# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

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Name of Candidate Donny Bell		D Capitol Office
Address 843 Tucher Rel	City/State/Zip_Fulton, MS	38843
Telephone (Work)(Home	e)(Fax)	
Contact Name	Email Address abell @ house	VCD. 2m.
Office Sought Representative		3
Check here if above information is different from previous r	report	
<u>TY</u> 1	PE OF REPORT	
Friday, January 31, 2025 (January 1, 2024 through D	December 31, 2024)	Annual Report
Termination Report (Candidate will no longer accept has no outstanding campaign de		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 BA	ALANCE		\$ 15,164.67
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	s 🔿	\$ 0	\$ 0
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 0	\$
DEC. 31, 2024 CASH ON HAND I	BALANCE		\$ 15, 164.67

<sup>&</sup>lt;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	CASH ON HAND BALANCE		\$ 29,382.15
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 44,005.00	\$ 6181.96	\$ 50, 181.96
TOTAL AMT OF DISBURSEMENTS	\$ 5227.75	\$ 13,101.61	\$ 19,329.36
DEC. 31, 2024 CASH ON HAND I	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 Boll
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.

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Name of Candidate or Committee Down Bell		
Reporting period 1-1-24 through 12-3(-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Formers & Merchant Bank	11/15/24	\$ 100
Mailing Address	//	\$
City, State, Zip Code  Baldum MS 38824  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ [000
B. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  Key LLC  Mailing Address	11/12/24	s loso
Mailing Address POBOX 540	//	\$
City, State, Zip Code  Manual MS 35130  Name of Employer (Required)	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	cco1 2
C. Source: Corporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Huntington Singlis Industries	11/18/24	\$ 1000
Mailing Address PO Box 149	//	\$
City, State, Zip Code Pascar Suls MS 39568	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tenione PAC	12/19/24	\$ 50V
Mailing Address ZOON Concress	11/4/24	\$500
City, State, Zip Code  MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	8/1000

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Name of Candidate or Committee Donnie Bell		
Reporting period $1-1-24$ through $12-31-24$	1	
ITEMIZED CONTRIBU	UTIONS	
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Centres of MS	12/16/24	\$ 500
Mailing Address	/	\$
219 Parole De City, State, Zip Code Femilia (A 71334) Name of Employer (Required)		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$500
B. Source: Corporation PAC OIndividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  M5 Didependent EX PAC	12/20/24	\$ 500
Mailing Address 4209 Cuhelund D. Ste 359	//	\$
City, State, Zip Code  Course of Employer (Required)		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<b>\$</b> క్రమ
C. Source: Ocorporation OPAC Individual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chip Crane	913124	\$ 1000
Mailing Address PO Box 428		\$
City, State, Zip Code Fultor, MS 38843	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ [025
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Banless Doon	<u>1011124</u>	\$ 500
Mailing Address  P. Pow 1091	//	s
City, State, Zip Code MS 3925	//	\$
Name of Employer (Required)	, ,	6

Occupation (Required)

\$ 500

Aggregate year–to-date

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Name of Candidate or Committee Downie Bell		
Reporting period 1-1-24 through 12-31-24		
ITEMIZED CONTRIBUT	ZIONS	
	10115	Amount of each
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name  Mailing Address  Mailing Address	9/1/24	\$ 557
Mailing Address 925 Saddle Club Rel	//	\$
City, State, Zip Code	//	\$
Colden MS 38847  Name of Employer (Required)		\$
Name of Employer (Requires)	'	
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9/26/24	\$ 500
Mailing Address 15322 W Main	//	S
City, State, Zip Code Lousulle, MS 39 339	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source: Ocorporation OPAC Nindividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MM David Turner	9/12/24	\$ 50 0
Mailing Address 213 Palmers Ca	//	S
City, State, Zip Code  Walson MS 3911)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$500
D. Source: OCorporation OPAC QIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Janes Stone	9/17/24	\$ (000
Mailing Address 1100 Choulaton Bl-d	//	\$
City, State, Zip Code  Lucelo, US 3880	//	\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year–to-date	\$ (000

