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

JAN 3 0 2025
Campaign Finance
Secretary of State

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	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND	BALANCE		\$

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 B.	ALANCE		\$75,399.37
TOTAL AMT OF CONTRIBUTIONS	Itemized (+) \$14,637.69	Non-Itemized (=) \$50	Calendar Year-to-Date \$14,687.69
TOTAL AMT OF DISBURSEMENTS	\$7,372.80	\$2,002.89	\$9,375.69
DEC. 31, 2024 CASH ON HAND 1	A transaction and the grant with a second or the first of the		\$80,711.37

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.

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Name of Candidate or Committee	Friends of Kevin W. Felsher	
Reporting period Jan. 1st. 2024	through _Dec. 31st. 202	4

TILMIZED CONTRIBU	110112	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Office Depot (refund on part of purchase)	1 /2 /24	\$13.20
Mailing Address 2414 Pass Rd.	8 /6 /24	\$374.49
City, State, Zip Code Biloxi, MS 39531		\$
Name of Employer (Required)		S
Occupation (Promised)	'	_
Occupation (Required)	Aggregate year-to-date	^{\$} 387.69
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Kevin Felsher (Reimbursement for airfare)	1 /22 /24	\$500
426 Sanlenay Ct.	//_	\$
City, State, Zip Code Biloxi, MS 39531	//_	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name CVS Pharmacy, Inc.	9 / 25 / 24	^{\$} 500
Mailing Address 1 CVS Dr.	//	S
Woonsocket, RI 02893		S
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full որոր։ Molina Healthcare, Inc.	9 25 24	\$ 500
^{Mailing Address} 200 Oceangate 2nd FL	//	\$
City, State, Zip Code Long Beach, CA 90802	//	S
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500

