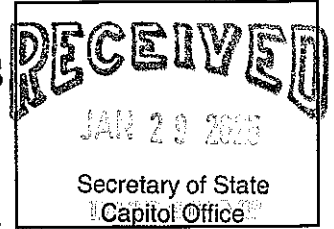


SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Manly Barton
 Address 7905 Pecan Ridge Dr. City/State/Zip Moss Point, MS 39562
 Telephone (Work) _____ (Home) 228-217-1379 (Fax) _____
 Contact Name Manly Barton Email Address mgb5882763@gmail.com
 Office Sought House District 109

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**

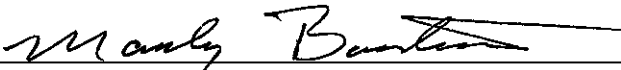
JAN. 1, 2024 CASH ON HAND BALANCE	\$ 28135.83		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$ 0
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$ 0
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 28135.83		

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			\$ 68990.78
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$47500.00	\$2000.00	\$49500.00
TOTAL AMT OF DISBURSEMENTS	\$14632.98	\$9390.30	\$24023.28
DEC. 31, 2024 CASH ON HAND BALANCE			\$94467.50

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

1/29/2025

 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 Manly BartonReporting 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	Date (Mo., Day, Year)	Amount of each disbursement this period
Buffalo Wild Wings		
Mailing Address Madison	<u>1/2/2024</u>	\$ 350.92
City, State, Zip Code MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Beginning of Session Dinner	Aggregate Year-to-date	\$ 350.92
B. Full name SMPDD Fallen Officer Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10441 Corporate Dr.	<u>3/7/2024</u>	\$ 500.00
City, State, Zip Code Gulfport, MS 39503	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00
C. Full name Medals of America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Southchase Blvd.	<u>2/4/2024</u>	\$ 473.61
City, State, Zip Code Fountain Inn, SC 29644	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Military Office stuff	Aggregate Year-to-date	\$ 473.61
D. Full name MS Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/12/2024</u>	\$ 750.00
City, State, Zip Code Jackson, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Awards Dinner	Aggregate Year-to-date	\$ 750.00
E. Full name Jackson County Youth Golf Program	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 12820 Saracennia Road	<u>2/12/2024</u>	\$ 500.00
City, State, Zip Code Moss Point, MS 39562	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 500.00
F. Full name Brent's Drugs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2/21/2024</u>	\$ 218.39
City, State, Zip Code Jackson, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Constituent Breakfast	Aggregate Year-to-date	\$ 218.39

Name of Candidate or Committee Manly BartonReporting 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 Chandeleud Table	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/7/2024</u>	\$ 433.22
City, State, Zip Code Gulfport, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 433.22
B. Full name The Ark	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/11/2024</u>	\$ 480.00
City, State, Zip Code Jackson, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Youth Sponsorship	Aggregate Year-to-date	\$ 480.00
C. Full name ECCA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 772	<u>3/12/2024</u>	\$ 500.00
City, State, Zip Code Hurley, MS 39555	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Old Fashion Day Sponsor	Aggregate Year-to-date	\$ 500.00
D. Full name Belk's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/18/2024</u>	\$ 294.25
City, State, Zip Code Ridgeland, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Shirts	Aggregate Year-to-date	\$ 294.25
E. Full name Men's Warehouse	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/18/2024</u>	\$ 485.99
City, State, Zip Code Jackson, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Suits	Aggregate Year-to-date	\$ 485.99
F. Full name House of Representatives	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3/15/2024</u>	\$ 250.00
City, State, Zip Code Jackson, MS	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Purchase Old Chairs	Aggregate Year-to-date	\$ 250.00

