2024 ELECTION CYCLE

SECRETARY OF STATE

RECEIVED
JAN 30 2025
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

Name of Candidate John O. Read

Address 2396 Robert Hiram Dr City/State/Zip Gautier MS 39553

Telephone (Work) 228-990-8051 (Home) (Fax)

Contact Name John Read Email Address h112@bellsouth.net

Office Sought MS House of Rep District 112

☐ 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.*

Name of Candidate or Committee JOHN O. READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____ Full name: LEVANWAY ASSOC Mailing Address: 602 1st St City, State, Zip Code: OCEAN SPRINGS MS 39564 Name of Employer (Required): SCOTT LEVENWAY Occupation (Required): GOV-RELATION	11/02/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ 100.00 $ $ $ $ 100.00
B. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____ Full name: ELEVANCE HEALTH INC Mailing Address: 100 WINCHESTER LOOP City, State, Zip Code: JACKSON, MS 39110 Name of Employer (Required): TARA CLARK Occupation (Required): GOV-RELATIONS	__/__/__ __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ $ $ $ $ 500.00
C. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____ Full name: CANADIAN NAT RR Mailing Address: 935 de la Gauchetiere St City, State, Zip Code: MONTREAL QUEBEC, CANADA H2B 2M9 Name of Employer (Required): VAN BOUD Occupation (Required): GOV-RELATIONS	10/20/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ $ $ $ $ 500.00
D. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan Other (please specify)_____ Full name: SEYMOUR ENGINEERING Mailing Address: 925 Tommy MUNROE Biloxi MS 39532 City, State, Zip Code: Biloxi MS 39532 Name of Employer (Required): MARK SEYMOUR Occupation (Required): GOV-RELATIONS	11/6/24 __/__/__ __/__/__ __/__/__ Aggregate year-to-date	$ $ $ $ $ 1,000.00

Name of Candidate or Committee John O READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name COX Barbar Shop	11/16/24	$
Mailing Address Government St	__/__/__	$
City, State, Zip Code Ocean Springs ms	__/__/__	$
Name of Employer (Required) Bobby Cox	__/__/__	$
Occupation (Required) Owner	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 Floyd Seals	11/6/24	$
Mailing Address P.O. Box 243	__/__/__	$
City, State, Zip Code Pascagoula, MS 395668	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required) OWNER	Aggregate year–to-date	$ 1000 00
C. Source: ◯Corporation ◯PAC (✓)Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wayne Crahall	__/__/__	$
Mailing Address P.O. Box	__/__/__	$
City, State, Zip Code Perkinston, MS	__/__/__	$
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 CAESARS ENTERTAINMENT	11/22/24	$
Mailing Address 814 President St	__/__/__	$
City, State, Zip Code Jackson, MS 39202 (Thompson Asso)	__/__/__	$
Name of Employer (Required) Tom Reeg CEO	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$ 1,000 00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cloyd INVESTMENT	11/20/24	$
Mailing Address: 433 E. Beach	__/__/__	$
City, State, Zip Code: OCEAN SPRINGS, MS 39524	__/__/__	$
Name of Employer (Required): Joe Cloyd	__/__/__	$
Occupation (Required): President	Aggregate year-to-date	$ 500.00
B. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHANDELEUR Depot	11/20/24	$
Mailing Address: 429 Washington St	__/__/__	$
City, State, Zip Code: OCEAN SPRINGS 39564	__/__/__	$
Name of Employer (Required): Joe Cloyd	__/__/__	$
Occupation (Required): President	Aggregate year-to-date	$ 250.00
C. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cloyd ASSO	11/20/24	$
Mailing Address: E Beach	__/__/__	$
City, State, Zip Code: OCEAN, Springs	__/__/__	$
Name of Employer (Required): Joe Cloyd	__/__/__	$
Occupation (Required): President	Aggregate year-to-date	$ 250.00
D. Source: ✓Corporation ◯PAC ◯Individual ◯Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HUNTINGTON-INGALLS INC	11/20/24	$
Mailing Address: P.O. Box 129	__/__/__	$
City, State, Zip Code: PASCAGOULA, MS 39568	__/__/__	$
Name of Employer (Required): Dr Wright	__/__/__	$
Occupation (Required): President Gov. Affairs	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee JOHN D. REED

