Name of Candidate

earned thereon in the form of interest or dividends.

REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report Fired Shanks

PECELYED

JAN 3 1 2025

Secretary of State

Ad	dress	_City/State/Zip_	Brandon 1	10 3904Z
Tel	lephone (Work) 601-540 0041 (Home)		(Fax)	
Co	ntact Name	Email Address_	Fred Shad	Les 01@ Bellsu
Of	fice Sought State Rep District GO			ne
	Check here if above information is different from previous report			
	TYPE C	F REPORT		
X	Friday, January 31, 2025 (January 1, 2024 through Decen	nber 31, 2024)		Annual Report
	Termination Report (Candidate will no longer accept cont has no outstanding campaign debt of		mpaign expenditures,	Required to terminate reporting obligations
(1)	Annual Reports are mandatory for all candidates who did not run for of prior to December 31, 2022, even if no contributions or expenditures have for total amount of reported contributions and expenditures during the	e occurred. In such c		
(2)	Annual Reports are mandatory for 2022 judicial candidates who did not expenditures have occurred. In such case, the candidate shall submit a rexpenditures during the reporting period.			
(3)	Beginning on Jan. 1, 2018, candidates and officeholders may not "person			

(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).

"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

(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	LANCE		\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 7,600	\$	\$
TOTAL AME OF DISDLINGSMENTS		φ.	d)
TOTAL AMT OF DISBURSEMENTS	\$ 1,200	7	3
DEC. 31, 2024 CASH ON HAND B	ALANCE	and described the activities of a finish constraint of the constra	\$ 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 BA	LANCE		\$ 9170.37
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$7600	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$ 1,200	\$	\$:
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$ 2770.33

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

Date

Jan 31, 2025

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

	Page	of		
Name of Candidate or Committee				
Reporting period through				
ITEMIZED DISBURSEMENTS				
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	anuary 1, 2018		
A. Full name James Hendrix	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	//	\$		
City, State, Zip Code 1220 E. Northsido Da Ste 170 Box 189	//	\$		
Purpose of Disbursement (Optional) Jackson Ms 39211	Aggregate Year-to-date	\$ 1,20000		
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. Fuli 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	\$		

