



REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

Name of Candidate Shane Barnett
 Address PO Box 621 City/State/Zip _____
 Telephone (Work) 601 735 4047 (Home) _____ (Fax) _____
 Contact Name Same Email Address Shane704@AOL.com
 Office Sought MS HOUSE - DIST 86

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**

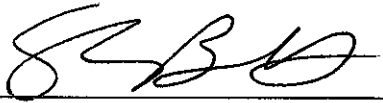
JAN. 1, 2024 CASH ON HAND BALANCE			\$ 16023 ⁻
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$0	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 16023 ⁻

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			\$ 48,463 ⁸⁷
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 14,300	\$0	\$ 14,300
TOTAL AMT OF DISBURSEMENTS	\$ 5,500	\$ 267 ¹²	\$ 5,767 ¹²
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 56,996 ²⁵

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

1-29-25

Date

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

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee _____

Reporting period _____ through _____

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 Ergon PAC	10/14/24	\$ 500 ⁻
Mailing Address Box 1639	__/__/__	\$
City, State, Zip Code Jackson MS 39215	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁻
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Keystone Strategies	10/22/24	\$ 250 ⁻
Mailing Address Box 927	__/__/__	\$
City, State, Zip Code Brandon MS 39043	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻
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 Jones Walker	10/22/24	\$ 250 ⁻
Mailing Address 3100 N State St	__/__/__	\$
City, State, Zip Code Jackson MS 39216	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻
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	10/22/24	\$ 500 ⁻
Mailing Address 200 N Congress St 403	__/__/__	\$
City, State, Zip Code Jackson MS 39201	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

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 MPC State PAC	10/11/24	\$ 300 ⁻
Mailing Address Box 4079	__/__/__	\$
City, State, Zip Code Gulfport MS 39502	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 300 ⁻
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cascio Sanford	11/19/24	\$ 500 ⁻
Mailing Address 124 Hickory Dr	__/__/__	\$
City, State, Zip Code Ocean Springs MS 39564	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500 ⁻
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 MM PAC	10/21/24	\$ 500 ⁻
Mailing Address Box 2548	__/__/__	\$
City, State, Zip Code Ridgeland MS 39158	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500 ⁻
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 Capital Resources	11/21/24	\$ 1000 ⁻
Mailing Address 200 N Congress Ste 500	__/__/__	\$
City, State, Zip Code Jackson MS 39201	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. 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 <u>Simmons Consulting</u>	<u>11/22/24</u>	\$ <u>250⁻</u>
Mailing Address <u>108 Fountains Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon MS 39047</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ <u>250⁻</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of MS Hospitals</u>	<u>10/22/24</u>	\$ <u>500⁻</u>
Mailing Address <u>116 Woodgreen Crossing</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>	<u>10/22/24</u>	\$ <u>1000⁻</u>
Mailing Address <u>1701 JFK BLVD</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>1000⁻</u>
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 <u>Caesars Entertainment Services</u>	<u>8/16/24</u>	\$ <u>1000⁻</u>
Mailing Address <u>1 Caesars Palace Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Las Vegas NV 89109</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⁻</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

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>Tourism Mississippi</u>	<u>10/22/24</u>	\$ <u>250⁻</u>
Mailing Address <u>Box 2745</u>	<u> / / </u>	\$
City, State, Zip Code <u>Madison MS 39130</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁻</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>Truck PAC</u>	<u>10/14/24</u>	\$ <u>500⁻</u>
Mailing Address <u>825 N President St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39202</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Group</u>	<u>10/22/24</u>	\$ <u>500⁻</u>
Mailing Address <u>Box 217</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⁻</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>Watkins + Eager PLLC</u>	<u>8/29/24</u>	\$ <u>250⁻</u>
Mailing Address <u>Box 650</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>250⁻</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

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 Mobil	8/19/24	\$ 500 ⁻
Mailing Address Box 7659	_/_/_	\$
City, State, Zip Code Spring TX 77387	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁻
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 Cornerstone Gov Affairs	7/17/24	\$ 250 ⁻
Mailing Address 800 Maine Ave SW 7 th Floor	_/_/_	\$
City, State, Zip Code Washington DC 20024	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻
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 MS Realtors	8/30/24	\$ 1000 ⁻
Mailing Address Box 321000	_/_/_	\$
City, State, Zip Code Flowood MS 39239	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000 ⁻
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 MS Bail Agents Assn	11/12/24	\$ 250 ⁻
Mailing Address 118 Canton One Dr	_/_/_	\$
City, State, Zip Code Canton MS 39046	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

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 Financial Service Centers	12/16/24	\$ 250 ⁻
Mailing Address 219 Panola Dr	__/__/__	\$
City, State, Zip Code Ferniday LA 71334	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻
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	12/19/24	\$ 500 ⁻
Mailing Address 200 N Congress St	__/__/__	\$
City, State, Zip Code Jackson MS 39201	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁻
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 Cable PAC	12/13/24	\$ 750 ⁻
Mailing Address PO Box 55867	__/__/__	\$
City, State, Zip Code Jackson MS 39296	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 750 ⁻
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 Asphalt Contractors	11/07/24	\$ 250 ⁻
Mailing Address 711 N President St	__/__/__	\$
City, State, Zip Code Jackson MS 39202	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. 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 <u>Friedkin Group</u>	<u>10/10/24</u>	\$ <u>500⁻</u>
Mailing Address <u>PO BOX 441887</u>	<u> / / </u>	\$
City, State, Zip Code <u>Houston TX 77244</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATT Services</u>	<u>7/25/24</u>	\$ <u>500⁻</u>
Mailing Address <u>209 E Capitol St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE</u>	<u>12/20/24</u>	\$ <u>500⁻</u>
Mailing Address <u>1657 McFarland Blvd Ste 63e</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tuscaloosa AL 35406</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent Package Stores Assn</u>	<u>10/21/24</u>	\$ <u>500⁻</u>
Mailing Address <u>921 E Fortification St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39202</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

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>MS Behavioral Health Services</u>	<u>12/2/24</u>	\$ <u>500⁻</u>
Mailing Address <u>1000 Chinaberry Dr Ste 900</u>	___/___/___	\$
City, State, Zip Code <u>Bossier City LA 71111</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500⁻</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$