Name of Candidate or Committee Manly BartonReporting 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	Date (Mo., Day, Year)	Amount of each disbursement this period
Magnolia Tribune	<u>4/3/2024</u>	\$ 750.00
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 750.00
Sponsorship Awards Dinner		
Nejam Properties	<u>5/7/2024</u>	\$ 875.00
Mailing Address		
Morningside Street		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 875.00
Apartment Expenses		
Magcor	<u>5/16/2024</u>	\$ 679.00
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 679.00
Letterheads, Business Cards and Stationary		
Vancleave Booster Club	<u>5/30/2024</u>	\$ 500.00
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Sponsorship		
George County Sheriff	<u>6/10/2024</u>	\$ 430.00
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 430.00
Golf Tournament		
Eastlawn United Methodist Youth	<u>6/11/2024</u>	\$ 265.00
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 265.00
Sponsor Summer Trip		

Name of Candidate or Committee Manly BartonReporting 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	Date (Mo., Day, Year)	Amount of each disbursement this period
Farmer's Market		
Mailing Address	<u>6/24/2024</u>	\$ 675.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 675.00
Alabama/Mississippi Softball Dinner		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
East Central Alumni Assoc.		
Mailing Address	<u>7/5/2024</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Banquet Sponsor		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Moss Point Soccer		
Mailing Address	<u>8/20/2024</u>	\$ 350.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 350.00
Sponsor		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ECMC		
Mailing Address	<u>8/21/2024</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Golf Tournament Sponsor		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vanceleave Hall of Fame		
Mailing Address	<u>9/24/2024</u>	\$ 320.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 320.00
Banquet Sponsor		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Valor Lodge		
Mailing Address	<u>10/21/202</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Sponsor for Friends and Family Day		

Name of Candidate or Committee Manly Barton

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	Date (Mo., Day, Year)	Amount of each disbursement this period
Donnie Scoggins		
Mailing Address	<u>10/21/2024</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Hank Zuber		
Mailing Address	<u>10/13/2024</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Steve Massengill		
Mailing Address	<u>10/14/2024</u>	\$ 500.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
YMBC		
Mailing Address	<u>11/5/2024</u>	\$ 500.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Brookhallow Cards		
Mailing Address	<u>11/21/2024</u>	\$ 272.79
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 272.79
ECCA		
Mailing Address	<u>11/14/2024</u>	\$ 400.00
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00

Name of Candidate or Committee Manly Barton

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	Date (Mo., Day, Year)	Amount of each disbursement this period
Bed, Bath and Beyond		
Mailing Address	<u>11/29/2024</u>	\$ 427.41
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) Rug	Aggregate Year-to-date	\$ 427.41
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Home Store		
Mailing Address	<u>12/13/2024</u>	\$ 452.40
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) Cabinet for Office	Aggregate Year-to-date	\$ 452.40
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 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>Cadence Bank PAC</u>	<u>5/30/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 789</u>	___/___/___	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Chevron</u>	<u>8/27/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 6042</u>	___/___/___	\$
City, State, Zip Code <u>San Ramon, CA 94583</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>T Mobile US, Inc</u>	<u>10/4/2024</u>	\$ <u>500.00</u>
Mailing Address <u>12920 SE 38th Street</u>	___/___/___	\$
City, State, Zip Code <u>Bellevue, WA 98006</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>CVS Pharmacy, Inc</u>	<u>10/11/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>1 CVS Drive</u>	___/___/___	\$
City, State, Zip Code <u>Woonsocket, RI 02895</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Manly Barton

Reporting period January 1, 2024 through December 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 Desoto Integrity in Government PAC	10/21/2024	\$1000.00
Mailing Address 6814 Crumpler Blv	___ / ___ / ___	\$
City, State, Zip Code Olive Branch, MS 38654	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$1000.00
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 Comcast Corp.	10/24/2024	\$1000.00
Mailing Address 1701 JFK Blvd	___ / ___ / ___	\$
City, State, Zip Code Philadelphia, PA 19103	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$1000.00
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 Nucor PAC	10/24/2024	\$500.00
Mailing Address 3630 Fourth St.	___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$500.00
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 Capitol Resources PAC	10/24/2024	\$1000.00
Mailing Address 200 N Congress St	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$1000.00

