

2024 ELECTION CYCLE

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

SECRETARY OF STATE



Name of Candidate Friends of Rob Roberson
 Address 1108 Hwy 182 W City/State/Zip Starkville, MS 39759
 Telephone (Work) 662-3243810 (Home) 662-418-2914 (Fax) 662-461-8956
 Contact Name Tiffany Harris Email Address robersonlaw@aol.com
 Office Sought MS House of Representative

☐ 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 previously run 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		\$0.00	
	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		\$48591.00	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 15800.00	\$ 1692.87	\$ 17492.87
TOTAL AMT OF DISBURSEMENTS	\$ 3666.36	\$ 1316.07	\$ 4982.43
DEC. 31, 2024 CASH ON HAND BALANCE		\$ 61101.44	

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.

Page 3 of 10Name of Candidate or Committee Friends of Rob RobersonReporting period 1/1/24 through 12/31/24**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name WKBB		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1105-A Stark Rd		12/04/24	\$ 211.05
City, State, Zip Code Starkville, MS 39759		___/___/___	\$
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$ 211.05
B. Full name Rob Roberson		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 212 E. Main St.		11/07/24	\$ 1155.31
City, State, Zip Code Starkville, MS 39759		___/___/___	\$
Purpose of Disbursement (Optional) reimbursement		Aggregate Year-to-date	\$ 1155.31
C. Full name James Bishop		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 413B Santa Anita Dr		02/15/24	\$ 1500.00
City, State, Zip Code Starkville, MS 39759		___/___/___	\$
Purpose of Disbursement (Optional) Consulting		Aggregate Year-to-date	\$ 1500.00
D. Full name Committee to Elect Jenifer Branning		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 235 W Beacon St.		04/08/24	\$ 250.00
City, State, Zip Code Philadelphia, MS 39350		___/___/___	\$
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$ 250.00
E. Full name Make-A-Wish MS		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 607 Highland Colony Parkway STE 100		03/18/24	\$ 250.00
City, State, Zip Code Ridgeland, MS 39157		___/___/___	\$
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$ 250.00
F. Full name Friends of Kim Moreland		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 448 Hwy 12 W		02/02/24	\$ 300.00
City, State, Zip Code Starkville, MS 39759		___/___/___	\$
Purpose of Disbursement (Optional) Contribution		Aggregate Year-to-date	\$ 300.00

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Name of Candidate or Committee Friends of Rob Roberson
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Group INC</u>		<u>09/19/24</u>	\$ <u>1000.00</u>
Mailing Address <u>169 Inverness Dr West STE 400</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Englewood, CO 80112</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones Walker LLP</u>		<u>10/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>3100 N. State St STE 300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ten One PAC</u>		<u>10/21/24</u>	\$ <u>500.00</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>500.00</u>
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent Package Store ASSOC</u>		<u>10/25/24</u>	\$ <u>500.00</u>
Mailing Address <u>921 E. Fortification St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee Friends of Rob Roberson
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>CASCIO SANFORD GOVT LAW GROUP</u>		<u>10/19/24</u>	\$ <u>500.00</u>
Mailing Address <u>825 N. President St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Build MS PAC</u>		<u>10/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>4209 Lakeland Dr Suite 214</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>1000.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Keystone Strategies LLC</u>		<u>10/22/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 947</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Capitol Advocacy Group PAC</u>		<u>10/22/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 217</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Rob RobersonReporting period 1/1/24 through 1/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Cornerstone Govt Affairs</u>		<u>07/18/24</u>	\$ <u>1000.00</u>
Mailing Address <u>800 Maine AVE SouthWest Suite 7</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>1000.00</u>
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Truck PAC</u>		<u>10/14/24</u>	\$ <u>500.00</u>
Mailing Address <u>825 N. President St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Molina Heathcare INC.</u>		<u>07/16/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 Oceangate Suite 4</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Long Beach, CA 90802</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Comcast Corp</u>		<u>08/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>One Comcast Center</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

