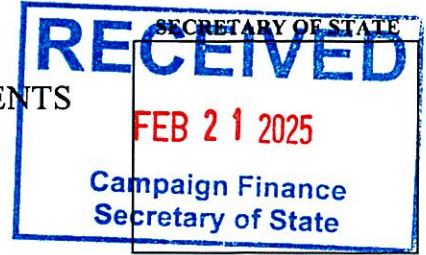


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2024 Annual Report



Name of Committee Friends of Jansen Owen  
Address PO Box 249 City/State/Zip Poplarville, MS 39470  
Telephone 601-746-5201 Fax \_\_\_\_\_  
Treasurer Cristina Hartfield Email Address legal@jowenlaw.com

Check here if above is different from previous report

**TYPE OF REPORT**

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

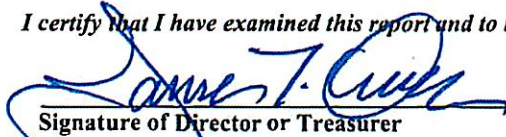
**IMPORTANT**

- (1) Annual Reports are mandatory UNLESS the political committee filed all 2022 Periodic Reports OR the political committee filed a Termination Report prior to December 31, 2022.
- (2) Until a committee files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Political committees supporting or opposing candidates for State, State District, or Legislative Office file with the Secretary of State's Office. Political committees supporting or opposing candidates for county office or county ballot measures file with the circuit clerk's office. Political committees supporting or opposing municipal candidates or municipal ballot measures file with the municipal clerk's office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

JAN.1, 2024 CASH ON HAND BALANCE			\$0
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 8,450.00	\$ 1,950.00	\$ 10,400.00
TOTAL AMT OF DISBURSEMENTS	\$ 228.74	\$ 0	\$ 228.74
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 10,171.26

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 Director or Treasurer

1/31/2025  
Date

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

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) 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 813 (1972).

Name of Candidate or Committee Friends of Jansen Owen

Reporting period 1/1/2024 through 12/31/2024

## 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 WT Consultants	11, 27, 24	\$ 250.00
Mailing Address PO Box 774	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39205-0774	__ / __ / __	\$
Name of Employer (Required) Corporation	__ / __ / __	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00
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 Hood Strategies	11, 27, 24	\$ 200.00
Mailing Address 101 Carlye Drive	__ / __ / __	\$
City, State, Zip Code Madison, MS 39110-6605	__ / __ / __	\$
Name of Employer (Required) Corporation	__ / __ / __	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 200.00
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 Hayes Dent Public Strategies	11, 27, 24	\$ 200.00
Mailing Address 975 North Street, Ste 300	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39203-2639	__ / __ / __	\$
Name of Employer (Required) Corporation	__ / __ / __	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 200.00
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 Jones Walker	11, 27, 24	\$ 250.00
Mailing Address 3100 N State St, Ste 300	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39216	__ / __ / __	\$
Name of Employer (Required) Corporation	__ / __ / __	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Friends of Jansen OwenReporting period 1/1/2024 through 12/31/2024

## 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>Cornerstone Government Affairs</u>	<u>11/27/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N Congress Street, Ste 201</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>Corporation</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</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>Mississippi Realtors PAC</u>	<u>11/27/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 321000</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>PAC</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,000.00</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>Empower PAC</u>	<u>11/27/24</u>	\$ <u>250.00</u>
Mailing Address <u>1000 North Park Drive</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>PAC</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</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>Ten One PAC</u>	<u>11/27/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N Congress St</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201-1917</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>PAC</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Jansen OwenReporting period 1/1/2024 through 12/31/2024

## 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>Lyft Inc</u>		<u>11/27/24</u>	\$ <u>1,000.00</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>Corporation</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>1,000.00</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>Capitol Advocacy Group</u>		<u>11/27/24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 217</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39470</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Corporation</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keystone Strategies LLC</u>		<u>11/27/24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 497</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39043-0947</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Corporation</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250.00</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>Dungan Engineering PA</u>		<u>08/15/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>1574 Hwy 98 East</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Columbia, MS 39429-8186</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Corporation</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Jansen OwenReporting period 1/1/2024 through 12/31/2024

## 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	MS Bail Agents Association	11/ 12 / 24	\$ 500.00
Mailing Address	118 Canton One Drive	__ / __ / __	\$
City, State, Zip Code	Canton, MS 39046	__ / __ / __	\$
Name of Employer (Required)	PAC	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 500.00
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	Longleaf Finance of Purvis, LLC	09/ 24 / 24	\$ 1,000.00
Mailing Address	5746 US Hwy 11	__ / __ / __	\$
City, State, Zip Code	Purvis, MS 39475-5004	__ / __ / __	\$
Name of Employer (Required)	Corporation	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 1,000.00
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	WALMART PAC	12/ 15 / 24	\$ 1,000.00
Mailing Address		__ / __ / __	\$
City, State, Zip Code	Bentonville, AR 72716	__ / __ / __	\$
Name of Employer (Required)	PAC	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 1,000.00
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	Capitol Resources LLC	12/ 15 / 24	\$ 1,000.00
Mailing Address	200 N Congress St	__ / __ / __	\$
City, State, Zip Code	Jackson, MS 39201	__ / __ / __	\$
Name of Employer (Required)	Corporation	__ / __ / __	\$
Occupation (Required)	N/A	Aggregate year-to-date	\$ 1,000.00