

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Donnie Bell
 Address 843 Tucker Rd City/State/Zip Fulton, MS 38843
 Telephone (Work) _____ (Home) _____ (Fax) _____
 Contact Name Rep Email Address dbell@house.ms.gov
 Office Sought Representative

☐ 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 previously run 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	\$ 15,164.67		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 0	\$ 0	\$ 0
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 0	\$ 0
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 15,164.67		

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	\$ 29,382.15		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 44,000.00	\$ 6181.96	\$ 50,181.96
TOTAL AMT OF DISBURSEMENTS	\$ 5227.75	\$ 13,101.61	\$ 19,329.36
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 76,399.42		

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

Donnie Bell
Signature of Candidate

1-26-25
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 Donnie BellReporting 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>Farmers & Merchants Bank</u>		<u>11/15/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 278</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Baldwyn MS 38824</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>Key LLC</u>		<u>11/12/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 590</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Madison MS 39130</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>Huntington Ingalls Industries</u>		<u>11/18/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 149</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Pascagoula MS 39568</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>TenOne PAC</u>		<u>12/19/24</u>	\$ <u>500</u>
Mailing Address <u>200 N Congress</u>		<u>11/4/24</u>	\$ <u>500</u>
City, State, Zip Code <u>Jackson MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee Donnie Bell
 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>Financial Service Center of MS</u>	<u>12/16/24</u>	\$ <u>500</u>
Mailing Address <u>219 Pancha Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Penitney LA 71334</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>MS Independent EX PAC</u>	<u>12/20/24</u>	\$ <u>500</u>
Mailing Address <u>4209 Lakeland Dr, Ste 399</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
C. 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>Chip Crane</u>	<u>9/3/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 428</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>FL Crane</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>contractor</u>	Aggregate year-to-date	\$ <u>1000</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 Bankers Assn</u>	<u>10/1/24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 1091</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Donnie BellReporting period 1-1-24 through 12-31-24

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>M/M Wayne Cleveland</u>		<u>9/17/24</u>	\$ <u>500</u>
Mailing Address <u>925 Saddle Club Rd</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Golden MS 38847</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. 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>M/M Lex Taylor</u>		<u>9/26/24</u>	\$ <u>500</u>
Mailing Address <u>15322 W Main</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Columbus MS 39339</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. 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>M/M David Turner</u>		<u>9/12/24</u>	\$ <u>500</u>
Mailing Address <u>213 Palmes Ct</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</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>James Stone</u>		<u>9/17/24</u>	\$ <u>1000</u>
Mailing Address <u>1100 Charleston Blvd</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Wavelle MS 38801</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>MMMC</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>doctor</u>		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee Donnie BellReporting 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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>APAC - MS, Inc</u>		<u>9/18/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 24508</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Turch PAC</u>		<u>9/18/24</u>	\$ <u>500</u>
Mailing Address <u>829 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>500</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Community Spirit Bank</u>		<u>9/12/24</u>	\$ <u>500</u>
Mailing Address <u>206 W Main</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>M/M Scott Eames</u>		<u>11/4/24</u>	\$ <u>500</u>
Mailing Address <u>1720 Pecan Grove</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Tupelo, MS 38801</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Donnie Bell
 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>Leaders Political Action Comm</u>	<u>9/17/24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 5004</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39296</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Cosio Sanford Gup</u>	<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>825 N President</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
C. 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>Mr Samuel Kelly</u>	<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>111 Spurgah Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Jim Spencer Jr</u>	<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>400 Whittington Cir</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie BellReporting period 1-1-24 through 12-31-24

