



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

SECRETARY OF STATE
RECEIVED
 FEB 04 2025
 Secretary of State
 Capitol Office
 DATE STAMP

Name of Candidate Casey Eure Campaign
 Address 11839 Sleeping Deer Lane City/State/Zip Sauvion, MS 39574
 Telephone (Work) 228-297-2849 (Home) 228-297-2849 (Fax) N/A
 Contact Name Casey Eure Email Address ceure7@gmail.com
 Office Sought House of Representative District 116

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 ¹	\$ 0	\$ 0	\$
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 0	\$
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 37,795.52		

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**

JAN. 1, 2024 CASH ON HAND BALANCE	\$		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 51,800. ⁰⁰	\$ 0	\$ 51,800. ⁰⁰
TOTAL AMT OF DISBURSEMENTS	\$ 15,047. ⁸⁷	\$ 7,970. ⁸⁴	\$ 23,018. ⁷¹
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 65,832. ⁴⁴		

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

1-31-25

 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 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 Casey Eure CampaignReporting period January 1, 2024 through December 31, 2024

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>Steven Warren</u>	<u>10/1/24</u>	\$ <u>1000.00</u>
Mailing Address <u>10907 Waterside Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport ms 39503</u>	___/___/___	\$
Name of Employer (Required) <u>Warren Paving</u>	___/___/___	\$
Occupation (Required) <u>Owner/ President</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" 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>Golden Nugget - Biloxi</u>	<u>10/24/24</u>	\$ <u>500.00</u>
Mailing Address <u>151 Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	___/___/___	\$
Name of Employer (Required) <u>Golden Nugget</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Keystone Strategies</u>	<u>10/24/24</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 947</u>	___/___/___	\$
City, State, Zip Code <u>Brandon ms 39043</u>	___/___/___	\$
Name of Employer (Required) <u>Keystone Strategies</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>250.00</u>
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 <u>Hunter Lipscomb</u>	<u>10/24/24</u>	\$ <u>250.00</u>
Mailing Address <u>605 Arbor Court</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>	___/___/___	\$
Name of Employer (Required) <u>Ander Corp</u>	___/___/___	\$
Occupation (Required) <u>employee</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Casay Gore Campaign

Reporting period 1-1-21 through 12-31-21

ITEMIZED CONTRIBUTIONS

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 <u>Casadio - Sanford Government Law Group</u>	<u>10/29/21</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>825 N. President St.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39202</u>	___/___/___	\$
Name of Employer (Required) <u>Casadio - Sanford Government Law Group</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>Coastal Concepts</u>	<u>10/28/21</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 7361</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39506</u>	___/___/___	\$
Name of Employer (Required) <u>Coastal Concepts</u>	___/___/___	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
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 <u>Caesars Enterprise</u>	<u>10/24/21</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>One Harrah's Court</u>	___/___/___	\$
City, State, Zip Code <u>Las Vegas Nevada 89119</u>	___/___/___	\$
Name of Employer (Required) <u>Caesars</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</u>
D. Source: <input checked="" 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 State PAC</u>	<u>10/24/21</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>2992 W. Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee Casey Love Campaign

Reporting period 1-1-21 through 12-31-24

ITEMIZED CONTRIBUTIONS

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 <u>Penn National Gaming</u>	<u>10/24/24</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>825 Berkshire Blvd</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Wyomissing PA 19610</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>Penn National Gaming</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>Gaming</u>	Aggregate year-to-date	\$ <u>1000⁰⁰</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>CSX Corporation</u>	<u>10/24/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>500 Water Street</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jacksonville FL 32202</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>CSX</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>Railroad</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
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 <u>Comcast</u>	<u>10/24/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1701 JFK Blvd</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Philadelphia PA 19103</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>Comcast</u>	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" 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>Tourism MS PAC</u>	<u>10/24/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 2745</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Madison MS 39130</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required) <u>Tourism</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee Casyn Eare Campaign
 Reporting period 1-1-24 through 12-31-24

