



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

Name of Candidate Stacey Hobgood-Wilkes
 Address P.O. Box 1165 City/State/Zip Picayune, MS 39466
 Telephone (Work) _____ (Home) (601) 798-3334 (Fax) _____
 Contact Name Stacey Wilkes Email Address stacey@staceywilkes.com
 Office Sought State Representative, District 108

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 30, 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 24-15-411, Miss. Code Ann., was amended to prohibit "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore prohibited from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018, ARE NOT subject to the "personal use" restriction of Section 24-15-411, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated thereafter ARE subject to the "personal use" restriction of Section 24-15-411, 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 thereafter and contributions earned thereafter 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. § 24-15-507 (b) (3) and (4).
 - (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	\$ 8,603.69		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 8,603.69		

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			\$ 19,429.72
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 3,750	\$ 100.00	\$ 3,850
TOTAL AMT OF DISBURSEMENTS	\$ 2,449.17	\$ 1,773.32	\$ 4,222.49
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 29,057.23

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Gracey M. Winker
Signature of Candidate

1/31/2025
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 Stacey Hobgood-Wilkes
 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
<u>Sam's Clubs</u>	<u>02/20/24</u>	\$ <u>235.38</u>
Mailing Address		
<u>DAV, MS</u>	<u>05/13/24</u>	\$ <u>213.79</u>
City, State, Zip Code		
<u>Event swokes / Sr Fair</u>	Aggregate Year-to-date	\$ <u>449.17</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS House of Representatives</u>	<u>03/11/24</u>	\$ <u>250.00</u>
Mailing Address		
<u>High St.</u>	<u>1/1/</u>	\$
City, State, Zip Code		
<u>Jackson MS</u>		
Purpose of Disbursement (Optional)		
<u>purchase of chair</u>	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name		
<u>DUCKS Unlimited</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
<u>7/23/24</u>	<u>7/23/24</u>	\$ <u>100.00</u>
City, State, Zip Code		
<u>Picayune MS</u>	<u>7/23/24</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional)		
<u>sign / banquet sponsorship</u>	Aggregate Year-to-date	\$ <u>350.00</u>
D. Full name		
<u>HAWL Scholarship Foundation</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
<u>PO BOX 53</u>	<u>8/20/24</u>	\$ <u>250.00</u>
City, State, Zip Code		
<u>Carriere, MS 39426</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		
<u>Scholarship fundraiser</u>	Aggregate Year-to-date	\$ <u>250.00</u>
E. Full name		
<u>WRJW</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
<u>2438 Hwy 43</u>	<u>8/20/24</u>	\$ <u>850.00</u>
City, State, Zip Code		
<u>Picayune, MS 39466</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		
<u>Ads</u>	Aggregate Year-to-date	\$ <u>850.00</u>
F. Full name		
<u>Greater Picayune Chamber of Commerce</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
<u>201 Hwy 11 S.</u>	<u>10/11/24</u>	\$ <u>300.00</u>
City, State, Zip Code		
<u>Picayune, MS 39466</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		
<u>Barquet sponsorships</u>	Aggregate Year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Stacey Hubbard-Wilkes
 Reporting period 1/1/2024 through 12/31/2024

ITEMIZED RECEIPTS

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>MERCK Sharp & DOHME LLC</u>	<u>8/9/24</u>	\$ <u>500.00</u>
Mailing Address: <u>126 E. Lincoln Ave. (P.O. Box 2000)</u>	<u>—/—/—</u>	\$
City, State, Zip Code: <u>Rahway, NJ 07065</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>Dungan Engineering, PA</u>	<u>9/23/24</u>	\$ <u>1,000.00</u>
Mailing Address: <u>1574 Hwy 98E.</u>	<u>—/—/—</u>	\$
City, State, Zip Code: <u>Columbia, MS 39424</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
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: <u>Vertex Pharmaceuticals, Inc</u>	<u>10/01/24</u>	\$ <u>1,000.00</u>
Mailing Address: <u>50 Northern Ave.</u>	<u>—/—/—</u>	\$
City, State, Zip Code: <u>Boston, MA 02210</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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 Rail Agents, Assoc.</u>	<u>12/19/24</u>	\$ <u>250.00</u>
Mailing Address: <u>118 Canton 1 Dr.</u>	<u>—/—/—</u>	\$
City, State, Zip Code: <u>Canton, MS 39046</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Stacey Habgood-Wilkes
 Reporting period 1/1/2024 through 12/31/2024