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Page	2	of 7

Name of Candidate or Committee Friends of Kevin W. Felsher

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

Other (please specify) Full name Chevron Mailing Address PO Box 1300 City, State, Zip Code Other (please specify) Full name of Employer (Required) Other (please specify) Full name of Employer (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Date (Mo., Day, Year) S Amount of each receipt receipt receipt (Mo., Day, Year) S Amount of each receipt receipt (Mo., Day, Year) S City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Date (Mo., Day, Year) S Amount of each receipt receipt (Mo., Day, Year) S Amount of each receipt (Mo., Day, Year) S Amount of each receipt (Mo., Day, Year) S Amount of each receipt (Mo., Day, Year) City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) D. Source: Ocroporation PAC Olindividual Olonn Other (please specify) D. Source: Ocroporation PAC Olindividual Olonn Other (please specify) D. Source: Ocroporation PAC Olindividual Olonn Other (please specify) City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) D. Source: Ocroporation PAC Olindividual Olonn Other (please specify) City, State, Zip Code Billoxi, MS 39531 Name of Employer (Required) S Name of Employer (Required)	ITEMIZED CONTRIBU	TIONS	
Full name Chevron Mailing Address PO Box 1300 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Name of Employer (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Name of Employer (Required) Occupation (Required) Name of Employer (Required) Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Name of Employer (Required) Occupation (Required) Other (please specify) Full name MANA PAC Mailing Address 1022 Highland Colony Pkwy Ste. 101 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) D. Source: Corporation PAC Individual Other In		The second secon	Amount of each receipt
Chevron Mailing Address PO Box 1300 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Occupation (Required) Other (please specify) Full name MS Dental PAC Mailing Address 439 B Katherine Dr. City, State, Zip Code Flowood, MS 39232 Name of Employer (Required) Occupation (Required) Occupati		(Wio., Day, Year)	this period
PO Box 1300	Chevron	9 / 25 / 24	^{\$} 500
Pascagoula, MS 39568	PO Box 1300		\$
Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Dental PAC Mailing Address Agregate (Mo., Day, Year) City, State, Zip Code Other (please specify) Full name MANA PAC Mailing Address Agregate (Mo., Day, Year) Full name MANA PAC Mailing Address Agregate (Mo., Day, Year) Full name MANA PAC Mailing Address Agregate (Mo., Day, Year) Full name MANA PAC Mailing Address 1022 Highland Colony Pkwy Ste. 101 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mame of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please Specify) Mame of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mame of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Source: City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Source: Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source Biloxi, MS 39531 Name of Employer (Required) Source: Source Biloxi, MS 39531	Pascagoula, MS 39568	//_	S
B. Source: Corporation PAC Individual Loan Other (please specify) Full name MS Dental PAC Mailing Address Other (please specify) Name of Employer (Required) City, State, Zip Code Mailing Address Anount of each receipt this period May Pac Manual Office (Mo., Day, Year) S Amount of each receipt this period 10/24/24 \$1,000 Mailing Address A39 B Katherine Dr. City, State, Zip Code Flowood, MS 39232 —/ _/ _ S Name of Employer (Required) C. Source: Corporation PAC Individual Cloan Other (please specify) Date (Mo., Day, Year) Mailing Address Date (Mo., Day, Year) S Amount of each receipt this period 10/24/24 \$500 Mailing Address Date (Mo., Day, Year) S Amount of each receipt this period Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt close the period of this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each receipt this period Date (Mo., Day, Year) Amount of each	Name of Employer (Required)	//	\$
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C. Source: Corporation PAC Individual Loan Other (please specify) Full name MANA PAC Mailing Address Occupation (Required) Date (Mo., Day, Year) S City, State, Zip Code Other (please specify) LLC Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. Amount of each receipt this period Amount of each receipt this period Aggregate year-to-date S 10 / 24 / 24 S 500 Amount of each receipt this period S Amount of each receipt (Mo., Day, Year) S Amount of each receipt this period Tull name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Billoxi, MS 39531 Name of Employer (Required) S 1,000 Amount of each receipt this period S 500 Amount of each receipt this period S 500 S S S S S S S S S S S S	Name of Employer (Required)	//_	\$
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Ridgeland, MS 39157 Name of Employer (Required) Occupation (Required) D. Source: Ocorporation OPAC Olndividual OLoan Other (please specify) LLC Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Source: Occupation (Required) Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period The properties of the propert	1022 Highland Colony Pkwy Ste. 101	//	
Occupation (Required) D. Source: Officer (please specify) LLC Other (please specify) LLC Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Aggregate year-to-date \$500 Amount of each receipt this period \$500 **Comparison of Employer (Mo., Day, Year) **Comparison of Employer (Required)	City, State, Zip Code Ridgeland, MS 39157	//	\$
D. Source: Ocorporation OPAC Olandividual OLoan Other (please specify) LLC Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Source: Ocorporation OPAC Olandividual OLoan Date (Mo., Day, Year) Amount of each receipt this period The property of the period of the plant of	Name of Employer (Required)	//	\$
Date Other (please specify) LLC Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) Date (Mo., Day, Year) Amount of each receipt this period 10 / 24 / 24	Occupation (Required)		^{\$} 500
Full name Gulf Coast Outpatient Surgery Center, LLC Mailing Address 2761 CT Switzer Rd. City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) State Specify LLC 10/24/24 \$500 \$500	D. Source: Corporation OPAC Olndividual OLoan		Amount of each
Mailing Address 2761 CT Switzer Rd.	Other (please specify) LLC	(Mo., Day, Year)	Annual State Control State Con
Mailing Address 2761 CT Switzer Rd.	Gulf Coast Outpatient Surgery Center, LLC	<u>10,24,24</u>	\$ 500
City, State, Zip Code Biloxi, MS 39531 Name of Employer (Required) // \$	2761 CT Switzer Rd.	_/_/_	\$
Name of Employer (Required)// \$	City, State, Zip Code Biloxi, MS 39531	//	\$
Occupation (Required) Aggregate \$ 500	Name of Employer (Required)	//	\$
year-to-date 300	Occupation (Required)	00 0	^{\$} 500

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Name of Candidate or Committee	Friends of Kevin W. Felsl	her		
Reporting period Jan 1st 2024	through	Dec 31st 2024		

TIEMIZED CONTRIBU	HONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Penn Entertainment, Inc.	11 / 1 /24	\$1,000
Mailing Address 825 Berkshire Rd.		\$
City, State, Zip Code Reading, PA 19610		\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year-to-date	^{\$} 1,000
B. Source: Corporation OPAC Individual Chan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corbitt Group, LLC	11/14/24	\$ 500
PO Box 14226		\$
Jackson, MS 39236	'	\$
Name of Employer (Required)	'	\$
Occupation (Required)	Aggregate year–to-date	\$500
C. Source: Ocorporation PAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Capitol Resources PAC	<u>11/26/24</u>	^{\$} 1,000
200 N. Congress St. Ste 500	//	\$
City, State, Zip Code Jackson, MS 39201	'	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
The Friedkin Group	<u>11,26,24</u>	\$ 500
Mailing Address PO Box 441887	//	\$
City, State, Zip Code Houston, TX 77244	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} \$500

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Name of Candidate or Committee Friends of Kevin W. Felsher

