


 Political Committee
 REPORT OF RECEIPTS AND DISBURSEMENTS
 Initiative Monthly Report



Name of Committee Committee to Elect Justis Gibbs
 Address 210 E Capitol St City/State/Zip Jackson/MS/39206
 Telephone 601-827-1691 Fax n/a Email Address gibbs4rep@gmail.com
 Director Justis Gibbs Treasurer Beatrice Slaughter

Check here if above is different from previous report

TYPE OF REPORT

January 2025 Monthly Report (due on or before the 10th day of following month) Mandatory
 (Month)

Termination Report (Committee will no longer accept contributions or make campaign expenditures and has no outstanding debt obligation.) **Required to terminate reporting obligations**


IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State 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 report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,750	\$430.00	\$2,180	\$2,180
TOTAL AMT OF DISBURSEMENTS	\$250	\$1,000	\$1,250	\$1,250
CASH ON HAND BALANCE				\$1,768.05

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

01/30/2025

 Date

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

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Committee to Elect Justis Gibbs

Reporting period Jan 1, 2024 through December 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 Comcast	12 / 20 / 24	\$ 250
Mailing Address 1701 John F. Kennedy Boulevard	__ / __ / __	\$
City, State, Zip Code Philadelphia, PA, 19019	__ / __ / __	\$
Name of Employer (Required) Comcast	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$
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 AT&T	12 / 20 / 24	\$ 500
Mailing Address 150 South Monroe St, Suite 400	__ / __ / __	\$
City, State, Zip Code Tallahassee, FL	__ / __ / __	\$
Name of Employer (Required) AT&T	__ / __ / __	\$
Occupation (Required) n/a	Aggregate year-to-date	\$
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 Cadence Bank	07 / 02 / 24	\$ 1,000
Mailing Address 525 E. Capitol Street	__ / __ / __	\$
City, State, Zip Code Jackson, MS, 39201	__ / __ / __	\$
Name of Employer (Required) Candence Bank	__ / __ / __	\$
Occupation (Required) n/a	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) _____	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	\$

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ITEMIZED DISBURSEMENTS

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

A. Full name New Stage Theater	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1100 Carlisle Street	<u>12</u> / <u>12</u> / <u>24</u>	\$ 250.00
City, State, Zip Code Jackson, MS, 39202	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
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	\$