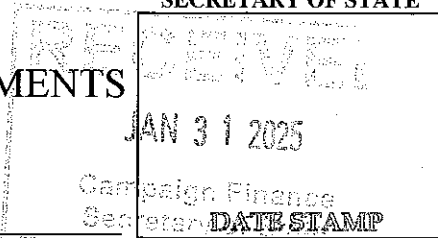




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Joey Hood
 Address PO Box 759 City/State/Zip Ackerman, MS 39735
 Telephone (Work) 662-285-4663 (Home) _____ (Fax) 662-285-9948
 Contact Name Joey Hood Email Address jhood@house.ms.gov
 Office Sought Representative - District 35

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**

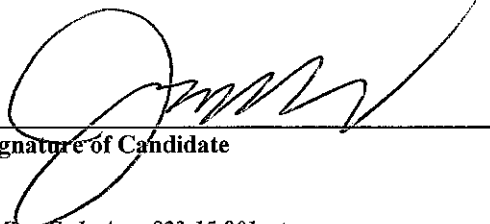
JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

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			\$ 100,522.99
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 17,650.00	\$ 800.00	\$ 18,450.00
TOTAL AMT OF DISBURSEMENTS	\$ 8,110.25	\$ 1,490.54	\$ 9,600.79
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 109,372.20

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

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 Joey HoodReporting period January 1, 2024 through December 31, 2024**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name French Camp Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 40 Mecklin Ave	<u>1</u> / <u>10</u> / <u>24</u>	\$ 200.00
City, State, Zip Code French Camp, MS 39745	<u>2</u> / <u>26</u> / <u>24</u>	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
B. Full name French Camp Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4</u> / <u>2</u> / <u>24</u>	\$ 400.00
City, State, Zip Code	<u>4</u> / <u>24</u> / <u>24</u>	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
C. Full name French Camp Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>17</u> / <u>24</u>	\$ 200.00
City, State, Zip Code	<u>8</u> / <u>29</u> / <u>24</u>	\$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,600.00
D. Full name French Camp Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>9</u> / <u>27</u> / <u>24</u>	\$ 200.00
City, State, Zip Code	<u>10</u> / <u>17</u> / <u>24</u>	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
E. Full name French Camp Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11</u> / <u>25</u> / <u>24</u>	\$ 200.00
City, State, Zip Code	<u>12</u> / <u>23</u> / <u>24</u>	\$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,400.00
F. Full name WA Baseball	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 111 Richardson Rd	<u>1</u> / <u>10</u> / <u>24</u>	\$ 500.00
City, State, Zip Code Louisville, MS 39339	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name Louisville Publishing	Date (Mo., Day, Year) 6 / 14 / 24	Amount of each disbursement this period \$ 25.00
Mailing Address PO Box 469		
City, State, Zip Code Louisville, MS 39339	8 / 8 / 24	\$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 125.00
B. Full name Louisville Publishing	Date (Mo., Day, Year) 9 / 30 / 24	Amount of each disbursement this period \$ 70.00
Mailing Address		
City, State, Zip Code	10 / 15 / 24	\$ 57.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 252.00
C. Full name Twice The Focus	Date (Mo., Day, Year) 11 / 8 / 24	Amount of each disbursement this period \$ 508.25
Mailing Address 22981 MS-15		
City, State, Zip Code Mathiston, MS 39752	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 508.25
D. Full name WA Booster Club	Date (Mo., Day, Year) 8 / 8 / 24	Amount of each disbursement this period \$ 550.00
Mailing Address 111 Richardson Rd		
City, State, Zip Code Louisville, MS 39339	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 550.00
E. Full name Ten One Strategies, LLC	Date (Mo., Day, Year) 10 / 25 / 24	Amount of each disbursement this period \$ 3,500.00
Mailing Address 200 N Congress St		
City, State, Zip Code Jackson, MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,500.00
F. Full name Friends of Josh Hawkins	Date (Mo., Day, Year) 11 / 14 / 24	Amount of each disbursement this period \$ 400.00
Mailing Address 385 Highway 51 North		
City, State, Zip Code Batesville, MS 38606	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keystone Strategies LLC</u>	<u>10/22/24</u>	\$ 250.00
Mailing Address <u>PO Box 947</u>	<u> / / </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 250.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Medical PAC</u>	<u>10/22/24</u>	\$ 500.00
Mailing Address <u>PO Box 2548</u>	<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158-2548</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cascio Sanford Government Law Group, PLLC</u>	<u>10/22/24</u>	\$ 500.00
Mailing Address <u>285 N President St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39202-2561</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
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>Mississippi Realtors PAC</u>	<u>10/22/24</u>	\$ 1,000.00
Mailing Address <u>PO Box 321000</u>	<u> / / </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