Reporting period	Name of Candidate or Committee Rep Fred Shales	0 2	of		
A Source: Occupation OPAC OIndividual OLoan Other (please specify) Full name Concest Corp Mailing Address [70] JFik Black City, State, Zip Code B. Source: Occupation (Required) Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address City, State, Zip Code Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address Mailing Address City, State, Zip Code Mailing Address Mailing Address Mailing Address City, State, Zip Code Mailing Address Mailin					
A Source: Occupation OPAC OIndividual OLoan Other (please specify) Full name Concest Corp Mailing Address [70] JFik Black City, State, Zip Code B. Source: Occupation (Required) Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address City, State, Zip Code Mailing Address City, State, Zip Code City, State, Zip Code Mailing Address Mailing Address City, State, Zip Code Mailing Address Mailing Address Mailing Address City, State, Zip Code Mailing Address Mailin	ITEMIZED CONTRIBUTIONS				
Full name II / 27 / 25 S	A. Source: Corporation PAC Individual Loan	Date	receipt		
Mailing Address TO DFIK Blad	Full name				
S Sacreta	Maining Address		\$		
Name of Employer (Required) Aggregate year-to-date Amount of each receipt this period	City, State, Zip Code	/ /	\$		
B. Source: Ocorporation PAC Oladividual OLoan Other (please specify) Full name Century Mailing Address City, State, Zip Code C. Source: Ocorporation OPAC Oladividual OLoan Other (please specify) Full name C. Source: Ocorporation OPAC Oladividual OLoan Other (please specify) Name of Employer (Required) Date (Mo, Day, Year) Full name Payer Co. Mailing Address 135 May fon Pd City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Date (Mo, Day, Year) S Cuty, State, Zip Code City, State, Zip Code Date (Mo, Day, Year) S Cocupation (Required) Date (Mo, Day, Year) S City, State, Zip Code Date (Mo, Day, Year) S City, State, Zip Code Date (Mo, Day, Year) S City, State, Zip Code Amount of each receipt this period Date (Mo, Day, Year) S City, State, Zip Code Mailing Address City, State, Zip Code Mailing Address S City, State, Zip Code Aggregate S Cocupation (Required) Aggregate Cocupation (Required) Aggregate Cocupation (Required) Aggregate Cocupation (Required) Aggregate C	Name of Employer (Required)	/ /	\$		
B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Century Mailing Address City, State, Zip Code C. Source: Acorporation OPAC OIndividual OLoan Other (please specify) Full name Pate (Mo., Day, Year) S City, State, Zip Code C. Source: Acorporation OPAC OIndividual OLoan Other (please specify) Full name Pate (Mo., Day, Year) City, State, Zip Code Table Tourne Companion (Required) Table Tourne Companion (Required) Table Tourne Companion (Required) Table Tourne Table Tou	Occupation (Required)		\$ 50000		
Other (please specify) Full name Cenchene Many f Mailing Address City, State, Zip Code State Mo (3105) City, State, Zip Code State Mo (3105) Name of Employer (Required) C. Source: Corporation OPAC OIndividual OLoan Other (please specify) Mailing Address 135 Many Fon Rd City, State, Zip Code Hattusburg Mo 39402 Name of Employer (Required) Occupation (Required) Date (Mo., Day, Year) S Cocupation (Required) Aggregate year-to-date S Occupation (Required) Date (Mo., Day, Year) Amount of each receipt risis period S City, State, Zip Code Aggregate year-to-date Other (please specify) Full name Date (Mo., Day, Year) This period Amount of each receipt receipt risis period Aggregate year-to-date S Amount of each receipt risis period S Amount of each receipt risis period Full name	B. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each		
Mailing Address City, State, Zip Code Name of Employer (Required) C. Source: Scorporation PAC Olindividual OLoan Other (please specify) Date (Mo., Day, Year) City, State, Zip Code Hattishing Mo 39 402 Name of Employer (Required) Coccupation (Required) Date (Mo., Day, Year) Scorporation (Required) City, State, Zip Code Hattishing Mo 39 402 Name of Employer (Required) D. Source: Ocroporation PAC Olindividual OLoan Other (please specify) Full name Aggregate year-to-date Scorporation (Required) D. Source: Ocroporation PAC Olindividual OLoan Other (please specify) Full name City, State, Zip Code Aggregate year-to-date Mo., Day, Year) Scorporation Address	Full name		this period		
City, State, Zip Code	Mailing Address Many of	12/13/24			
Name of Employer (Required) Occupation (Required) Occupation (Required) Occupation (Required) C. Source: Corporation OPAC Individual OLoan Other (please specify) Mailing Address 135 May fan Pd City, State, Zip Code Date (Mo., Day, Year) S City, State, Zip Code Occupation (Required) Occupation (Required) Occupation (Required) Other (please specify) Aggregate year-to-date Other (please specify) Full name Other (please specify) Amount of each receipt this period S Occupation (Required) Other (please specify) S Amount of each receipt this period Amount of each receipt this period S City, State, Zip Code Other (please specify) S Amount of each receipt this period S S S S S S S S S S S S S		//	3		
Occupation (Required) Aggregate year-to-date C. Source: Corporation OPAC OIndividual OLoan Other (please specify) Mailing Address 135 May fair 12d City, State, Zip Code Name of Employer (Required) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) Date (Mo., Day, Year) S Cocupation (Required) Aggregate year-to-date Other (please specify) Amount of each receipt this period Aggregate year-to-date Other (please specify) Amount of each receipt this period Aggregate year-to-date Other (please specify) S City, State, Zip Code Mailing Address Amount of each receipt this period	St Lais MO 63105		\$		
C. Source: Corporation OPAC OIndividual OLoan Other (please specify) Full name Payne Co. Mailing Address 135 May fin Pd City, State, Zip Code Date (Mo., Day, Year) Name of Employer (Required) Other (please specify) D. Source: Ocrporation OPAC OIndividual OLoan Other (please specify) Mailing Address Date (Mo., Day, Year) S Amount of each receipt this period Aggregate year-to-date Source: Ocrporation OPAC OIndividual OLoan Other (please specify) Mailing Address —/_/_ S City, State, Zip Code —/_/_ S City, State, Zip Code Name of Employer (Required) Aggregate S Occupation (Required)		//	\$		
Other (please specify) Full name Payne Co. Mailing Address 135 May fan Pd City, State, Zip Code Name of Employer (Required) D. Source: Ocroporation OPAC OIndividual OLoan Other (please specify) Full name Mailing Address Society, State, Zip Code Mailing Address Maili			\$ 5000		
Mailing Address 135 May fair 12d	,		receipt		
Mailing Address 135 May fon 12d	Full name Payns Co.	12/21/24	\$		
City, State, Zip Code Hattushung M 39402 -/-/- \$ Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual OLoan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) Aggregate year-to-date Mount of each receipt this period -/-/- \$ City, State, Zip Code -/-/- \$ Name of Employer (Required) Aggregate S Occupation (Required) Aggregate S	Mailing Address 135 May fon Rd	//	\$		
Occupation (Required) Aggregate year-to-date D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Aggregate year-to-date Mount of each receipt this period S Coccupation (Required) Amount of each receipt this period	City, State, Zip Code Hattishurg Mg 39402	//	\$		
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) S Coccupation (Required) Amount of each receipt this period		//	\$		
Other (please specify) Full name	Occupation (Required)		\$ 500 °E		
/ \$ Mailing Address		1	receipt		
/	Full name	//	\$		
/ \$ Name of Employer (Required)	Mailing Address		\$		
Occupation (Required) S Aggregate S	City, State, Zip Code	//	\$		
	Name of Employer (Required)	//	\$		
	Occupation (Required)		\$		