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯ Corporation ◉ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Bankers Assoc	12/12/24	$
Mailing Address 409 N. President St	__/__/__	$
City, State, Zip Code Ridgeland, MS	__/__/__	$
Name of Employer (Required) Erie Bennell	__/__/__	$
Occupation (Required) Government Affairs (treasure)	Aggregate year-to-date	$ 500.00
B. Source: ◉ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Cascio Sanford	12/12/24	$
Mailing Address 825 N. President St	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Name of Employer (Required) Tamira Cascio, Sandy Sanford	__/__/__	$
Occupation (Required) Gov-Affairs	Aggregate year-to-date	$ 500.00
C. Source: ◉ Corporation ◉ PAC ◯ Individual ◯ Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Craft (MS Beverage	__/__/__	$
Mailing Address 300 N. State St	__/__/__	$
City, State, Zip Code Jackson, MS	__/__/__	$
Name of Employer (Required) Ron Aldridge	__/__/__	$
Occupation (Required) Director	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 MS Power PAC	12/12/24	$
Mailing Address 2492 W. Beach Blvd	__/__/__	$
City, State, Zip Code Gulfport, MS 39501	__/__/__	$
Name of Employer (Required) Gifford ORMS	__/__/__	$
Occupation (Required) Chairman	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee John O Read

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast Corporation	10/8/24	$
Mailing Address One Comcast Center, JFK Blvd	__/__/__	$
City, State, Zip Code Philadelphia PA 19103	__/__/__	$
Name of Employer (Required) Pamela Pickett	__/__/__	$
Occupation (Required) VP Gov-Affairs	Aggregate year-to-date	$ 1000 00
B. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name MS Asphalt Contractors	12/12/24	$
Mailing Address 711 N. President St	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Name of Employer (Required) Colt Robon	__/__/__	$
Occupation (Required) Ex Director	Aggregate year-to-date	$ 250 00
C. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Pointone Strategies	12/19/24	$
Mailing Address P.O. Box 3015	__/__/__	$
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Name of Employer (Required) Trey Bodiner	__/__/__	$
Occupation (Required) Gov Affairs	Aggregate year-to-date	$ 250 00
D. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name MS Export RR	12/12/24	$
Mailing Address 4519 McInnis Ave	__/__/__	$
City, State, Zip Code Moss Point, MS 39563	__/__/__	$
Name of Employer (Required) Steve Simmons	__/__/__	$
Occupation (Required) Gov Relations	Aggregate year-to-date	$ 1,000 00

Name of Candidate or Committee JOHN O READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯ Corporation ◯ PAC ✓ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BEN STONE	12/12/24	$
Mailing Address P.O. BOX 130	__/__/__	$
City, State, Zip Code GULFPORT, MS 39502	__/__/__	$
Name of Employer (Required) SAME	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 250 00
B. Source: ◯ Corporation ✓ PAC ◯ Individual ◯ Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name MS REALTORS	10/24/24	$
Mailing Address PO BOX 321000	__/__/__	$
City, State, Zip Code FLOWOOD, MS 39232	__/__/__	$
Name of Employer (Required) BETH HANGEN	__/__/__	$
Occupation (Required) EX DIRECTOR	Aggregate year-to-date	$ 1000 00
C. Source: ◯ Corporation ✓ PAC ◯ Individual ◯ Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name MS TOURISM	__/__/__	$
Mailing Address P.O BOX 2745	__/__/__	$
City, State, Zip Code MADISON, MS 39130	__/__/__	$
Name of Employer (Required) DANELLA MORGAN	__/__/__	$
Occupation (Required) EX DIRECTOR	Aggregate year-to-date	$ 1,000 00
D. Source: ✓ Corporation ✓ PAC ◯ Individual ◯ Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name MOLINA HEALTHCARE INC	__/__/__	$
Mailing Address 200 OCEANGATE	__/__/__	$
City, State, Zip Code LONG BEACH, CA	__/__/__	$
Name of Employer (Required) KAREN THORNHILL	__/__/__	$
Occupation (Required) GOV-RELATIONS	Aggregate year-to-date	$ 1,000 00