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 MPC State PAC Corporate Contribution Account		<u>10</u> / <u>22</u> / <u>24</u>	\$ 300.00
Mailing Address 2992 W Beach Blvd		___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39501		___ / ___ / ___	\$
Name of Employer (Required) n/a		___ / ___ / ___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 300.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Land Title Association of MS		<u>10</u> / <u>22</u> / <u>24</u>	\$ 250.00
Mailing Address 2001 Airport Rd, Suite 301		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232		___ / ___ / ___	\$
Name of Employer (Required) n/a		___ / ___ / ___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 250.00
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 Caresource Mission PAC		<u>10</u> / <u>22</u> / <u>24</u>	\$ 250.00
Mailing Address 65 E State St, STE 201		___ / ___ / ___	\$
City, State, Zip Code Columbus, OH 43215-4255		___ / ___ / ___	\$
Name of Employer (Required) n/a		___ / ___ / ___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 250.00
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 NUCOR Steel Recyclers of MS PAC		<u>10</u> / <u>22</u> / <u>24</u>	\$ 250.00
Mailing Address 3630 Fourth St		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232-2000		___ / ___ / ___	\$
Name of Employer (Required) n/a		___ / ___ / ___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones Walker LLP</u>	<u>10/22/24</u>	\$ <u>250.00</u>
Mailing Address <u>3100 North State Street, Suite 300</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Southern Farm Bureau Casualty Insurance Company</u>	<u>10/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1972</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1972</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500.00</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>MS Bankers Association PAC</u>	<u>10/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1091</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500.00</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>Truck PAC</u>	<u>10/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>825 N President St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> / / </u>	\$
Name of Employer (Required) <u>n/a</u>	<u> / / </u>	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Joey Hood

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

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 Comcast Corporation	<u>10</u> / <u>22</u> / <u>24</u>	\$ 1000.00
Mailing Address One Comcast Center, 1701 JFK Blvd	__ / __ / __	\$
City, State, Zip Code Philadelphia, PA 19103-2838	__ / __ / __	\$
Name of Employer (Required) n/a	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Capitol Resources PAC	<u>10</u> / <u>22</u> / <u>24</u>	\$ 1000.00
Mailing Address 200 N Congress St, STE 500	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Name of Employer (Required) n/a	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1000.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>		
Full name Watkins & Eager, PLLC	<u>10</u> / <u>22</u> / <u>24</u>	\$ 500.00
Mailing Address PO Box 650	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39205	__ / __ / __	\$
Name of Employer (Required) n/a	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Capitol Advocacy Group, PAC	<u>10</u> / <u>22</u> / <u>24</u>	\$ 500.00
Mailing Address PO Box 217	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39205	__ / __ / __	\$
Name of Employer (Required) n/a	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Helena Agri-Enterprises, LLC</u>	<u>10/22/24</u>	\$ 500.00
Mailing Address <u>225 Shilling Blvd, Suite 300</u>	___/___/___	\$
City, State, Zip Code <u>Collierville, TN 38017</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAI Services Company</u>	<u>10/22/24</u>	\$ 500.00
Mailing Address <u>401 N Main St</u>	___/___/___	\$
City, State, Zip Code <u>Winston Salem, NC 27101</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
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 <u>Southern Consulting Associates, Inc</u>	<u>10/22/24</u>	\$ 250.00
Mailing Address <u>822 Aberdeen Cove</u>	___/___/___	\$
City, State, Zip Code <u>Madison MS 39110</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 250.00
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>Ergon State PAC</u>	<u>10/22/24</u>	\$ 250.00
Mailing Address <u>PO Box 1639</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215-1639</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

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 Ten One PAC	<u>10/22/24</u>	\$ 500.00
Mailing Address 200 N Congress St, STE 403	<u>12/30/24</u>	\$ 500.00
City, State, Zip Code Jackson, MS 39201-1917	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1,000.00
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 Lyft, Inc	<u>12/11/24</u>	\$ 1,000.00
Mailing Address 185 Berry St, Suite 5000	___/___/___	\$
City, State, Zip Code San Francisco, CA 94107	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Allstate Insurance Company	<u>12/18/24</u>	\$ 1,000.00
Mailing Address 3100 Sanders Rd, Suite 201	___/___/___	\$
City, State, Zip Code Northbrook, IL 60062-6127	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Independent Package Stores	<u>12/13/24</u>	\$ 500.00
Mailing Address 921 E Fortification St	___/___/___	\$
City, State, Zip Code Jackson, MS 39202	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Joey HoodReporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

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 ECM CO-PAC	<u>12/30/24</u>	\$ 500.00
Mailing Address PO Box 3300	___/___/___	\$
City, State, Zip Code Ridgeland, MS 39158	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00
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 ENPAC Mississippi	<u>12/30/24</u>	\$ 350.00
Mailing Address PO Box 1640	___/___/___	\$
City, State, Zip Code Jackson, MS 39215-1640	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 350.00
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Ambulance Alliance	<u>12/30/24</u>	\$ 500.00
Mailing Address PO Box 17889	___/___/___	\$
City, State, Zip Code Hattiesburg, MS 39404	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Friedkin Group	<u>12/31/24</u>	\$ 500.00
Mailing Address PO Box 441887	___/___/___	\$
City, State, Zip Code Houston TX 77244-1887	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Joey Hood

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED RECEIPTS

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 Asphalt Contractor PAC	<u>12</u> / <u>31</u> / <u>24</u>	\$ 250.00
Mailing Address 711 N President St	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39202-3002	___ / ___ / ___	\$
Name of Employer (Required) n/a	___ / ___ / ___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 250.00
B. 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	\$
C. 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	\$
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	\$