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>Raul Oliver</u>		<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>648 Robinson Thompson Rd</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Wmata, MS 38967</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required) <u>Representative</u>		Aggregate year-to-date	\$ <u>250</u>
B. 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>M/M Grey Harper</u>		<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>403 W W yamble Pl</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Flowood MS 39232</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>Baileys Harper</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>consultant</u>		Aggregate year-to-date	\$ <u>250</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>The Friedman Group</u>		<u>10/10/24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 441887</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Houston TX 77244</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</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>Empower PAC</u>		<u>11/11/24</u>	\$ <u>250</u>
Mailing Address <u>1000 Northpark Dr</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie Bell
 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>WT Consultants LLC</u>	<u>11/5/24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 774</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Committee for Clean Environment & Fair Tax</u>	<u>11/4/24</u>	\$ <u>500</u>
Mailing Address <u>3000 N State St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Capital Advisory Group PC</u>	<u>11/4/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 217</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</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>Carverston Gov't Affairs, Inc</u>	<u>2/17/24</u>	\$ <u>250</u>
Mailing Address <u>800 Maine Ave SW</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington DC 20024</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie BellReporting 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 Manufacturing Assn</u>	<u>8/27/24</u>	\$ <u>500</u>
Mailing Address <u>720 N State</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wathins & Eager PLLC</u>	<u>10/31/24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 650</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Ergen State PAC</u>	<u>10/14/24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 1639</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
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) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones & Waller, LLP</u>	<u>11/4/24</u>	\$ <u>250</u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie BellReporting 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>Capital Resources PAC</u>		<u>11/4/24</u>	\$ <u>1000</u>
Mailing Address <u>200 N Congress</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>KC Construction Inc</u>		<u>11/4/24</u>	\$ <u>500</u>
Mailing Address <u>401 Access Rd</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Fulton MS 38843</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</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>Caresource Mission PAC</u>		<u>9/4/24</u>	\$ <u>250</u>
Mailing Address <u>65 E State St, Ste 201</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Columbus, OH 43215</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</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 Realtors PAC</u>		<u>9/16/24</u>	\$ <u>2000</u>
Mailing Address <u>PO Box 321000</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000</u>

Name of Candidate or Committee Donnie Bell
 Reporting period 1-1-24 through 12-31-24

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hayes Dent Public Strategies LLC</u>	<u>11/4/24</u>	\$ <u>250</u>
Mailing Address <u>975 N State St, Ste 205</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39203</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>12/20/24</u>	\$ <u>500</u>
Mailing Address <u>1657 McFarland Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tuscaloosa, AL 35406</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
C. 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>MIM Johnny Cane</u>	<u>10/2/24</u>	\$ <u>1000</u>
Mailing Address <u>116 Francis Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>FL Cane</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>contractor</u>	Aggregate year-to-date	\$ <u>1000</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>Gann Excavating, Inc</u>	<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 201</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee Donnie BellReporting period 1-1-24 through 12-31-24

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CNC LTC, LLC</u>		<u>10/2/24</u>	\$ <u>1000</u>
Mailing Address <u>13 Northtown Dr, Ste 220</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reid Gann Trucking, LLC</u>		<u>10/9/24</u>	\$ <u>500</u>
Mailing Address <u>205 E Owens St</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</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>MSW PAC</u>		<u>10/9/24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 16604</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
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) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>White Oak Ridge Farm, LLC</u>		<u>10/9/24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 422</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Smithville, MS 38870</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie BellReporting 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>Franko Franko Wilson & Haggard PA</u>		<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 355</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>United Financial</u>		<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 37</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
C. 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>Charles Boatner, Jr</u>		<u>10/9/24</u>	\$ <u>5000</u>
Mailing Address <u>PO Box 307</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Sherman, MS 38869</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>5000</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>Tenn-Tom Watersports, Inc</u>		<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address <u>5130 Hwy 178W</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee

Donnie Bell

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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Friends of MS Hospitals		12/9/24	\$ 1000
Mailing Address 116 Woodgreen Crossing		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name ASA MS PAC		12/5/24	\$ 1000
Mailing Address PO Box 1452		___/___/___	\$
City, State, Zip Code Madison, MS 39130		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kline Mechanical Systems, Inc		12/9/24	\$ 1000
Mailing Address PO Box 121		___/___/___	\$
City, State, Zip Code Fulton, MS 38843		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Montgomery Enterprises Inc		12/8/24	\$ 1000
Mailing Address PO Box 37		___/___/___	\$
City, State, Zip Code Fulton, MS 38843		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee Donnie Bell
 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>Darius Ford</u>	<u>10/9/24</u>	\$ <u>500</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
B. 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>M/M Brian Boatner</u>	<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000</u>
C. 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>VM Cleveland</u>	<u>10/9/24</u>	\$ <u>1000</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000</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>M/M Tommy Adams</u>	<u>10/9/24</u>	\$ <u>500</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code _____	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee