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

TEMIZED CONTRIBU	HONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC Full name A.C. Do by a signal blood of the Company of		this period
MS Behavioral Health Group, LLC	<u>12,6,24</u>	^{\$} 500
1000 Chinaberry Dr. Ste 900	'	\$
City, State, Zip Code Bossier City, LS 71111		\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year-to-date	^{\$} 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
MS Assoc. of Health Plans	<u>12</u> / <u>13</u> / <u>24</u>	^{\$} 500
Mailing Address 200 N. Congress St. Ste 101	//	\$
City, State, Zip Code Jackson, MS 39201	'	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	^{\$} 500
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Mgmt. and Training Corp.	12/13/24	^{\$} 250
Mailing Address 500 N. Marketplace Dr.	//	\$
City, State, Zip Code Centercille, UT 84014	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	^{\$} 250
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Nside, Inc.	12,13,24	\$500
Mailing Address 4031 Pkwy Dr. Suite B	//	\$
City, State, Zip Code Florence, AL 35630	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500

Page 5 of 7 Name of Candidate or Committee Friends of Kevin W. Felsher Reporting period Jan. 1st. 2024 through Dec. 31st. 2024 A. Source: ()Corporation ()PAC Individual ()Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Fitz Tunica Casino ^{\$}500 12 / 13 / 24 Mailing Address PO Box 327 \$ City, State, Zip Code Robinsonville, MS 38664 Name of Employer (Required) Occupation (Required) Aggregate ^{\$}500 year-to-date B. Source: ()Corporation ()PAC ()Individual ()Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period ^{\$}500 12 / 13 / 24 Cornerstone Gov. Affairs, Inc. 800 Maine Ave. SW 7th FL \$ City, State, Zip Code Washington, DC 20024 \$ Name of Employer (Required) Occupation (Required) Aggregate ^{\$}500 year-to-date C. Source: Ocorporation OPAC Individual OLoan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Lyft, Inc. 12, 13, 24 ^{\$}1,000 Mailing Address 185 Berry St. Ste 5000 City, State, Zip Code San Francisco, CA 94107 \$ Name of Employer (Required) Occupation (Required) Aggregate \$1,000 year-to-date D. Source: OCorporation OPAC OIndividual OLoan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name CSX Transportation Inc. State Campaign Acct 12,13,24 \$250 Mailing Address 500 Water St. \$

City, State, Zip Code Jacksonville, FL 32202

Name of Employer (Required)

Occupation (Required)

\$

^{\$}250

Aggregate

year-to-date

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Name of Candidate or Committee F	riends of Kevin W. Felsh	er	
Reporting period Jan. 1st. 2024	through	Dec. 31st. 2024	

	110110	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ten One PAC	12/27/24	^{\$} 500
Mailing Address 200 N. Congress St. Ste 403	//	S
City, State, Zip Code Jackson, MS 39201	//_	S
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year-to-date	\$500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS Ambulance Alliance PAC	12/27/24	^s 1,000
PO Box 17689	//_	\$
Hattiesburg, MS 39404	//	\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1,000
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WALPAC	12, 27, 24	\$1,000
702 SW 8th St.	//	\$
City, State, Zip Code Bentonville, AR 72716		S
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1,000
D. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast Corp.	12,31,24	\$250
One Customer Center	_/_/_	\$
City, State, Zip Code 1701 JFK Blvd.	//	\$
Name of Employer (Required) Philadelphia, PA 19103	_/_/_	S
Occupation (Required)	Aggregate year–to-date	^{\$} 250

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Name of Candidate or Committee Friends of Kevin W. Felsher		
Reporting period Jan. 1st, 2024 through Dec. 31st, 2024		
ITEMIZED CONTRIBU	TIONS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Ten One PAC	12/31/24	^{\$} 500
Mailing Address 200 N. Congress St. Ste. 403		\$
City, State, Zip Code Jackson, MS 39201		s
Name of Employer (Required)	_/_/_	s
Occupation (Required)	Aggregate year-to-date	^{\$} 500
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	'	\$
Mailing Address	'	\$
City, State, Zip Code	'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Ocorporation OPAC OIndividual OLoan 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 OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period