Name of Candidate or Committee JOHN READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: (●) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CSX TRANSPORTATION	11/19/24	$
Mailing Address 500 WATER ST	__/__/__	$
City, State, Zip Code JACKSONVILLE, FL 32202	__/__/__	$
Name of Employer (Required) DREW MADDOX (CORNERSTONE)	__/__/__	$
Occupation (Required) GOV-AFFAIRS	Aggregate year-to-date	$ 500 00
B. Source: (●) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNSF RAILWAY CO	12/12/24	$
Mailing Address 2500 LOU MENARD	__/__/__	$
City, State, Zip Code FORT WORTH, TX 76131	__/__/__	$
Name of Employer (Required) BETH ANDERSON	__/__/__	$
Occupation (Required) GOV-RELATION	Aggregate year-to-date	$ 1,000 GV
C. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JONES WALKER	12/3/24	$
Mailing Address 3100 N. State St	__/__/__	$
City, State, Zip Code JACKSON, MS	__/__/__	$
Name of Employer (Required) DENNIS MILLER	__/__/__	$
Occupation (Required) PARTNER	Aggregate year-to-date	$ 300 GV
D. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name NORFOLK SOUTHERN	12/12/24	$
Mailing Address 650 PEACHTREE ST	__/__/__	$
City, State, Zip Code ATLANTA, GA	__/__/__	$
Name of Employer (Required) KM WOODLAND	__/__/__	$
Occupation (Required) GOV. AFFAIRS	Aggregate year-to-date	$ 500

Name of Candidate or Committee JOHN D. READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name HARPER & BAILEY	11/12/24	$
Mailing Address 317 E CAPITOL ST	__/__/__	$
City, State, Zip Code JACKSON, MS 39201	__/__/__	$
Name of Employer (Required) GREG HARPER	__/__/__	$
Occupation (Required) PARTNER	Aggregate year-to-date	$ 250.00
B. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name W.T. CONSULTANTS	12/10/24	$
Mailing Address PO BOX 774	__/__/__	$
City, State, Zip Code JACKSON, MS 39201	__/__/__	$
Name of Employer (Required) WORTH THOMAS	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00
C. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ERGON	12/11/24	$
Mailing Address PO BOX 1639	__/__/__	$
City, State, Zip Code JACKSON, MS 39215	__/__/__	$
Name of Employer (Required) KATHY STEVENSON	__/__/__	$
Occupation (Required) GOV- RELATIONS	Aggregate year-to-date	$ 250.00
D. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHERON	11/10/24	$
Mailing Address P.O BOX 1300	__/__/__	$
City, State, Zip Code PASCAGOULA, MS	__/__/__	$
Name of Employer (Required) ALLEN SMITH	__/__/__	$ 1000.00
Occupation (Required) President	Aggregate year-to-date	$ 1000

Name of Candidate or Committee JOHN O READ

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS HEALTHCARE	11/10/24	$
Mailing Address: 305 REAMES RD	__/__/__	$
City, State, Zip Code: RIDGELAND MS 39157	__/__/__	$
Name of Employer (Required): VANESSA HENDERSON	__/__/__	$
Occupation (Required): Gov. Relations	Aggregate year-to-date	$ 1000 00
B. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UNITED HEALTHCARE	__/__/__	$
Mailing Address: 769 INTENSE DR	__/__/__	$
City, State, Zip Code: ENGLEWOOD, CO	__/__/__	$
Name of Employer (Required): CLAY firm	__/__/__	$
Occupation (Required): GOV Relation	Aggregate year-to-date	$ 1000 00
C. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MERIT Health	11/10/24	$
Mailing Address: PoBox 500	__/__/__	$
City, State, Zip Code: ANTIOCH, TN	__/__/__	$
Name of Employer (Required): CLAY FIRM	__/__/__	$
Occupation (Required): Gov. Relation	Aggregate year-to-date	$ 1000 00
D. Source: ✓Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMCAST	1/16/25	$
Mailing Address: ONE COMCAST CENTER	__/__/__	$
City, State, Zip Code: Philadelphia, PA 19103	__/__/__	$
Name of Employer (Required): PAMELA Dickett	__/__/__	$
Occupation (Required): V.P Gov & Regulatory Affairs	Aggregate year-to-date	$ 1000 00