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Name of Candidate or Committee Down Bell		
Reporting period 1—1—24 through 12-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	9/18/24	\$ LODO
Full name APA( - M S Dwc  Mailing Address PO Boy 24508	//	\$
City, State, Zip Code  John MS 35225  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ [000]
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Turch PAC	9,18,124	\$ 900
Mailing Address 829 N President St	//	\$
City, State, Zip Code  Journal MS 39202	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$500
C. Source: Corporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Community Spirit Bank	9/12/24	\$ 500
Mailing Address  206 W Main	//	\$
City, State, Zip Code  Vultar MS 38843	//	\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M.M. Scott Eaves	11/4/24	\$ 500
Mailing Address		\$
City, State, Zip Code  1 w/le MS 3880/		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year–to-date	\$ 200

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Name of Candidate or Committee Downie Bell		
Reporting period 17-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Levelus Political Action Com	911124	\$ 230
Mailing Address  Boy 5004	//	\$
City, State, Zip Code  Outhorn MS 39296	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cosio Sanford Cop	11/4/24	\$ 520
Mailing Address 825 N President		\$
City, State, Zip Code  Joulson, MS 39702	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 520
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M M Samuel Kellx	11/4/24	\$ 520
Mailing Address  111 Spur Dah Dr	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jun Selves 1	11/4/24	\$ 750
Mailing Address  HOD Is Nattur las Cir		\$
City, State, Zip Code  Nodeson MS 39110	//	s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	s 520

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Name of Candidate or Committee Downie Bell		
Reporting period 1-1-24 through 12.31-24	†	
ITEMIZED CONTRIBUT	ΓIONS	
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	11/4/24	\$ 250
Mailing Address	//	\$
Mailing Address  Let & Roberton Thompson Pd  City, State, Zip Code  When Median	//	\$
Name of Employer (Required)	//	\$
Occupation (Required) Representative	Aggregate year–to-date	\$ 250
B. Source: Corporation OPAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	11/4/24	\$ 520
Mailing Address  10 3 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	//	\$
City, State, Zip Code  City State, Zip Code		\$
Flower (Required)  Name of Employer (Required)	//	\$
Barley Harper Occupation (Required) Consultant	Aggregate year–to-date	\$ 250
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Friedhin Group	10/10/24	\$ 500
Mailing Address  Box 441887	//	\$
City, State, Zip Code  Houston, TX 77244	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$500
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Empower PAC	11 M 124	\$ 250
Mailing Address		\$
City, State, Zip Code Circles AS 35 157		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year–to-date	\$ 200

Name of Candidate or Committee Downe Bell	Page _	of
Reporting period 1-24 through 12-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11 . 5 . 71	
Full name WT Consultants LCC	11/5/24	\$ 250
Mailing Address PD Box 774	//	\$
City, State, Zip Code  Loubson, MS 39205	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Committee for Cloun Environment & Fair Tax Mailing Address	11,4,24	\$ 500
Mailing Address  3000 N State St	//	\$
City, State, Zip Code Soulson MS 39216	//	\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$ 5°00
C. Source: Ocorporation PAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capital Advacon Group PC	11/4/24	\$ 1000
Mailing Address PO Brox 217	//	\$
City, State, Zip Code	, ,	\$

Jackson MS 39205	//	Ψ
Name of Employer (Required)	'	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cornerston 6 out Affair, Inc	2/17/24	s 250
Mailing Address So Maine Aue SW		\$
City, State, Zip Code  DC 2024	//	\$
Name of Employer (Required)	//	s
Occupation (Required)	Aggregate year–to-date	\$ 250

Name of Candidate or Committee Dowie Bell	1 go	<u></u>
Reporting period 1-1-24 through 12-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 127124	\$ 300
Manufacturis Asson Mailing Address 7 20 N State		\$
City, State, Zip Code  Octoon MS 39707  Name of Employer (Required)	//	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Worthing & Eager PUC	10/31/24	\$ 250
Mailing Address	//	\$
PJ Box 650 City, State, Zip Code Jochson, MS 397203	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
C. Source: Ocorporation Opac OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ergon State PSC	10/17/34	\$ 500
Mailing Address PO Box 1639	!!	\$
City, State, Zip Code  Jaulsen MS 39215		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones dWaller, UP	11/4/24	s 250
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate	\$ 750

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Name of Candidate or Committee Donnie Bell		
Reporting period 1-1-24 through 12-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Cupital Resources PAC	11/4/74	\$ 1000
	//	\$
Mailing Address  ZOON Congress  City, State, Zip Code  Joulson MS 39201  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ [000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name KC Construction Inc	11/4/24	\$ 500
Mailing Address Holowsold	/	\$
City, State, Zip Code Follow MS 38843	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
C. Source: Ocorporation PAC Individual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Caresource Mission PAC	914124	s 250
Mailing Address 65 E Stute St Ste 201	//	\$
City, State, Zip Code  Codernal y H 43 215	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9,16,124	\$ 2000
Mailing Address PO Box 37(0)		s
City, State, Zip Code  Louise MS 39232	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2000