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 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 Friends of Mississippi Hospitals PAC		10/24/2024	\$500.00
Mailing Address 116 Woodgreen Crossing		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
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 Mississippi Bankers Assoc.		10/24/2024	\$1500.00
Mailing Address P.O. Box 1091		___/___/___	\$
City, State, Zip Code Jackson, MS 39205		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$1500.00
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 Keystone Strategies LLC		10/24/2024	\$250.00
Mailing Address P.O. Box 947		___/___/___	\$
City, State, Zip Code Brandon, MS 39043		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$250.00
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 Jones Walker LLP		10/24/2024	\$500.00
Mailing Address		___/___/___	\$
City, State, Zip Code Jackson, MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00

Name of Candidate or Committee Manly Barton

Reporting period January 1, 2024 through December 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>Ten One PAC</u>	<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>200 N Congress St.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>MPC State PAC</u>	<u>10/24/2024</u>	\$ <u>750.00</u>
Mailing Address <u>2992 W Beach Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</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>Cascio Stanford Law Group, PLLC</u>	<u>10/24/2024</u>	\$ <u>500.00</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>500.00</u>
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>Tourism Mississippi PAC</u>	<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 2745</u>	___/___/___	\$
City, State, Zip Code <u>Madison, MS 39130</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 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>Mississippi Health Care PAC</u>		<u>10/24/2024</u>	\$ <u>2500.00</u>
Mailing Address <u>303 Brame Road</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500.00</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>Watkins Eager PLLC</u>		<u>10/24/2024</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 650</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</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>Mississippi Manufacturers Assoc. PAC</u>		<u>10/24/2024</u>	\$ <u>500.00</u>
Mailing Address <u>720 N President St.</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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>Denmiss, LLC</u>		<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>1368 Old Fannin Road</u>		___/___/___	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Manly BartonReporting period January 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 Exxon Mobile Corp.		10/24/2024	\$ 1000.00
Mailing Address P.O. Box		___/___/___	\$
City, State, Zip Code Spring, TX 77387		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 BNSF Railway Company		10/24/2024	\$ 1000.00
Mailing Address 2500 Lou Menk Dr.		___/___/___	\$
City, State, Zip Code Fort Worth, TX 76131		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 CSX Transportation Inc.		10/24/2024	\$ 500.00
Mailing Address 500 Water Street		___/___/___	\$
City, State, Zip Code Jacksonville, FL 32202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
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 Cornerstone Government Affairs, Inc.		10/24/2024	\$ 1000.00
Mailing Address 800 Naine Ave.		___/___/___	\$
City, State, Zip Code Washington, DC 20024		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 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>Truck - PAC</u>	<u>10/24/2024</u>	\$ <u>500.00</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>500.00</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>PENN Entertainment, Inc.</u>	<u>10/24/2024</u>	\$ <u>1000.00</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>1000.00</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>Mississippi Association of Health Plans</u>	<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>200 N Congress St.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>RAI Services Company</u>	<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>401 N Main St</u>	___/___/___	\$
City, State, Zip Code <u>Winston-Salem, NC 27101</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Manly BartonReporting period January 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 MS Independent Physician Assoc.		10/24/2024	\$500.00
Mailing Address 2510 Lakeland, Dr.		___/___/___	\$
City, State, Zip Code Flowood, MS 39232		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
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 Enterprise Holdings PAC		10/24/2024	\$1000.00
Mailing Address 600 Corporate Park Dr.		___/___/___	\$
City, State, Zip Code St. Louis, MO 63105		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$1000.00
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 Ceasars Enterprise Services, LLC		10/24/2024	\$1000.00
Mailing Address One Ceasars Palace Dr.		___/___/___	\$
City, State, Zip Code Las Vegas, NV		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$1000.00
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 Southern Consulting Associates, Inc		10/24/2024	\$500.00
Mailing Address 822 Aberdeen Cove		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00

