

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report



Name of Candidate Karl M. Gibbs  
 Address 543 George Walker Rd City/State/Zip West Point, MS 39773  
 Telephone (Work) 662-346-1845 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Karl M. Gibbs Email Address gibbs1842@yahoo.com  
 Office Sought District 36 MS House

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 <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

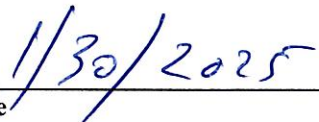
<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 1115.91
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS	\$ 5550.00	\$ 50.00	\$ 5600.00	
TOTAL AMT OF DISBURSEMENTS	\$ 200	\$ 3183.63	\$ 3383.63	
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 3332.38	

*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 Karl M. Gibbs  
 Reporting period Jan 1 2024 through Dec 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>United Health Group, Inc</u>	__/__/__	\$ <u>500</u>
Mailing Address <u>169 Inverness Dr. W, Ste 400</u>	__/__/__	\$
City, State, Zip Code <u>Englewood, CO 80112</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. 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>Caesars Enterprise Services, LLC</u>	__/__/__	\$ <u>500</u>
Mailing Address <u>One Caesars Palace Drive</u>	__/__/__	\$
City, State, Zip Code <u>Las Vegas, NV 89109-8969</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
C. 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 <u>Electric Cooperatives of Mississippi</u>	<u>11/21/24</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 3300</u>	__/__/__	\$
City, State, Zip Code <u>Ridgeland, MS 39158-3300</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Cadence Bank PAC</u>	<u>8/13/24</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 789</u>	__/__/__	\$
City, State, Zip Code <u>Topeka, MS 38802-789</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Karl M. Gibbs

Reporting period Jan, 2024 - Dec 31, 2024 through \_\_\_\_\_

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <u>Other (please specify)</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ten One Pac</u>	__/__/__	\$ <u>500</u>
Mailing Address <u>200 N Congress St. Ste 501</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
<b>B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <u>Other (please specify)</u></b>		
Full name <u>PENN Entertainment Group</u>	__/__/__	\$ <u>500</u>
Mailing Address <u>825 Berkshire Blvd</u>	__/__/__	\$
City, State, Zip Code <u>Wyomissing, PA 19610</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
<b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <u>Other (please specify) PLLC</u></b>		
Full name <u>Cascio Sanford Government Law Group</u>	__/__/__	\$ <u>200</u>
Mailing Address <u>825 N President St</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200</u>
<b>D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <u>Other (please specify)</u></b>		
Full name <u>Mississippi Realtors PAC</u>	__/__/__	\$ <u>1000</u>
Mailing Address <u>P.O. Box 321000</u>	__/__/__	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>



Name of Candidate or Committee KARI M Gibbs  
 Reporting period Jan 1, 2024 through Dec 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 <u>Friends of MS Hospitals</u>	<u>12/19/25</u>	\$ <u>500</u>
Mailing Address <u>116 Woodgreen Crossing</u>	___/___/___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>ENPAC - Mississippi</u>	<u>12/4/24</u>	\$ <u>360</u>
Mailing Address <u>P.O. Box 1640</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215-1640</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
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	\$

Name of Candidate or Committee KARL M. Gibbs

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

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<u>CLASS OF '87</u>	<u>4 / 26 / 24</u>	\$ <u>200</u>
<b>Mailing Address</b>		
<u>130 6th Street</u>		
<b>City, State, Zip Code</b>		
<u>West Point, MS 39773</u>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>
<u>Donation</u>		<u>200</u>
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	<b>\$</b>