

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

SECRETARY OF STATE

JAN 30 2025

Campaign Finance
Secretary of StateName of Candidate Friends of Kevin W. FelsherAddress PO Box 4721 City/State/Zip Biloxi, MS 39535Telephone (Work) 228-365-4747

(Home)

(Fax)

Contact Name Matthew PerezEmail Address friendsofkevinwfelsher@gmail.comOffice Sought State Representative - District 117

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 ReportTermination Report (Candidate will no longer accept contributions, make campaign expenditures,
has no outstanding campaign debt obligation)Required to terminate
reporting obligationsIMPORTANT

- (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 23-15-821, 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.

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

JAN. 1, 2024 CASH ON HAND BALANCE	\$75,399.37		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 14,637.69	\$ 50	\$ 14,687.69
TOTAL AMT OF DISBURSEMENTS	\$ 7,372.80	\$ 2,002.89	\$ 9,375.69
DEC. 31, 2024 CASH ON HAND BALANCE	\$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

1/30/25
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 Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Office Depot (refund on part of purchase)</u>		<u>1</u> / <u>2</u> / <u>24</u>	\$ <u>13.20</u>
Mailing Address <u>2414 Pass Rd.</u>		<u>8</u> / <u>6</u> / <u>24</u>	\$ <u>374.49</u>
City, State, Zip Code <u>Biloxi, MS 39531</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>387.69</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kevin Felsher (Reimbursement for airfare)</u>		<u>1</u> / <u>22</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>426 Sanlenay Ct.</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
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 <u>CVS Pharmacy, Inc.</u>		<u>9</u> / <u>25</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>1 CVS Dr.</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Woonsocket, RI 02893</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. 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>Molina Healthcare, Inc.</u>		<u>9</u> / <u>25</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>200 Oceangate 2nd FL</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Long Beach, CA 90802</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Chevron</u>		<u>9</u> / <u>25</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 1300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. 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>MS Dental PAC</u>		<u>10</u> / <u>24</u> / <u>24</u>	\$ <u>1,000</u>
Mailing Address <u>439 B Katherine Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
C. 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>MANA PAC</u>		<u>10</u> / <u>24</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>1022 Highland Colony Pkwy Ste. 101</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. 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>Gulf Coast Outpatient Surgery Center, LLC</u>		<u>10</u> / <u>24</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>2761 CT Switzer Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Penn Entertainment, Inc.</u>		<u>11 / 1 / 24</u>	\$ <u>1,000</u>
Mailing Address <u>825 Berkshire Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Reading, PA 19610</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</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>Corbitt Group, LLC</u>		<u>11 / 14 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 14226</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. 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>Capitol Resources PAC</u>		<u>11 / 26 / 24</u>	\$ <u>1,000</u>
Mailing Address <u>200 N. Congress St. Ste 500</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
D. 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>The Friedkin Group</u>		<u>11 / 26 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 441887</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Houston, TX 77244</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>\$500</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 2024

ITEMIZED CONTRIBUTIONS

A. 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>MS Behavioral Health Group, LLC</u>		<u>12 / 6 / 24</u>	\$ <u>500</u>
Mailing Address <u>1000 Chinaberry Dr. Ste 900</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bossier City, LS 71111</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. 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>MS Assoc. of Health Plans</u>		<u>12 / 13 / 24</u>	\$ <u>500</u>
Mailing Address <u>200 N. Congress St. Ste 101</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
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 <u>Mgmt. and Training Corp.</u>		<u>12 / 13 / 24</u>	\$ <u>250</u>
Mailing Address <u>500 N. Marketplace Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Centerville, UT 84014</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. 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>Nside, Inc.</u>		<u>12 / 13 / 24</u>	\$ <u>500</u>
Mailing Address <u>4031 Pkwy Dr. Suite B</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Florence, AL 35630</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Fitz Tunica Casino</u>		<u>12 / 13 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 327</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Robinsonville, MS 38664</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
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 <u>Cornerstone Gov. Affairs, Inc.</u>		<u>12 / 13 / 24</u>	\$ <u>500</u>
Mailing Address <u>800 Maine Ave. SW 7th FL</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington, DC 20024</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
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 <u>Lyft, Inc.</u>		<u>12 / 13 / 24</u>	\$ <u>1,000</u>
Mailing Address <u>185 Berry St. Ste 5000</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>San Francisco, CA 94107</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
D. 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>CSX Transportation Inc. State Campaign Acct</u>		<u>12 / 13 / 24</u>	\$ <u>250</u>
Mailing Address <u>500 Water St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jacksonville, FL 32202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Ten One PAC</u>		<u>12 / 27 / 24</u>	\$ <u>500</u>
Mailing Address <u>200 N. Congress St. Ste 403</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. 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>MS Ambulance Alliance PAC</u>		<u>12 / 27 / 24</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 17689</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
C. 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>WALPAC</u>		<u>12 / 27 / 24</u>	\$ <u>1,000</u>
Mailing Address <u>702 SW 8th St.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bentonville, AR 72716</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
D. 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>Comcast Corp.</u>		<u>12 / 31 / 24</u>	\$ <u>250</u>
Mailing Address <u>One Customer Center</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>1701 JFK Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Philadelphia, PA 19103</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Kevin W. FelsherReporting period Jan. 1st, 2024 through Dec. 31st, 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>Ten One PAC</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>200 N. Congress St. Ste. 403</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</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) _____		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	\$
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		___ / ___ / ___	\$
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) _____		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	\$

Name of Candidate or Committee Friends of Kevin W. Felsher

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

ITEMIZED DISBURSEMENTS

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

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.	5 / 9 / 24	\$ \$79.97
City, State, Zip Code Biloxi, MS 39532	6 / 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	7 / 15 / 24	\$ \$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	5 / 15 / 24	\$ \$11.88
Purpose of Disbursement (Optional) Office Supplies/Campaign Materials	Aggregate Year-to-date	\$ Cont'd

Name of Candidate or Committee Friends of Kevin W. Felsher

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

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 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	___ / ___ / ___	\$
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	___ / ___ / ___	\$
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	___ / ___ / ___	\$
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	___ / ___ / ___	\$
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	___ / ___ / ___	\$
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

Name of Candidate or Committee Friends of Kevin W. Felsher

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

ITEMIZED DISBURSEMENTS

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

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	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
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	___ / ___ / ___	\$
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	\$ \$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

Name of Candidate or Committee Friends of Kevin W. Felsher

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

ITEMIZED DISBURSEMENTS

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

A. Full name		Date	Amount of each
Salvation Army		(Mo., Day, Year)	disbursement this period
Mailing Address		12 / 20 / 24	\$
575 Division St.			\$500
City, State, Zip Code		___ / ___ / ___	\$
Biloxi, MS 39530			
Purpose of Disbursement (Optional)		Aggregate	\$
Sponsorship		Year-to-date	\$500
B. 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	
C. 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	
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 each
		(Mo., Day, Year)	disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
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	