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ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Capitol Resource PAC		10/21/24	\$ 1000.00
Mailing Address 200 N Congress St STE 500		___/___/___	\$
City, State, Zip Code Jackson, MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Friends of MS Hospitals		10/22/24	\$ 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
C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Caresource Mission PAC		09/04/24	\$ 250.00
Mailing Address 65E State ST STE 201		___/___/___	\$
City, State, Zip Code Columbus, OH 43215		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cigna Group Employee PAC		07/29/24	\$ 250.00
Mailing Address 1601 Chestnut St STE TL16B		___/___/___	\$
City, State, Zip Code Philadelphia, PA 19192		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

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Name of Candidate or Committee Friends of Rob Roberson Page 8 of 10
 Reporting period 4/1/24 through 11/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Realators PAC		<u>08/30/24</u>	\$ 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
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cadence Bank PAC		<u>05/22/24</u>	\$ 1000.00
Mailing Address P.O. Box 789		___/___/___	\$
City, State, Zip Code Tupelo, MS 38802		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ 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 Rob Roberson
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		12/20/24	\$ 500.00
Mailing Address 1657 Mcfarland BLVD N. STE G3E		___/___/___	\$
City, State, Zip Code Tuscaloosa, AL 35406		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Independent RX PAC		12/20/24	\$ 500.00
Mailing Address 4209 Lakeland Dr STE 399		___/___/___	\$
City, State, Zip Code Flowood MS, 39232		___/___/___	\$
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 MS Asphalt Contractor PAC		11/07/24	\$ 250.00
Mailing Address 711 N President ST		___/___/___	\$
City, State, Zip Code Jackson, MS 39202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rehabilitation Centers LLC		11/18/24	\$ 500.00
Mailing Address 100 A Jadek Dr NE		___/___/___	\$
City, State, Zip Code Magee, MS 39111		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Friends of Rob Roberson Page 10 of 10
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilford Albert Payne</u>	<u>12/24/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1267</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	___/___/___	\$
Name of Employer (Required) <u>Payne CO.</u>	___/___/___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LYFT INC</u>	<u>09/16/24</u>	\$ <u>1000.00</u>
Mailing Address <u>185 Berry St STE 5000</u>	___/___/___	\$
City, State, Zip Code <u>San Francisco, CA 94107</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams & Reese LLP</u>	<u>12/05/24</u>	\$ <u>300.00</u>
Mailing Address <u>701 Poydras St STE 4500</u>	___/___/___	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ 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 Rob Roberson
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		12/20/24	\$ 500.00
Mailing Address 1657 Mcfarland BLVD N. STE G3E		___/___/___	\$
City, State, Zip Code Tuscaloosa, AL 35406		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Independent RX PAC		12/20/24	\$ 500.00
Mailing Address 4209 Lakeland Dr STE 399		___/___/___	\$
City, State, Zip Code Flowood MS, 39232		___/___/___	\$
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 MS Asphalt Contractor PAC		11/07/24	\$ 250.00
Mailing Address 711 N President ST		___/___/___	\$
City, State, Zip Code Jackson, MS 39202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rehabilitation Centers LLC		11/18/24	\$ 500.00
Mailing Address 100 A Jadek Dr NE		___/___/___	\$
City, State, Zip Code Magee, MS 39111		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Friends of Rob Roberson Page 10 of 10
 Reporting period 11/1/24 through 12/31/24

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wilford Albert Payne</u>	<u>12/24/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1267</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	___/___/___	\$
Name of Employer (Required) <u>Payne CO.</u>	___/___/___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LYFT INC</u>	<u>09/16/24</u>	\$ <u>1000.00</u>
Mailing Address <u>185 Berry St STE 5000</u>	___/___/___	\$
City, State, Zip Code <u>San Francisco, CA 94107</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams & Reese LLP</u>	<u>12/05/24</u>	\$ <u>300.00</u>
Mailing Address <u>701 Poydras St STE 4500</u>	___/___/___	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ 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	\$