### Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMEN 2024 Annual Report

SECRETARY OF STATE

Secretary of State

Name of Candidate OSCAR DENTON		Secretary Capitol		
Address 5024 ROLLINGWOOD EST	ATE DR City/State/Zip VICK	SBURG,MS.39180		
Telephone (Work) 601-359-1514	(Home) 601-638-4007	(Fax) 601-638-400	7	
Contact Name OSCAR DENTON	Email Address OSCA	rdentonhd55@gmail	.com	
Office Sought State Representative				
Check here if above information is different from	previous report			
	TYPE OF REPORT			
XFriday, January 31, 2025 (January 1, 2024 through December 31, 2024)				
Termination Report (Candidate will no longer has no outstanding came			to terminate obligations	

#### **IMPORTANT**

- 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.
- 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.
- 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.
- 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).
- 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,

#### ACCUMULATED PRIOR TO JANUARY 1, 2018

JAN. 1, 2024 CASH ON HAND BALANCE			\$ 0.00	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date	
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$ 0.00	\$0.00	\$0.00	
TOTAL AMT OF DISBURSEMENTS	\$ 0.00	\$0.00	\$0.00	
DEC. 31, 2024 CASH ON HAND E	BALANCE		\$ 0.00	

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

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Name of Candidate or Committee OSCAR DENTON

Reporting period JANUARY 1,2024

\_ through \_DECEMBER 31,2024\_

# ITEMIZED CONTRIBUTIONS

A S. C. OCCUPATION OF A CONTRACT OF A CONTRA		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PENN ENTERTAIMENT INC.	12 / 01 /24	<sup>\$</sup> 1000.00
Mailing Address 825 BERKSHIRE BLVD.	//	\$
City, State, Zip Code WYOMISSING, PA. 19610	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate vearto-date	<sup>\$</sup> 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name STEVE GOLDING	09 / 23 /24	\$ 500.00
Mailing Address 101 LEE ST.	//	\$
City, State, Zip Code VICKSBURG, MS.39180	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TEN ONE STRATEGIES	12 / 21 / 24	\$ 500.00
Mailing Address 200 N.CONGRESS ST.STE 403	//	\$
200 N.CONGRESS ST.STE 403 City, State, Zip Code JACKSON, MS.39201	//	\$
200 N.CONGRESS ST.STE 403		
Z00 N.CONGRESS ST.STE 403 City, State, Zip Code JACKSON, MS.39201	//Aggregate	\$
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)	Aggregate year-to-date Date	\$
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate year-to-date  Date (Mo., Day, Year)	\$ \$ 500.00 Amount of each
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name MS.AMBULANCE ALLIANCE	Aggregate year-to-date Date	\$ \$ 500.00 Amount of each receipt
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name MS.AMBULANCE ALLIANCE  Mailing Address P.O.BOX 17889	Aggregate year-to-date  Date (Mo., Day, Year)	\$ \$ 500.00  Amount of each receipt this period
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan Other (please specify)  Full name MS.AMBULANCE ALLIANCE	Aggregate year-to-date  Date (Mo., Day, Year)	\$ \$ 500.00  Amount of each receipt this period \$ 500.00
City, State, Zip Code JACKSON, MS.39201  Name of Employer (Required)  Occupation (Required)  D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)  Full name MS.AMBULANCE ALLIANCE  Mailing Address P.O.BOX 17889	Aggregate year-to-date  Date (Mo., Day, Year)	\$ \$ 500.00  Amount of each receipt this period \$ 500.00

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Name of Candidate or Committee OSCAR DENTON

Reporting period JANUARY 1,2024 through DECEMBER 31,2024

### ITEMIZED CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WATERVIEW	12 / 12 / 24	\$500.00
P.O. BOX 820668	//	\$
VICKSBURG, MS. 39182	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	<sup>\$</sup> 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
TOURISM MISSISSIPPI PAC	12 / 02 / 24	<sup>\$</sup> 250.00
P.O.BOX 2745	//	\$
City, State, Zip Code MADISON, MS. 39180	//	\$
Name of Employer (Required)	111	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name MAE-PAC	Date	Amount of each receipt this period
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name MAE-PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.	Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)	Date (Mo., Day, Year)  12 / 20 / 24 //	Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC OIndividual OLoan	Date (Mo., Day, Year)  12 / 20 / 24 //// Aggregate	Amount of each receipt this period  \$ 500.00 \$ \$ \$  Amount of each receipt
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)  Occupation (Required)  D. Source: Carporation PAC (Individual Class)  Other (please specify)	Date (Mo., Day, Year)  12 / 20 / 24 // //  Aggregate	Amount of each receipt this period  \$ 500.00 \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Ondividual Occupation Other (please specify)  Full name	Date (Mo., Day, Year)  12 / 20 / 24 // //  Aggregate	Amount of each receipt this period  \$ 500.00 \$ \$ \$  Amount of each receipt
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)  Occupation (Required)  Description (Required)  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  12 / 20 / 24 // //  Aggregate	Amount of each receipt this period  \$ 500.00 \$ \$ \$  Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name MAE-PAC  Mailing Address 1657 MCFARLAND BLVD.N STE.  City, State, Zip Code TUSCALOOSA, AL. 35406-2201  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC OIndividual OLoan	Date (Mo., Day, Year)  12 / 20 / 24 // //  Aggregate	Amount of each receipt this period  \$ 500.00 \$ \$ \$ \$  Amount of each receipt this period  \$ 200.00

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

JAN. 1, 2024 CASH ON HAND BALANCE		\$ 1157.60	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 3750.00	\$ 0.00	\$ 3750.00
TOTAL AMT OF DISBURSEMENTS	\$ 0.00	\$ 2482.92	\$2482.92
DEC. 31, 2024 CASH ON HAND B	BALANCE		\$ 2424.68

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.