Donnie Bell

Reporting period

1-1-24

through

12-31-24

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 M/M Kelly Martin		10/9/24	\$ 500
Mailing Address 314 W Sheffield Rd		___/___/___	\$
City, State, Zip Code Fulton, MS 38843		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
B. 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 M/M B J Canup		10/9/24	\$ 500
Mailing Address 102 Francis Dr		___/___/___	\$
City, State, Zip Code Fulton, MS 38843		___/___/___	\$
Name of Employer (Required) Therment Floral		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) LLC		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clearmedicine LLC		10/9/24	\$ 250
Mailing Address 207 Benford Dr		___/___/___	\$
City, State, Zip Code Fulton, MS 38843		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
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 Steven Staul		10/9/24	\$ 250
Mailing Address 2530 Edgemont Cir		___/___/___	\$
City, State, Zip Code Tupelo, MS 38824		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee Donnie Bell
 Reporting period 1-6-24 through 12-31-24

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>James Holland II</u>	<u>10/9/24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 902</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
B. 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>Thomas Kline</u>	<u>10/9/24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 121</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Kline Mech. Seps</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
C. 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>M/M Sandy Comer</u>	<u>10/9/24</u>	\$ <u>250</u>
Mailing Address <u>101 She Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</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>Raven Matthews</u>	<u>10/9/24</u>	\$ <u>250</u>
Mailing Address <u>238 S Reese St</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Murphy, TN 38111</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Delta Health Alliance</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>director</u>	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Donnie Bell
 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>Poland Insurance Agency Inc.</u>	<u>12/9/24</u>	\$ <u>250</u>
Mailing Address <u>30 Pear Orchard Rd</u>	___/___/___	\$
City, State, Zip Code <u>Fulton MS 38843</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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Donnie Bell
 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 <u>Guy Place</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/20/24</u>	\$ <u>224.20</u>
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>224.20</u>
B. Full name <u>Stawamba Dugout Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/20/24</u>	\$ <u>500</u>
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>sign</u>	Aggregate Year-to-date	\$ <u>500.00</u>
C. Full name <u>State of MS / House of Rep</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/11/24</u>	\$ <u>250</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>chair</u>	Aggregate Year-to-date	\$ <u>250.00</u>
D. Full name <u>Steve Massingill</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1322 Hwy 5</u>	<u>5/1/24</u>	\$ <u>300</u>
City, State, Zip Code <u>Hickory Flat, MS 38633</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>contribution</u>	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>Beau Rivage Resort</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/5/24</u>	\$ <u>220.64</u>
City, State, Zip Code <u>Biloxi, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>MMU</u>	Aggregate Year-to-date	\$ <u>220.64</u>
F. Full name <u>Wal-Mart</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/26/24</u>	\$ <u>253.89</u>
City, State, Zip Code <u>Fulton, MS 38843</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>supplies</u>	Aggregate Year-to-date	\$ <u>253.89</u>

Name of Candidate or Committee

Donna Bell

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>Wash Force</u>	<u>2/8/24</u>	\$ <u>450</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>450.00</u>
<u>registration fee for seminar</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Dining</u>	<u>7/8/24</u>	\$ <u>313.96</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>313.96</u>
<u>plane ticket to seminar / conference</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Fulton County Club</u>	<u>6/1/24</u>	\$ <u>600</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
<u>tournament sponsor</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Renaissance Hotel</u>	<u>9/13/24</u>	\$ <u>570.54</u>
Mailing Address		
City, State, Zip Code	<u>9/16/24</u>	\$ <u>246.38</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>816.92</u>
<u>Orlando, FL</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Sears Club</u>	<u>10/2/24</u>	\$ <u>590</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>590.00</u>
<u>supplies for fundraiser</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Fulton Wine & Spirits</u>	<u>10/10/24</u>	\$ <u>423.21</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>423.21</u>
<u>supplies for fundraiser</u>		
<u>Fulton, MS 38843</u>		

Name of Candidate or Committee

Donnie Bell

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>Dorsey Food Mart</u>	<u>10/11/24</u>	\$ <u>284.93</u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>284.93</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	\$