Name of Candidate or Committee JOHN O READ

Reporting period _____ through _____

ITEMIZED ~~RECEIPTS~~ Contributions

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify) LLC Full name JONES WALKER Mailing Address FIRST HORIZON BANK City, State, Zip Code JACKSON, MS Name of Employer (Required) JONE, WALKER Occupation (Required) ATTORNEY	11/26/24 __/__/__ __/__/__ __/__/__ Aggregate year–to-date	$ $ $ $ $ 300 00
B. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify) Full name FRIENDS of MS HOSP Mailing Address 116 WOOD GREEN CROSSING City, State, Zip Code MADISON, MS 39110 Name of Employer (Required) Robert MERGEL Occupation (Required) GOV- AFFAIRS	11/26/24 __/__/__ __/__/__ __/__/__ Aggregate year–to-date	$ $ $ $ $ 1,000 00
C. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify) Full name REYNOLDS SERVICES Mailing Address 201 MAIN ST City, State, Zip Code WINSTON-SALEM NC Name of Employer (Required) VAUGHN JENNING Occupation (Required) BUTLER SNOW JACKSON MS	__/__/__ __/__/__ __/__/__ __/__/__ Aggregate year–to-date	$ $ $ $ $ 1000 00
D. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify) Full name TEN-ONE PAC Mailing Address 200 CONGRESS ST City, State, Zip Code JACKSON, MS 39201 Name of Employer (Required) Kelly CRESS Occupation (Required) PARTNER	__/__/__ __/__/__ __/__/__ __/__/__ Aggregate year–to-date	$ $ $ $ $ 500

Name of Candidate or Committee JOHN D READ

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MOTOROLA SOLN	12/12/24	$
Mailing Address: 600 PENNSYLVANIA AVE	__/__/__	$
City, State, Zip Code: WASHINGTON DC 39201	__/__/__	$
Name of Employer (Required): PAUL NEUMAN	__/__/__	$
Occupation (Required): GOV. AFFAIRS (Simmons, Lindsey)	Aggregate year-to-date	$ 750.00

B. Source: ◯Corporation ✓PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TEN ONE	__/__/__	$
Mailing Address: 200 N CONGRESS	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required): Kelly CRESS	__/__/__	$
Occupation (Required): PARTNER	Aggregate year-to-date	$ 500.00

C. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ◯Corporation ◯PAC ◯Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

23,050

Name of Candidate or Committee John O Read

Reporting period Jan. 1, 2024 through Dec. 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Nejam Properties 904 Morningside Street Jackson, Ms 39202	12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional): rent	Aggregate Year-to-date	$ 8955.00
B. Full name: American Express Mailing Address: PO BOX 6031 City, State, Zip Code: Carol Stream, IL 60197	Date (Mo., Day, Year): 12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1400.00
C. Full name: Hallmark Cleaners Mailing Address: 824 E. Fortification St City, State, Zip Code: Jackson, MS 39202	Date (Mo., Day, Year): 12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 640.00
D. Full name: Cspire Mailing Address: PO Box 519 City, State, Zip Code: Meadville, MS	Date (Mo., Day, Year): 12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 808.00
E. Full name: Shell Mailing Address: PO Box 4406 City, State, Zip Code: Sioux Falls, SD 57117-4406	Date (Mo., Day, Year): 12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4308.02
F. Full name: Entergy Mailing Address: PO BOX 8105 City, State, Zip Code: Baton Rouge, LA 70891-8105	Date (Mo., Day, Year): 12/31/24	$
	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 564.09

Name of Candidate or Committee John O Read

Reporting period Jan. 1, 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

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

A. Full name ComCast / XFinity Mailing Address PO Box 71211 City, State, Zip Code Charlotte, NC 28272-1211 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 12/31/24 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $ 1166.22
B. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $

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