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>MS Realtors PAZ</u>	<u>10/24/24</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. Box 321000</u>	__/__/__	\$
City, State, Zip Code <u>Flowood MS</u>	__/__/__	\$
Name of Employer (Required) <u>MS Realtors Association</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Jones Walker</u>	<u>10/24/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>3100 N. State Street</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON MS 39201</u>	__/__/__	\$
Name of Employer (Required) <u>Jones Walker</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Mississippi Trucking PAC</u>	<u>10/24/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>825 N. President St.</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON MS 39202</u>	__/__/__	\$
Name of Employer (Required) <u>MS Trucking Association</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Underdog Sports Holding</u>	<u>10/24/24</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>150 Waterbury St.</u>	__/__/__	\$
City, State, Zip Code <u>BROOKLYN NY 11206</u>	__/__/__	\$
Name of Employer (Required) <u>Underdog</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</u>

Name of Candidate or Committee Casny Gure CampaignReporting period 1-1-24 through 12-31-24

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>Underdog Sports PAC</u>	<u>10/24/24</u>	\$ <u>5000⁰⁰</u>
Mailing Address <u>1501 Wilson Blvd; Ste 1050</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Arlington VA 22206</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Underdog</u>	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>5000⁰⁰</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>Ten One PAC</u>	<u>10/24/24</u>	\$ <u>30,000.00</u>
Mailing Address <u>200 N. Congress; suite 582</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Ten One</u>	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>30,000.00</u>
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 <u>Bally's</u>	<u>10/24/24</u>	\$ <u>2500⁰⁰</u>
Mailing Address <u>777 Beach Blvd</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Biloxi MS 39530</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Bally's</u>	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2500⁰⁰</u>
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 <u>MS Bail Agents Association</u>	<u>12/5/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>118 Canton One Dr.</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Canton MS 39046</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>MS Bail Agents Association</u>	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Casey Enviro Campaign
 Reporting period 1-1-24 through 12-31-24

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>SCM Co PAC</u>	<u>12/10/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 3800</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland MS 39158</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>AT&T</u>	<u>12/10/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1010 Pine St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis MO 63101</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>Financial Services Center PAC</u>	<u>12/10/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>219 Panola Drive</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ferriday, LA 71334</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. 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 Asphalt Contractor PAC</u>	<u>11/12/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>711 N. President St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39202</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee Casey Love Campaign
 Reporting period 1-1-21 through 12-31-21

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>Srgon PAC</u>	<u>10/14/21</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 1639</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39215</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Capital Advocacy Group PAC</u>	<u>12/16/21</u>	\$ <u>2500 1000.00</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>2500 1000.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Capital Resources PAC</u>	<u>10/29/21</u>	\$ <u>1000.00</u>
Mailing Address <u>200 N. Congress St.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39201</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Hayes Dent Strategies</u>	<u>12/21/21</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>975 North St.</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39206</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee Casey Gove Campaign
 Reporting period 1-1-24 through 12-31-24

ITEMIZED CONTRIBUTIONS

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 <u>Gulfside Casino Partnership</u>	<u>12/31/24</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>P.O. Box 1600</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
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) _____		
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) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Casey Eure Campaign

Reporting period 1-1-24 through 12-31-24

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
<u>Saltine</u>	<u>2/6/24</u>	\$ <u>447.79</u>
Mailing Address <u>622 Daling Ave</u>		
City, State, Zip Code <u>JACKSON, MS 39216</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Constituent Dinner</u>	Aggregate Year-to-date	\$ <u>447.79</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Thirty Two</u>	<u>2/20/24</u>	\$ <u>738.83</u>
Mailing Address <u>850 Bayview Ave</u>		
City, State, Zip Code <u>Biloxi, MS 39530</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Constituent Dinner</u>	Aggregate Year-to-date	\$ <u>738.83</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jackson Chapter Jack and Jill</u>	<u>2/9/24</u>	\$ <u>300.00</u>
Mailing Address		
City, State, Zip Code <u>JACKSON, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Warrior Home Run club</u>	<u>3/6/24</u>	\$ <u>950.00</u>
Mailing Address <u>15625 Lamey Bridge Rd.</u>		
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>950.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Diberville middle School</u>	<u>3/29/24</u>	\$ <u>250.00</u>
Mailing Address <u>3320 Warrion DR.</u>		
City, State, Zip Code <u>Diberville, MS 39540</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>St. Patrick High School</u>	<u>3/22/24</u>	\$ <u>310.00</u>
Mailing Address <u>18300 ST Patrick Rd</u>		
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>310.00</u>