Name of Candidate or Committee Downing Bell Reporting period through 12-31-24  ITEMIZED CONTRIBUT		of [7
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	11/4/24	\$ 250
Mailing Address  975 N State St, Ste 205	//	\$
City, State, Zip Code  Soubson MS 39703	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

1223

\$

\$

Aggregate

year-to-date

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Other (please specify)  Other (please specify)  Other (please specify)  Other (please specify)  Name of Employer (Required)  Occupation (	Name of Candidate or Committee October 1300		
A. Source: Ocrporation OPAC OINdividual OLoan Other (please specify)  Full name CNC TC  ID/1/14  S  ID/1/14  ID/1/14  ID/1/14  S  ID/1/14  ID/1/	Reporting period 12-31-24 through		
Assorted Color paration (No. Day Year)  Full name CNC UTC  Mailing Address  Occupation (Required)  Discrete (Mo., Day Year)  STALL  Aggregate (Mo., Day Year)  Source: Ocorporation PAC Otndividual OLoan  Other (please specify)  Occupation (Required)  Occupation (Required)  Aggregate (Mo., Day Year)  Source: Ocorporation PAC Otndividual OLoan  Other (please specify)  Occupation (Required)	ITEMIZED CONTRIBUT	ΓIONS	
Full name  CNC UTC  Mailing Address  City, State, Zip Code  Other (please specify)  B. Source: Ocorporation  Other (please specify)  City, State, Zip Code  City, State, Zip Code  Other (please specify)  Decupation (Required)  Source: Ocorporation  Pace  City, State, Zip Code  City, State, Zip Code  Cocupation (Required)  Cocupation (Required)	A. Source: OCorporation OPAC OIndividual OLoan		receipt
Mailing Address  City, State, Zip Code  Name of Employer (Required)  Croupation (Required)  Croupation (Required)  Date  (Mo., Day, Year)  S  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cocupation (Required)  Croupation (Requir	Other (please specify)		S
City, State, Zip Code    City, State, Zip Code		10/	
Occupation (Required)  Description (Required)  Descrip	13 Northtown Dr Sto 220	'	7
Occupation (Required)  Description (Required)  Descrip	City, State, Zip Code  Soulson MS 39211	_'_'_	
B. Source: Corporation OPAC OIndividual OLoan Date (Mo., Day, Year)  Full name Park 6 arm Trucking UC  Mailing Address  City, State, Zip Code  Other (please specify)  Cocupation (Required)  C. Source: Corporation OPAC OIndividual OLoan  Mailing Address  Date (Mo., Day, Year)  S  Aggregate (Mo., Day, Year)  S  City, State, Zip Code  City, State, Zip Code  Date (Mo., Day, Year)  S  City, State, Zip Code  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  D. Source: Orporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  D. Source: Orporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  D. Source: Orporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  D. Source: Orporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  D. Source: Orporation OPAC OIndividual OLoan  Other (please specify)  Mailing Address  PO Bay UZU  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Other (Please specify)  Mailing Address  PO Bay UZU  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Other (Please specify)  Mailing Address  PO Bay UZU  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Other (Please specify)  Mailing Address  PO Bay UZU  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Other (Please specify)  Mailing Address  PO Bay UZU  City, State, Zip Code  D. Source: Orporation OPAC OIndividual OLoan  Other (Please Specify)  Mailing Address  D. Source: Orporation OPAC OIndividual OLoan  Other (Please Specify)  D. Source: Orporation OPAC OIndividual OLoan  Other (Please Specify)  D. Source: Orporation OPAC OINDIVIDUAL	Name of Employer (Required)	//	\$
Other (please specify)  Other (please specify)  Full name  Paid 6 and Trucking alc  Mailing Address  City, State, Zip Code  Full name  Cocupation (Required)  C. Source: Ocorporation  Other (please specify)  Full name  Other (please specify)  Other (please specify)  Full name  Mailing Address  PAC  Mailing Address  PAC  Mailing Address  PAC  Occupation (Required)  Date  (Mo., Day, Year)  Amount of each receipt this period  Amount of each receipt this period  City, State, Zip Code  -/ / 5  Occupation (Required)  D. Source: Ocorporation  Other (please specify)  City, State, Zip Code  Other (please specify)  City State, Zip Code  Julian Address  Other (please specify)  City, State, Zip Code  Julian Address  Other (please specify)  City, State, Zip Code  Julian Address  Ju	Occupation (Required)		CC018
Full name Park 6 ann Trurching UC  Mailing Address  City, State, Zip Code Full name Park 6 ann Trurching UC  City, State, Zip Code Full name Man of Employer (Required)  C. Source: Ocorporation PAC Olindividual Oloan Other (please specify)  Full name MS W PAC  Mailing Address PD BOW 16654  City, State, Zip Code D. Source: Ocorporation OPAC Olindividual Oloan Other (please specify)  D. Source: Ocorporation OPAC Olindividual Oloan Date (Mo., Day, Year)  City, State, Zip Code D. Source: Ocorporation OPAC Olindividual Oloan Other (please specify)  D. Source: Ocorporation OPAC Olindividual Oloan Date (Mo., Day, Year)  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  City, State, Zip Code  Mailing Address PD BOW 172  S  Cocupation (Required)  Aggregate  Magregate			receipt
City, State, Zip Code    Coccupation (Required)   S	Full name	1019114	\$
