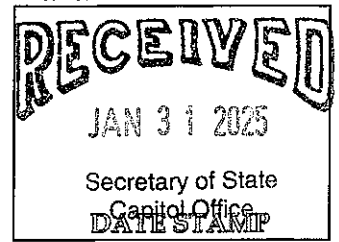




REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Fred Shanks
 Address _____ City/State/Zip Brandon Ms 39042
 Telephone (Work) 601-540 0041 (Home) _____ (Fax) _____
 Contact Name _____ Email Address Fred Shanks OLE BellSouth.net
 Office Sought State Rep District 60

Check here if above information is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) Annual Report
 _____ Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 7,600	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$ 1,200	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 9,170.33

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		\$ 9,170.33	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 7,600	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$ 1,200	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE		\$ 2,770.33	

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



Signature of Candidate

Jan 31, 2025
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 _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name <i>James Hendrix</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code <i>1220 E. Northside Dr STE 170, Box 189</i>	___ / ___ / ___	\$
Purpose of Disbursement (Optional) <i>Jackson Ms 39211</i>	Aggregate Year-to-date	\$ <i>1,200⁰⁰</i>
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	\$

Name of Candidate or Committee Rep Fred Shanks
 Reporting period _____ through _____

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>Comcast Corp</u>	<u>11/27/24</u>	\$
Mailing Address <u>1701 JFK Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Philadelphia MS19103</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Cenabre Margaret</u>	<u>12/13/24</u>	\$
Mailing Address	___/___/___	\$
City, State, Zip Code <u>St Louis MO 63105</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Payne Co.</u>	<u>12/21/24</u>	\$
Mailing Address <u>135 Mayfair Rd</u>	___/___/___	\$
City, State, Zip Code <u>Harrisburg Mo 39402</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Rep Fred Sharkey
 Reporting period _____ through _____

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>MPC PAC</u>	<u>10/11/24</u>	\$
Mailing Address <u>2992 West Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport Ms 39502</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</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>Sarena Flowers</u>	<u>12/28/24</u>	\$
Mailing Address <u>PO Box 13061</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39236</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Resources</u>	<u>12/28/24</u>	\$
Mailing Address <u>200 North Congress St</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Asphalt Contractor PAC</u>	<u>11/07/24</u>	\$
Mailing Address <u>771 N President Ft</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39202</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee

Rep Fred Shivers

Reporting period

through

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>Ten One PAC</u>	<u>12/24/24</u>	\$
Mailing Address <u>200 North Congress St</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>ECNA CO-PAC</u>	<u>11/21/24</u>	\$
Mailing Address <u>165 Highland Colony Pkwy</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland Ms 39157</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAR PAC</u>	<u>12/21/24</u>	\$
Mailing Address <u>PO Box 321000</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39232</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ER9 ON</u>	<u>10/31/24</u>	\$
Mailing Address <u>PO Box 1639</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39215</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee Rep. Fred Shuler
 Reporting period _____ through _____

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>Cascio Sanford Law Group</u>	<u>12/13/24</u>	\$
Mailing Address <u>825 N. President St</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39202</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nveor Ms PAC</u>	<u>12/10/24</u>	\$
Mailing Address <u>3630 Fourth St</u>	___/___/___	\$
City, State, Zip Code <u>Flowood Ms 39232</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200⁰⁰</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>ENPAC</u>	<u>12/7/24</u>	\$
Mailing Address <u>PO Box 1640</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39215</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>350⁰⁰</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>Moline Healthcare</u>	<u>12/23/24</u>	\$
Mailing Address <u>200 Oceanate</u>	___/___/___	\$
City, State, Zip Code <u>Longbeak CA 90802</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee Rep Fred Shunk's

Reporting period _____ through _____

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>Trey Jones</u>	<u>12/20/20</u>	\$
Mailing Address <u>190 East Capital St</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39205</u>	___/___/___	\$
Name of Employer (Required) <u>Brunini</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Assoc</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent Paraleg. Store Assoc</u>	<u>12/20/20</u>	\$
Mailing Address <u>921 E. Fortification</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39202</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</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>Dennis Miller</u>	<u>12/18/20</u>	\$
Mailing Address <u>3100 North State St</u>	___/___/___	\$
City, State, Zip Code <u>Jackson Ms 39216</u>	___/___/___	\$
Name of Employer (Required) <u>Jone Walker</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>United Health Care Group</u>	<u>12/12/20</u>	\$
Mailing Address <u>795 Woodlands Pkwy</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland Ms 39157</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁰⁰</u>