Name of Candidate or Committee Manly BartonReporting period January 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 Select Medical Corp.		10/24/2024	\$ 1000.00
Mailing Address 4714 Gettsburg Road		___/___/___	\$
City, State, Zip Code Mechanicsburg, PA 17055		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 MANA PAC		10/24/2024	\$ 500.00
Mailing Address 1022 Highland Colony Pkwy		___/___/___	\$
City, State, Zip Code Ridgeland, MS 39157		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
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 CN		10/24/2024	\$ 1000.00
Mailing Address P.O. Box 8103		___/___/___	\$
City, State, Zip Code Montreal, Quebec		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 Mississippi Realtor PAC		10/24/2024	\$ 1000.00
Mailing Address P.O. Box 321000		___/___/___	\$
City, State, Zip Code Flowood, MS 39232		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

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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>Ergon PAC</u>		<u>10/24/2024</u>	\$ <u>2500.00</u>
Mailing Address <u>P.O. Box 1639</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500.00</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>Mississippi Dental PAC</u>		<u>10/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>439 B Katherine Dr.</u>		___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</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>Bollinger Shipyard</u>		<u>12/20/2024</u>	\$ <u>1250.00</u>
Mailing Address <u>P.O. Box 250</u>		___/___/___	\$
City, State, Zip Code <u>Lockport, LA 70374</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1250.00</u>
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>Capitol Resources PAC</u>		<u>12/20/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>200 N Congress St.</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Manly BartonReporting period January 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 <u>The Friedkin Group</u>		<u>12/20/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 441887</u>		___/___/___	\$
City, State, Zip Code <u>Houston, TX 77244</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</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>Lenders PAC</u>		<u>12/20/2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5004</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39296</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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>CCF</u>		<u>12/24/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>2312 E trinity Mills Rd</u>		___/___/___	\$
City, State, Zip Code <u>Carrollton, TX 75006</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
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>MS Ambulance Alliance</u>		<u>12/24/2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 17889</u>		___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 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 Cable PAC	<u>12/30/2024</u>	\$ 1000.00
Mailing Address P.O. Box 55867	___/___/___	\$
City, State, Zip Code Jackson, MS 38296	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 Ten One PAC	<u>12/31/2024</u>	\$ 1000.00
Mailing Address 200 N Congress St.	___/___/___	\$
City, State, Zip Code Jackson, MS 39201	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 Molina Healthcare, Inc	<u>12/31/2024</u>	\$ 500.00
Mailing Address 200 Oceangate	___/___/___	\$
City, State, Zip Code Long Beach, CA 90802	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 MS Independent RX PAC	<u>12/31/2024</u>	\$ 500.00
Mailing Address 4209 Lakeland Dr.	___/___/___	\$
City, State, Zip Code Flowood, MS 39232	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Manly BartonReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. 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>Wilford Albert Payne</u>		<u>12/30/2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1267</u>		___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		___/___/___	\$
Name of Employer (Required) <u>Payne Company</u>		___/___/___	\$
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>500.00</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>MAE PAC</u>		<u>12/31/2024</u>	\$ <u>2000.00</u>
Mailing Address <u>1657 McFarland Blvd</u>		___/___/___	\$
City, State, Zip Code <u>Tuscaloosa, AL 35406</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000.00</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>Southern Crop Production Assn.</u>		<u>12/31/2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1410</u>		___/___/___	\$
City, State, Zip Code <u>Wetumpka, AL 36092</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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>Mississippi Behavioral Health</u>		<u>12/31/2024</u>	\$ <u>500.00</u>
Mailing Address <u>1000 Chinaberry Dr.</u>		___/___/___	\$
City, State, Zip Code <u>Bossier City, LA 71111</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Manly Barton

Reporting period January 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 <u>Mississippi Export Railroad</u>	<u>12/30/2024</u>	\$ <u>1000.00</u>
Mailing Address <u>4519 McInnis Ave.</u>	__ / __ / __	\$
City, State, Zip Code <u>Moss Point, MS 39563</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Vector Victory PAC</u>	<u>12/31/2024</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 710</u>	__ / __ / __	\$
City, State, Zip Code <u>Southaven, MS 38671</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$
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	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$