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  C. Source: Ocorporation PAC OIndividual OLoan  Mailing Address  Pocupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code  Other (please specify)  D. Source: Ocorporation OPAC OIndividual OLoan  Occupation (Required)  Date (Mo., Day, Year)  S  City, State, Zip Code  Other (please specify)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Date (Mo., Day, Year)  S  City, State, Zip Code  Other (please specify)  City, State, Zip Code  Other (please specify)  City, State, Zip Code  Other (please specify)  Aggregate (Mo., Day, Year)  S  City, State, Zip Code  Other (please specify)  Aggregate (Mo., Day, Year)  S  City, State, Zip Code  Other (please specify)  Aggregate  S  Occupation (Required)	Mailing Address  295 E O Lisean ST		\$
Name of Employer (Required)  Occupation (Required)  Occupation (Required)  C. Source: Ocorporation PAC OIndividual OLoan Other (please specify)  Full name  Mailing Address PD BOH 10004  City, State, Zip Code Julian (Required)  Occupation (Required)  Date (Mo., Day, Year)  S  Occupation (Required)  Occupation (Required)  Date (Mo., Day, Year)  S  Occupation (Required)  Other (please specify)  LLC  Mailing Address  Date (Mo., Day, Year)  Amount of each receipt this period  Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  Individual OLoan Date (Mo., Day, Year)  S  Occupation (Required)  Amount of each receipt this period  Individual OLoan Other (please specify)  Amount of each receipt this period  Individual OLoan Other (please specify)  Amount of each receipt this period  Individual OLoan Other (please specify)  Amount of each receipt this period  Individual OLoan Other (please specify)  S  Occupation (Required)  Aggregate  S  Occupation (Required)  Aggregate S  Occupation (Required)  Aggregate S  Occupation (Required)  Aggregate S	C' C 1 7' C 1-		\$
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Other (please specify)  Full name  Mailing Address  Posurce: Occupation (Required)  Date  (Mo., Day, Year)  Full name  City, State, Zip Code  Julion MS 35236  Name of Employer (Required)  D. Source: Occupation OPAC Olindividual OLoan  Other (please specify)  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Other (please specify)  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Other (please specify)  Mailing Address  Posurce: Occupation OPAC Olindividual OLoan  Mailing Address  Occupation (Required)  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Society, State, Zip Code  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Aggregate  Society, State, Zip Code  Aggregate  Aggregat			
Full name  MSWPAC  Mailing Address POBOUT 16604  City, State, Zip Code  Julian MS 36236  Name of Employer (Required)  Description (Required)  Maggregate year-to-date  Aggregate year-to-date  Mo., Day, Year)  Mailing Address  Ma	Occupation (Required)		\$500
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D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Date (Mo., Day, Year)  Amount of each receipt this period    O / 9 / 24   \$ 200    - / _ / _ \$    Occupation (Required)  Aggregate  Aggregate  Aggregate	C. Source: Ocorporation PAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  POBOL 16604  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)  Lo/ 124	Amount of each receipt this period  \$ 555
Other (please specify)  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Other (please specify)  LC  Mo., Day, Year)  This period  T	C. Source: Ocorporation PAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  POBOL 16604  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)  Lo/ 124	Amount of each receipt this period  \$ 5 5 5 \$ \$
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	C. Source: Ocorporation PAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  PD BOU 16604  City, State, Zip Code  Julian MS 36236  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)  Full name  Other (please specify)  Full name  Mailing Address  PD BOU 16604  City, State, Zip Code  A Company Com	year-to-date  Date (Mo., Day, Year)  Lo/ fl/ 24 ///  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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Name of Candidate or Committee		
Reporting period 1-1-24 through 12-31-24		
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Frank Frank Wilson & Harred PA	<u>19124</u>	\$ 100
Franks Franks Wilcron & Haggord PA  Mailing Address	//	\$
City, State, Zip Code  Fulton MS 38843  Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ (000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name United Financial	10/9/24	\$ 1000
Mailing Address POBO437	//	\$
City, State, Zip Code Fulton, MS 38843		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
C. Source: Ocorporation OPAC Individual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles Bootnes)	1019 124	\$ 5000
Mailing Address PO Box 307	//	\$
City, State, Zip Code  Sherman MS 38869		\$
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate year–to-date	\$2000
D. Source: Corporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ton Watersports, Ive	1018 15th	\$ 1000
Mailing Address 5/30 Huy 178W		\$
City, State, Zip Code Fulton, M.S. 38843	//	\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate	\$ 1000