Full name

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$

\$

\$

\$

\$

Aggregate year–to-date

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Reporting period Jan. 1st, 2024

through Dec. 31st, 2024

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or		
A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1680 Elizabeth Blvd.	1 / 16 / 24	\$ \$13.60
City, State, Zip Code Biloxi, MS 39532	2 /26 /24	\$ \$68.90
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Cont'd
B. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1680 Elizabeth Blvd.	<u>5</u> / <u>9</u> / <u>24</u>	\$ \$79.97
City, State, Zip Code Biloxi, MS 39532	<u>6</u> /11 /24	\$ \$17.72
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Cont'd
C. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1680 Elizabeth Blvd.	7/3/24	\$ \$156.18
City, State, Zip Code Biloxi, MS 39532	8 /5 /24	\$ \$486.83
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ \$823.20
D. Full name Wix.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 40 Namal Tel-Aviv St.	1/3/24	\$ \$192.00
City, State, Zip Code Tel Aviv-Yafo, Israel	9 /19 /24	\$ \$72.00
Purpose of Disbursement (Optional) Website services	Aggregate Year-to-date	\$ \$264.00
E. Full name Neblett's Frame	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 163 Ridge Way, Ste. C	3 /11 /24	\$ \$120.02
City, State, Zip Code Flowood, MS 39232	<u>7</u> , <u>15</u> , <u>24</u>	\$ \$174.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$294.52
F. Full name Capitol Gift Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 High St.	3 /26 /24	\$ \$140.94
City, State, Zip Code Jackson, MS 39201	<u>5</u> / <u>15</u> / <u>24</u>	\$ \$11.88
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ Cont'd

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Reporting period Jan. 1st, 2024

through Dec. 31st, 2024

Disbursements from contributions accumulated Prior to Jan	nuary 1, 2018 or 🔳 On or After J	anuary 1, 2018
A. Full name State of MS House of Representatives	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 High St.	3 / 8 / 24	\$ \$250
City, State, Zip Code Jackson, MS 39502	//	s
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ \$250
B. Full name Mental Health Assoc. of South MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4803 Harrison Cir.	5/2/24	\$ \$500
City, State, Zip Code Gulfport, MS 39507		S
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ \$500
C. Full name Bill Seal Memorial Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1357	5 , 21 , 24	\$ \$250
City, State, Zip Code Long Beach, MS 39560	//	S
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ \$250
D. Full name MS House Leadership Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1080 Augusta Dr.	6 /13 /24	\$ \$2,000
City, State, Zip Code Oxford, MS 38655		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$2,000
E. Full name Fans Camp	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 603 West Ave.	7 / 1 / 24	\$ \$500
City, State, Zip Code Gulfport, MS 39507		S
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ \$500
F. Full name MS Prison Industries - Magcorp	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 663 North State St.	7 /15 /24	\$ \$230.58
City, State, Zip Code Jackson, MS 39202	//	\$
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ \$230.58

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Reporting period Jan. 1st, 2024

through Dec. 31st, 2024

A. Full name Capitol Gift Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 High St.	9 / 10 / 24	\$ \$30.24
City, State, Zip Code Jackson, MS 39201	12,18,24	\$ \$46.44
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ \$229.50
B. 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	\$
C. Full name Our Lady of Fatima	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2090 Pass Rd.	8 /13 /24	\$ \$420
City, State, Zip Code Biloxi, MS 39531	//	S
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	\$ \$420
D. Full name Biloxi Touchdown Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6159	8/9/24	\$ \$350
City, State, Zip Code D'Iberville, MS 39540	'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$350
E. Full name Delta Challenge Coins, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 129 Morgan Ln.	9 /26 /24	s \$461
City, State, Zip Code Livingston, MT 59047	//	\$
Purpose of Disbursement (Optional) Campaign Collateral	Aggregate Year-to-date	\$ \$461
F. Full name Wow Women of Wisdom, Inc Knight Non-Profit Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 11975 Seaway Rd Ste A290	10 / 15 / 24	\$ \$300
City, State, Zip Code Gulfport, MS 39503	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$300

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Reporting period Jan. 1st, 2024

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to Janua	ry 1, 2018 or On or After .	January 1, 2018
A, Full name	Date	
Salvation Army	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
575 Division St.	12, 20, 24	\$500
City, State, Zip Code		S
Biloxi, MS 39530	-/-/-	ľ
Purpose of Disbursement (Optional)	Aggregate	S
Sponsorship	Year-to-date	\$500
B. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	//-	
City, State, Zip Code		\$
01.79	_/_/_	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	"
C. Full name	Date	1
	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(,, -,, -, -, -, -, -, -, -,	\$
City, State, Zip Code		\$
	''_	-
Purpose of Disbursement (Optional)	Aggregate	S
	Year-to-date	"
D. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	'	
City, State, Zip Code		\$
	'	•
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of and
	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
Cl. O	-/-/-	
City, State, Zip Code		\$
	1 —'—'—	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	-
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	/	
City, State, Zip Code		\$
	-'-'-	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	0.0000