Name of Candidate or Committee Rep Fred Shaws	Page	of
Reporting period through		
ITEMIZED CONTRIBU	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) Full name	(Mo., Day, Year)	this period
MPCPAC	10/11/24	\$
Mailing Address 2992 Wost Beach Blud	//	\$
City, State, Zip Code GIFPN+ MS 39502	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 30000
B. Source: Corporation PAC MIndividual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Sarens Florens	12/2824	\$
Mailing Address Po Box 13061	//	S
City, State, Zip Code Jackson M5 39236	//_	\$
Name of Employer (Required)	//	\$
Occupation (Required) Attrney	Aggregate year–to-date	\$5∞ <u>∞</u>
C. Source: Ocorporation Opac OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	-	this period
Mailing Address Mailing Address	12/28/24	
200 North Concluse St	//	\$
City, State, Zip Code Jackson Ms 39201	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$5000
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
MS Asphalt Contractor PAC	11/67/24	\$
Mailing Address 771 N President St	//	\$
City, State, Zip Code Jackson M5 39202	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate vear–to-date	\$ 25000

Name of Condition	Page _	of
Name of Candidate or Committee through		
ITEMIZED CONTRIBU	TIONS	<u> </u>
A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Ten One PAC	12/24/24	\$
Mailing Address 200 North Congress St	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$50000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ECN CO-PAC	11/21/24	-\$
Mailing Address 465 Highland Colony Pkuy	//	\$
City, State, Zip Code Ride and Ms 39157		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$50000
C. Source: Ocorporation PAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name MARPAC	12/21/24	\$
Mailing Address Pobox321000	//	\$
City, State, Zip Code Jackson Ms 39232	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$50000
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10131124	\$
Mailing Address POBOX 1639	//	\$
City, State, Zip Code Jackson NO 39215	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$30000

Name of Candidate or Committee Rep. Fred Shales	rage_	01	
Reporting period through			
ITEMIZED CONTRIBUTIONS			
A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt	
Full name Cascala San Garage Cascala San Garage	12/13/25	this period	
Mailing Address 825 N. President St	//	\$	
City, State, Zip Code Jackson Ma 39202	//	\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year–to-date	\$ 25000	
B. Source: Corporation PAC Individual CLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Nucor Mo PAC	12/10/24	\$	
Mailing Address 3630 Forth St		\$	
City, State, Zip Code Floward Ms 39232	//	\$	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate year–to-date	\$ 20000	
C. Source: Ocorporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name ENPAC	12/7/24	-	
Mailing Address PoBox 1640	//	S	
City, State, Zip Code Sacleson Ms 39215	//	\$	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate year–to-date	\$ 350°°	
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name Moline Health care	12/23/24	- \$	
Mailing Address 200 Oceaniste		\$	
City, State, Zip Code Lonabeah CA 90802		\$	
Name of Employer (Required)		\$	
Occupation (Required)	Aggregate year–to-date	\$ 500°D	

Name of Candidate or Committee Rep Fred Shank's	Page _.	of
Reporting period through		
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name	12/20/28	this period
Mailing Address 190 Sept Cariful St		\$
City, State, Zip Code Jechsn Mrs 39205	//	\$
Name of Employer (Required) Brunini	//	\$
Occupation (Required) Afterney	Aggregate year-to-date	\$ 20000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms Independent Parley. Stare Assoc	12/20/24	\$
921 E. Fortification		\$
Jackson 16 39702	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500∞
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dennis Miller	12/18/25	\$
Mailing Address 3100 North State St	//	\$
City, State, Zip Code Jackson Ms 39216	//	\$
Name of Employer (Required)	//	\$
Occupation (Required) Afformen	Aggregate year~to-date	\$25000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name United Health Care Grup	12/12/24	\$
Mailing Address 795 Wood (and S Pkuy	//	\$
City, State, Zip Code Ridgelmel Ms 39157	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 50000