Name of Candidate or Committee Downic Bell

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

#### ITEMIZED CONTRIBUTIONS

A. Source: Orporation PAC Individual OLoan Other (please specify)  Full name Other (please specify)  Full name of Employer (Required)  Other (please specify)  Full name Amount of each receipt fits period  Full name Other (please specify)  Full name Other (please specify)  Full name Other (please specify)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  S  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  S  Occupation (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  S  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  S  Occupation (Required)  Other (please specify)  S  Occupation (Required)  Other (please specify)  S  Amount of each receipt (Mo., Day, Year)  This period  In S  Amount of each receipt (Mo., Day, Year)  S  Occupation (Required)  Other (please specify)  S  Amount of each receipt (Mo., Day, Year)  S  Amount of each receipt (Mo., Day, Year)  S  Occupation (Required)  Other (please specify)  S  Occupation (Required)  Oc	HEMIZED CONTRIBU	110112	
Full name    Mailing Address		2224.000.000.000	receipt
Mailling Address    City, State, Zip Code		(Mo., Day, Tear)	this period
City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  PAC Official Loan Other (please specify)  Full name  Aggregate year-to-date  C. Source: Corporation Other (please specify)  Name of Employer (Required)  Occupation (Required)  C. Source: Corporation Other (please specify)  Full name  C. Source: Corporation Other (please specify)  S. Source: Corporation Other (please specify)  Full name  C. Source: Corporation Other (please specify)  S. Source: Corporation Oth	triends of MS Hospitals	1019124	
City, State, Zip Code  Name of Employer (Required)  Date (No., Day, Year)  City, State, Zip Code  C. Source: Corporation OPAC OIndividual OLoan  Other (please specify)  Date (No., Day, Year)  S  Amount of each receipt this period  This period  City, State, Zip Code  Cocupation (Required)  Date (No., Day, Year)  S  City, State, Zip Code  City,	Mading Address V	//	\$
Name of Employer (Required)   S   Occupation (Required)	City, State, Zip Code	//	\$
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B. Source: Octoporation PAC OIndividual OLoan Other (please specify)  Full name AAA MS PAC Mailing Address POther (Required)  C. Source: Octoporation OPAC OIndividual OLoan Other (please specify)  Full name AAAA MS PAC Mailing Address POSA 14 2  City, State, Zip Code Other (please specify)  S  S  S  S  S  S  S  S  S  S  S  S  S		//	\$
Other (please specify)  Full name  ASA MS PAC  Mailling Address  PD Boy 14 S 2  City, State, Zip Code  C. Source: Corporation OPAC OIndividual OLoan  Mailling Address  PD Boy 17 S  Amount of each receipt this period  This period  Amount of each receipt this period  Date (Mo., Day, Year)  Mailling Address  PD Boy 17 S  City, State, Zip Code  Other (please specify)  Mailling Address  D. Source: Corporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  S  Coccupation (Required)  Aggregate year-to-date  S  Amount of each receipt this period  Aggregate year-to-date  S  City, State, Zip Code  Other (please specify)  Mailling Address  Coccupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Date (Mo., Day, Year)  S  City, State, Zip Code  Coccupation (Required)  Aggregate S  City, State, Zip Code  Coccupation (Required)  Aggregate S  Amount of each receipt this period  Coccupation (Required)  Amount of each receipt this period  Amount of each receipt this period  Coccupation (Required)  Amount of each receipt this period  Coccupation (Required)  Amount of each receipt this period  Coccupation (Required)  Amount of each receipt this period  Amount of each receipt this period  Coccupation (Required)  Amount of each receipt this period  Amou	Occupation (Required)	00 0	\$ 1000
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D. Source: Corporation OPAC OIndividual OLoan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  To 18124 \$ 1000  Source: Corporation OPAC OIndividual OLoan  Date (Mo., Day, Year)  To 18124 \$ 1000  Source: Occupation (Required)  Aggregate  Amount of each receipt this period  To 18124 \$ 1000  Source: Occupation (Required)  Aggregate  Amount of each receipt this period  To 18124 \$ 1000  Source: Occupation (Required)  Aggregate  Amount of each receipt this period  To 18124 \$ 1000  Source: Occupation (Required)  Aggregate  Amount of each receipt this period  To 18124 \$ 1000  Source: Occupation (Required)  Aggregate  Amount of each receipt this period			\$
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Other (please specify) this period  Full name	D. Source: Corporation PAC Individual Loan	Date	
Mailing Address	1 1 1 V/	(Mo., Day, Year)	
City, State, Zip Code	Full name Monteamen Entorprises Dic	10/8/24	\$ [000
Name of Employer (Required)  Occupation (Required)  Aggregate \$ 1000	Mailing Address  DO Boy 37	//	\$
Name of Employer (Required) / \$  Occupation (Required)  Aggregate \$ 1300		//	\$
		//	s
	Occupation (Required)		\$  000

