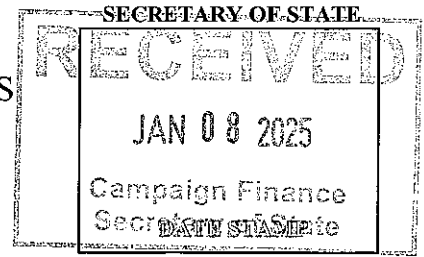




 Political Committee

REPORT OF RECEIPTS AND DISBURSEMENTS

 2024 Annual Report



Name of Committee Committee to Elect Shanda Yates

Address 144 Glenway Drive City/State/Zip Jackson, MS 39216

Telephone 601-954-8142 Fax _____

Treasurer Sarah Bentley Email Address sbentley6789@gmail.com

Check here if above is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) **Annual Report**

Termination Report (Committee 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 UNLESS the political committee filed all 2022 Periodic Reports OR the political committee filed a Termination Report prior to December 31, 2022.

(2) Until a committee files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Political committees supporting or opposing candidates for State, State District, or Legislative Office file with the Secretary of State's Office. Political committees supporting or opposing candidates for county office or county ballot measures file with the circuit clerk's office. Political committees supporting or opposing municipal candidates or municipal ballot measures file with the municipal clerk's office.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN.1, 2024 CASH ON HAND BALANCE			\$15006.47
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$6,850	\$2.48	\$6,852.48
TOTAL AMT OF DISBURSEMENTS	\$1,680	\$0	\$1,680
DEC. 31, 2024 CASH ON HAND BALANCE			\$20,178.95

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 or Treasurer

1/8/2025

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) 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 813 (1972).

Name of Candidate or Committee Committee to Elect Shanda Yates

Reporting period 1/1/2024 through 12/31/2024

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
Gibbes	4 / 9 / 24	\$ 110.00
Mailing Address 403 Town Center Blvd #301	6 / 11 / 24	\$ 110.00
City, State, Zip Code Ridgeland, MS 39157		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Gibbes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 403 Town Center Blvd #301	9 / 13 / 24	\$ 360.00
City, State, Zip Code Ridgeland, MS 39157	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 580.00
C. Full name MSCOL Ducks Unlimited	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 151 James H. Meredith Drive	4 / 18 / 24	\$ 600.00
City, State, Zip Code Jackson, MS 39201	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00
D. Full name Phoenix Club of Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 13244	8 / 15 / 24	\$ 500.00
City, State, Zip Code Jackson, MS 39236	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
E. 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	\$
F. 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	\$

Name of Candidate or Committee Committee to Elect Shanda YatesReporting period 1/1/2024 through 12/31/2024

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>Norfolk Southern Corporation</u>		<u>1 / 8 / 24</u>	\$ <u>400.00</u>
Mailing Address <u>2275 Research Blvd Ste 600</u>		<u> / / </u>	\$
City, State, Zip Code <u>Rockville, MD 20850</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</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>WT Consultants</u>		<u>1 / 8 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 774</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</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 For Responsible Government</u>		<u>10 / 02 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>702 SW 8th St</u>		<u> / / </u>	\$
City, State, Zip Code <u>Bentonville, AR 72716</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
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 / 18 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>401 N Main Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Winston Salem NC 27101</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Elect Shanda Yates

Reporting period 1/1/2024 through 12/31/2024

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 Helena Agri-Enterprises, LLC	<u>10</u> / <u>18</u> / <u>24</u>	\$ 500.00
Mailing Address 225 Schilling Blvd, Ste 300	__ / __ / __	\$
City, State, Zip Code Collierville, TN 38017	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Corporation	<u>10</u> / <u>1</u> / <u>24</u>	\$ 500.00
Mailing Address 1701 JFK Blvd	__ / __ / __	\$
City, State, Zip Code Philadelphia, PA 19103	__ / __ / __	\$
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 MS Behavioral Health Services	<u>12</u> / <u>2</u> / <u>24</u>	\$ 500.00
Mailing Address 1000 Chinaberry Dr Ste 900	__ / __ / __	\$
City, State, Zip Code Bossier City, LA 71111	__ / __ / __	\$
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.	<u>7</u> / <u>18</u> / <u>24</u>	\$ 500.00
Mailing Address 800 Maine Ave, SW 7th floor	__ / __ / __	\$
City, State, Zip Code Washington, DC 20024	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Elect Shanda Yates

Reporting period 1/1/2024 through 12/31/2024

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 Tourism Mississippi PAC	<u>12</u> / <u>2</u> / <u>24</u>	\$ 250.00
Mailing Address PO Box 2745	__ / __ / __	\$
City, State, Zip Code Madison, MS 39130	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Ergon State PAC	<u>10</u> / <u>14</u> / <u>24</u>	\$ 250.00
Mailing Address PO Box 1639	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39215	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 MS Bail Agents Association	<u>11</u> / <u>12</u> / <u>24</u>	\$ 250.00
Mailing Address 118 Canton One Dr	__ / __ / __	\$
City, State, Zip Code Canton, MS 39046	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Ten One PAC	<u>12</u> / <u>19</u> / <u>24</u>	\$ 500.00
Mailing Address 200 N Congress St	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committe to Elect Shanda Yates

Reporting period 1/1/2024 through 12/31/2024

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 Package Stores Association	<u>10</u> / <u>25</u> / <u>24</u>	\$ 500.00
Mailing Address 921 E Fortification St	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39202	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Cellular South Inc	<u>12</u> / <u>16</u> / <u>24</u>	\$ 350.00
Mailing Address 1018 Highland Colony Pkwy Ste 300	__ / __ / __	\$
City, State, Zip Code Ridgeland, MS 39157	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 350.00
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 ENPAC Mississippi	<u>12</u> / <u>4</u> / <u>24</u>	\$ 350.00
Mailing Address PO Box 1640	__ / __ / __	\$
City, State, Zip Code Jackson, MS 39215	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 350.00
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	\$