Name of Candidate or Committee Casey Euro Campaign
 Reporting period 1-1-24 through 12-31-24

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
<u>Capt Ais</u>	<u>3/11/24</u>	\$ <u>296.90</u>
Mailing Address <u>1458 Magnolia ST.</u>		
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u>7/18/24</u>	\$ <u>294.48</u>
Purpose of Disbursement (Optional) <u>Constituent Dinner</u>	Aggregate Year-to-date	\$
B. Full name <u>Capt Ais</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1458 Magnolia ST</u>	<u>11/12/24</u>	\$ <u>242.23</u>
City, State, Zip Code <u>Gulfport, MS 39507</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Constituent Dinner</u>	Aggregate Year-to-date	\$ <u>242.23</u>
C. Full name <u>Friends of Zack Grady</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1122 Wieck Rd.</u>	<u>12/5/24</u>	\$ <u>2500.00</u>
City, State, Zip Code <u>Diberville MS 39540</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Campaign Donation</u>	Aggregate Year-to-date	\$ <u>2500.00</u>
D. Full name <u>Diberville Football Booster</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>15625 Lamey Bridge Rd.</u>	<u>8/15/24</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Biloxi, MS 39532 / Sponsor</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Warrior Bass Nation</u>	Aggregate Year-to-date	\$ <u>500.00</u>
E. Full name <u>15625 Lamey Bridge Rd.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Biloxi, MS 39532</u>	<u>8/15/24</u>	\$ <u>250.00</u>
City, State, Zip Code <u>1/1/</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>250.00</u>
F. Full name <u>Joseph Anderson</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>127 Benton Rd.</u>	<u>8/25/24</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Benton MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>Cancer Fund Raiser</u>	Aggregate Year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Casa, Eric Campaign
 Reporting period 1-1-24 through 12-31-24

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
<u>Costco</u>	<u>10/17/24</u>	\$ <u>1,879.02</u>
Mailing Address <u>700 Highland Colony Pkwy</u>		
City, State, Zip Code <u>Ridgeland MS 39157</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Fundraiser Supplies</u>	Aggregate Year-to-date	\$ <u>1,879.02</u>
B. Full name <u>ST Patrick Baseball</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>18300 ST Patrick Rd.</u>	<u>10/20/24</u>	\$ <u>1500.00</u>
City, State, Zip Code <u>Biloxi MS 39532</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Sponsor</u>	Aggregate Year-to-date	\$ <u>1500.00</u>
C. Full name <u>C Spire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>4864 ISS</u>	<u>9/30/24</u>	\$ <u>568.80</u>
City, State, Zip Code <u>Jackson MS 39211</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>cell phone</u>	Aggregate Year-to-date	\$ <u>568.80</u>
D. Full name <u>ST Jude</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>262 Danny Thomas Place</u>	<u>8/15/24</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Memphis, TN 38105</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name <u>Revelers</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>.</u>	<u>5/27/24</u>	\$ <u>400.00</u>
City, State, Zip Code <u>Biloxi MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>membership</u>	Aggregate Year-to-date	\$ <u>400.00</u>
F. Full name <u>Josh Hawkins</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>385 Hwy 51 N</u>	<u>10/17/24</u>	\$ <u>450.00</u>
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Bourbon For Fundraiser</u>	Aggregate Year-to-date	\$ <u>450.00</u>

Name of Candidate or Committee Casey Eare Campaign
 Reporting period 1-1-24 through 12-31-24

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
<u>TCJ Events</u>	<u>12/11/24</u>	\$ <u>2,496.82</u>
Mailing Address <u>200 N. Congress</u>		
City, State, Zip Code <u>Jackson MS 39201</u>	_ / _ / _	\$
Purpose of Disbursement (Optional) <u>Fund Raiser</u>	Aggregate Year-to-date	\$ <u>2,496.82</u>
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	\$