Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

i	SI	CRE	ΓAR	Y	OF S	TAT	E
S	See Co.	C	Service of the servic	maining	W	62 Eng	Constant
Services.			1 0	2000	200	- -	100

	Section 20			
Name of Candidate Kabir Kar	iem	Secretary of State Capitel Office		
Address 1326 15th Street				
Telephone (Work)	(Home)	(Fax)		
Contact Name Kabir Karrier				
Office Sought MS House of	Representatives-District 41			
	tion is different from previous report			
	TYPE OF REPORT			
X Friday, January 31, 2025 (J	nuary 1, 2024 through December 31, 2024)	Annual Report		
Termination Report (Candi has n	Required to terminate reporting obligations			
	IMPORTANT			
prior to December 31, 2022, even if	d candidates who did not run for office in 2022 filing 2022 Perion contributions or expenditures have occurred. In such case, the tions and expenditures during the reporting period.			
	for 2D22 judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and ug period.			
those "personal use" expenditures w "personal use" and therefore permi- subject to the "personal use" restric accumulated therefrom ARE subjec	tes and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth which are specifically prohibited from campaign contributions and those disbursements which are not defined as issible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT colors of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and cet to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is no deep for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions cet or dividends.			
(4) Until a Candidate files a Terminatio Miss. Code Ann. § 23-15-807 (b) (ii)	Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by and (iii).			
office must be in actual receipt of th Candidates who have previous ran t	a receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the e required report by 5:00 p.m. on the first working day <i>before</i> the deadline. Reports may be faxed or emailed. for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District by 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	Service descriptions of all of the property of the control of th		
and the control of the commence of the same than the same states of the commence of the same	Itemized (+) Non-Item	nized (=) Calendar Year-to-Date		
TOTAL AMT OF CONTRI	per valva gene ar valva de	S But the later than the process of the process of the process of the later than the process of		
TOTAL AMT OF DISBUR	SEMENTS \$ \$	\$		

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.

	Page <u>·</u>	1 of <u>1</u>
Name of Candidate or Committee Kabir Karriem		
Reporting period <u>1/1/2024</u> through <u>12/31/2024</u>		
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ben Thompson	8 / 14 / 24	\$500.00
Mailing Address 513 N. State Street, Suite 202	//	\$
City, State, Zip Code Jackson, MS 39201	//	\$
Name of Employer (Required) BPT Strategies, LLC	//	S
Occupation (Required) Lobbiest	Aggregate yearto-date	\$500.00
B. Source: Corporation PAC Individual Cloan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ten One Strategies	<u>12 / 31 / 24</u>	\$250.00
200 N. Congress Street, Suite 403	//	\$
City, State, Zip Code Jackson, MS 39701	//	\$
Name of Employer (Required) Ten One Strategies	//	\$
Occupation (Required) Lobbiest	Aggregate yearto-date	\$250.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	//	\$
Mailing Address	//	S
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	<u> </u>	<u> </u>

Name of Employer (Required)

Occupation (Required)

\$

\$

Aggregate year–to-date

Раде	1	_{of} 1	
Page		ot <u> </u>	

Name of Candidate or Committee Kabir Karriem

Reporting 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 Walthall Lofts	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 205 East Capitol Street	02,01,24	\$ 925.00	
City, State, Zip Code Jackson, MS 39201	//_	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 925.00	
B. Full name Admiral Inn	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 905 North State Street	12 / 16 / 24	\$ 500.00	
City, State, Zip Code Jackson, MS 39202		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00	
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		S	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	
£. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		S	
City, State, Zip Code		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		S	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	

REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER JANUARY 1, 2018

JAN. 1, 2024 CASH ON HAND BA	\$925.54			
JAN. 1, 2024 CASH ON HAND BA	Itemized (+)	Non-Itemized (=) Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$750.00	\$	\$750.00	
	\$1425.00	\$200.00	\$200.00	
DEC. 31, 2024 CASH ON HAND B			\$50.54	

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/Treasurer

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.