Disbursement (Optional) DONTATION	Aggregate Year-to-date	\$ 600.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	/	S
City, State, Zip Code	/	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S