ITEMIZED RECEIPTS

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>Ligna Group Employee PAC</u>		<u>12/9/24</u>	\$ <u>250.00</u>
Mailing Address: <u>1601 Chestnut St; PL 160 B</u>		___/___/___	\$
City, State, Zip Code: <u>Philadelphia, PA 19102</u>		___/___/___	\$
Name of Employer (Required):		___/___/___	\$
Occupation (Required):		Aggregate year-to-date	\$ <u>250.00</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>Molina Healthcare</u>		<u>12/9/24</u>	\$ <u>1,000.00</u>
Mailing Address: <u>200 Ocean Gate 2nd floor</u>		___/___/___	\$
City, State, Zip Code: <u>Long Beach, CA 90802</u>		___/___/___	\$
Name of Employer (Required):		___/___/___	\$ <u>1,000.00</u>
Occupation (Required):		Aggregate year-to-date	\$ <u>1,000.00</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>Reynolds Services Company</u>		<u>12/9/24</u>	\$ <u>500.00</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>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>Pharma</u>		<u>12/9/24</u>	\$ <u>1,000.00</u>
Mailing Address: <u>67 Maine Ave. SW, Suite 1000</u>		___/___/___	\$
City, State, Zip Code: <u>Washington, DC 20024</u>		___/___/___	\$
Name of Employer (Required):		___/___/___	\$
Occupation (Required):		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Stacey Hobgood-Wilkus
 Reporting period 1/1/2024 through 12/31/2024

ITEMIZED RECEIPTS

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>Capital Resources</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address	<u>200 N. Congress St. Ste 500</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson MS 39201</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</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>MS Ambulance Alliance</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address	<u>P.O. Box 17889</u>	<u>12/31/24</u>	\$ <u>1,500.00</u>
City, State, Zip Code	<u>Hattiesburg, MS 39404</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2,500.00</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>MS W PAC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 10604</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson, MS 39236</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
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>The Livbitt Co. LLC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address	<u>P.O. Box 14225</u>	<u>1/1/</u>	\$
City, State, Zip Code	<u>Jackson, MS 39236</u>	<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

ITEMIZED RECEIPTS

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>12/31/24</u>	\$ <u>250.00</u>
Mailing Address <u>200 N. Congress St. Ste 403</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</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>MS Asphalt Contractor PAC</u>		<u>12/31/24</u>	\$ <u>250.00</u>
Mailing Address <u>711 N. President St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</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>Capital Freedom Advocacy Group PAC</u>		<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 217</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</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>Benjamin P. Thompson</u>		<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 110097</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39226</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

ITEMIZED RECEIPTS

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>MASCO Sanford Govt Law Firm</u>		<u>12/31/24</u>	\$ <u>250.00</u>
Mailing Address: <u>225 N. President St. LLC</u>		<u>1/1/</u>	\$
City, State, Zip Code: <u>Jackson, MS 39202</u>		<u>1/1/</u>	\$
Name of Employer (Required):		<u>1/1/</u>	\$
Occupation (Required):		Aggregate year-to-date	\$ <u>250.00</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>MS Medical PAC, MM PAC cmt</u>		<u>12/12/24</u>	\$ <u>500.00</u>
Mailing Address: <u>P.O. Box 2548</u>		<u>1/1/</u>	\$
City, State, Zip Code: <u>Ridgeland, MS 39158</u>		<u>1/1/</u>	\$
Name of Employer (Required):		<u>1/1/</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>Lenders PAC</u>		<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address: <u>P.O. Box 5004</u>		<u>1/1/</u>	\$
City, State, Zip Code: <u>Jackson, MS 39246</u>		<u>1/1/</u>	\$
Name of Employer (Required):		<u>1/1/</u>	\$
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>Friends of MS Hospitals</u>		<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address: <u>116 Woodgreen Crossing</u>		<u>1/1/</u>	\$
City, State, Zip Code: <u>Madison, MS 39110</u>		<u>1/1/</u>	\$
Name of Employer (Required):		<u>1/1/</u>	\$
Occupation (Required):		Aggregate year-to-date	\$ <u>500.00</u>

INSTRUCTIONS ON USING THIS SPREADSHEET

All fields **MUST** be completed. Enter dates in the format MM/DD/YYYY. You do **NOT** need a \$ in the Amount column. Enter the State as the two letter Postal Abbreviation (i.e. MS). All contributions received from an individual require an Occupation or Employer. If you received a contribution from any other source, enter "N/A".

ITEMIZED RECEIPTS

Source	Full Name	Mailing Address	City	State	Zip	Occupation or Employer	Date of Contribution	Amount	Previous/Current Year
Individual	Joel Bomgaa	357 Kiowa Dr	Madison	MS	39110	Self Employed	5/17/2024	\$20,000.00	Current Year