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Name of Candidate or Committee Source Bell

Reporting period 12-31-24

#### ITEMIZED CONTRIBUTIONS

HEMIZED CONTRIDU	LIONS	
A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full name		this period
Mailing Address 904 W Mein	1019124	\$ 300
904 W Main	//	3
City, State, Zip Code  Fulton, MS 388 43  Name of Employer (Peculiard)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	619 126	\$ (00)
Full name  M. M. Brican Boatner  Mailing Address  Sign Boatner Dr.  City, State, Zip Code  Portator, M.S. 38863  Name of Employer (Required)	//	\$
City, State, Zip Code  Production MS 38863	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1000
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name VM Cleveland	D19124	\$ 1000
Mailing Address 1879 Coley Rel	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	cco, ?
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M M Tonne Adam	1019124	\$ 500
Mailing Address 123 Turner Lane	//	s
City, State, Zip Code Use 38876	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 300

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

### ITEMIZED CONTRIBUTIONS

HEMIZED CONTRIDU	LIOIAD	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Full name M M M M M M M M M M M M M M M M M M M	1019 114	this period  \$ 500
Mailing Address  Mailing Address	/ /	\$
City, State, Zip Code		\$
Name of Employer (Required)	_'_'_	S
Name of Employer (recquired)	'	<b>3</b>
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MM B J Carrey	1019 114	\$ 500
Mailing Address 102 Francis De		\$
City, State, Zip Code Fulton, MS 38843	//	\$
Name of Employer (Required)  The mont Floral	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clearmedicine UC	1019124	\$ 500
Mailing Address  207 Bankarl Dr	//_	\$
City, State, Zip Code Fulton, MS 38843	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steven Staul	1019124	\$ 250
Mailing Address 2530 Edgement Cir		\$
City, State, Zip Code Lipelo, MS 38804	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 520

Name of Candidate or Committee Donnie Bell	Page _	16 of 17
Reporting period through 12-31-24	-	
ITEMIZED CONTRIBUT		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
T	10,9,74	\$ 250
Mailing Address  D. D. Boy G. D.	//	\$
PD Box 902 City, State, Zip Code Fulton MS 38843 Name of Employer (Required)	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Klive	10/5/24	\$ 250
Mailing Address TO Box 121	//	\$
City State Zin Code	//	\$
Fulta MS 38843  Name of Employer (Required)  Kluve Mach Systes	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MM Saul Come	1519124	\$ 250
Mailing Address	//	\$
City, State, Zip Code Fulto MS 38843	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period

Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

duesto

receipt this period

250

\$

\$

\$

Aggregate year–to-date

of	13
	of

Name of Candidate or Committee through 12-31 - 24 Reporting period ( )Individual A. Source: Corporation )PAC Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 250 Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) Occupation (Required) Aggregate GCS year-to-date PAC Amount of each B. Source: (Corporation Individual )Loan Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate \$ year-to-date C. Source: Corporation ( )PAC )Individual ( Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name \$ Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate year-to-date Corporation ( )PAC )Individual ( Amount of each D. Source: ( Date receipt (Mo., Day, Year) Other (please specify) this period Full name \$ Mailing Address \$ City, State, Zip Code \$ Name of Employer (Required) \$ Occupation (Required) Aggregate \$ vear-to-date

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Page		01	~

Name o	f Candidate	or Committee	

	~	0 00
Don	nie	Bell

Reporting period \_

through 12-31-24

# ITEMIZED DISBURSEMENTS

A Full name  City, State, Zip Code	Disbursements from contributions accumulated Prior to January 1, 201	18 or On or After J	anuary 1, 2018
Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Aggregate Year-to-date Mailing Address  City, State, Zip Code  Furbose of Disbursement (Optional)  Aggregate Year-to-date Mailing Address  City, State, Zip Code State Amount of each disbursement this period  And this pe			
Purpose of Disbursement (Optional)  Purpose of Disbursement (Optional)  R. Full name  C. Full name  City, State, Zip Code  Journal Mailing Address  Lity State, Zip Code  Mailing Address  Aggregate  Samuel States	Mailing Address	2/20/24	\$ 274.20
## Aggregate S 224.25  ## Full name    Mailing Address   Amount of each disbursement (Optional)	City, State, Zip Code	//	\$
Mailing Address    City, State, Zip Code	Purpose of Disbursement (Optional)		\$ 224.20
State Amount of each disbursement (Optional)  Description of Disbursement (Optional)  Aggregate Year-to-date  State Amount of each disbursement (Optional)  Aggregate Year-to-date  State Amount of each disbursement (Optional)  Aggregate Year-to-date  Description of the Amount of each disbursement this period  Aggregate Year-to-date  State Amount of each disbursement (Optional)  Description of the Amount of each disbursement (Optional)  Aggregate Year-to-date  State Amount of each disbursement (Optional)  Aggregate Samount of each disbursement this period  Amount of each disbursement (Optional)  Aggregate Samount of each disbursement (Optional)  Curtiful Samount of each disbursement (Optional)  Aggregate Samount of each disbursement (Optional)  Aggregate Samount of each disbursement (Optional)  Aggregate Samount of each disbursement this period  Amount of each disbursement (Optional)  Aggregate Samount of each disbursement this period  Mailing Address  City, State, Zip Code	Drawander Dagout Club		
Purpose of Disbursement (Optional)  Full name  C. Full name  State of MS   Howard Rep   Mailing Address   Mailing Addres	Mailing Address	3120124	\$ 500
C. Full name State of MS   House of Rep Mailing Address  City, State, Zip Code   Code		//	\$
Date (Mo., Day, Year)   Amount of each disbursement this period	sign		\$ 505.00
Aduling Address    3 / 1 / 24   S	State of MS / House of Rep		The second secon
Purpose of Disbursement (Optional)  D. Full name  Malling Address  City, State, Zip Code  E. Full name  Malling Address  City, State, Zip Code  City, State, Zip Code  Furpose of Disbursement (Optional)  Aggregate  Year-to-date  Amount of each disbursement this period  Aggregate  Year-to-date  Amount of each disbursement (Mo, Day, Year)  Aggregate  Year-to-date  Amount of each disbursement this period  Amount of each disbursement this period  Aggregate  Year-to-date  Amount of each disbursement this period  Aggregate  Year-to-date  Substate, Zip Code  City, State, Zip Code  City, State, Zip Code  Aggregate  Year-to-date  Substate  Amount of each disbursement this period  Aggregate  Year-to-date  Substate  Amount of each disbursement this period  Aggregate  Year-to-date  Substate  Amount of each disbursement this period  Aggregate  Amount of each disbursement this period	Mailing Address	3/11/24	\$ 250
Purpose of Disbursement (Optional)  D. Full name  Stewn Massing Address  Mailing Address  City, State, Zip Code  E. Full name  Date (Mo., Day, Year)  City, State, Zip Code  E. Full name  Date (Mo., Day, Year)  City, State, Zip Code  E. Full name  Date (Mo., Day, Year)  City, State, Zip Code	City, State, Zip Code  Jackson MS 39231		\$
Date (Mo., Day, Year) disbursement this period  Mailing Address  S1124 \$ 300  City, State, Zip Code	Purpose of Disbursement (Optional)	66 6	\$ 250.55
City, State, Zip Code    Control   C	D. Full name Stare Masswarll		Amount of each
City, State, Zip Code    Control   C	Mailing Address 1322 Huy 5	511124	\$ 300
Purpose of Disbursement (Optional)  E. Full name  Beau Runge Resort  Mailing Address  City, State, Zip Code  Buleyte MS  Purpose of Disbursement (Optional)  F. Full name  Date (Mo., Day, Year)  Aggregate Year-to-date  Purpose of Disbursement (Optional)  Aggregate Year-to-date  Date (Mo., Day, Year)  Amount of each disbursement this period  Amount of each disbursement this period  L/26/24  S 253.89  Purpose of Disbursement (Optional)  Aggregate Year-to-date  Amount of each disbursement this period  Aggregate Year-to-date  Amount of each disbursement this period  Aggregate S 253.89  Purpose of Disbursement (Optional)  Aggregate S 253.89	City, State, Zin Code		\$
Beau Runge Resort   (Mo., Day, Year)   disbursement this period	Purpose of Disbursement (Optional)		\$ 300,00
City, State, Zip Code  Purpose of Disbursement (Optional)  F. Full name  Mailing Address  Date (Mo., Day, Year)  City, State, Zip Code  L/26/U \$ 253.89  City, State, Zip Code  L/26/U \$ 253.89  Purpose of Disbursement (Optional)  Aggregate  Amount of each disbursement this period  L/26/U \$ 253.89		•	I .
Purpose of Disbursement (Optional)  F. Full name  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Aggregate Year-to-date  Amount of each disbursement this period  \$ 253.89  Purpose of Disbursement (Optional)  Aggregate  \$ 273.89	Mailing Address	<u>615124</u>	\$ 222-64
F. Full name  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Aggregate  Year-to-date  Amount of each disbursement this period  \$ 253.59  Aggregate  \$ 253.59			\$
Mailing Address  Mailing Address  City, State, Zip Code  Purpose of Disbursement (Optional)  Aggregate  Almount of each disbursement this period  \$ 253.89			\$ 220.64
Mailing Address  L 126/2 \$ 253.89  City, State, Zip Code  L 126/2 \$ 253.89  Purpose of Disbursement (Optional)  Aggregate \$ 253.89	F. Full name		
Purpose of Disbursement (Optional)  Aggregate \$ 752.56		<u>le 126/24</u>	\$ 253.89
Purpose of Disbursement (Optional)  Aggregate  \$ 75256		//	\$
	Purpose of Disbursement (Optional)		\$ 523-89

Name of	Candidate	or	Committee

Donne Bell

Reporting period \_\_

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through 12-31-24

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 of	and the second s	
A. Full name Work Force	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2/8/24	\$ 450
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)  Legistration for for seminar	Aggregate Year-to-date	s (c. CZY s
registration for for seminar B. Full name Sourhurest D'ulines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	718124	\$ 313.96
City, State, Zip Code		\$
Purpose of Disbursement (Optional)  Plane talk to service / Conference	Aggregate Year-to-date	\$ 313.96
C. Full name Fulton County Clal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	61174	\$ 60)
City, State, Zip Code Fulta MS 26643		\$
Fulta MS 38843  Purpose of Disbursement (Optional)  tournament Sponsor	Aggregate Year-to-date	s 600,00
D. Full name Renaussance Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9/13/24	\$ 570.54
City, State, Zip Code	9/16/24	\$ 246, 38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 816.92
E. Full name Scomb Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/2/24	\$ 590
City, State, Zip Code Tupelo MS 38804	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 590.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/0/24	\$ 423,21
City, State, Zip Code  Fulton MS 38843		S
Purpose of Disbursement (Optional)  Supplies for functionse	Aggregate Year-to-date	\$ 425.21

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Name of Candidate or Committee	Don

Reporting period [-1-24

through 12-31-24

# ITEMIZED DISBURSEMENTS

Bell

Disbursements from contributions accumulated Prior to January 1, 2018 o	r On or After J	anuary 1, 2018
A. Full name  Ousey Food Mart  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/11/54	\$ 284-93
City, State, Zip Code Fulton, MS 38843		\$
Purpose of Disbursement (Optional)  Dyples for furtherise  B. Full name	Aggregate Year-to-date	\$ 284-93
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
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	//	s
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	//	S
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	\$