## REPORT OF RECEIP D DISBURSEMENTS

Secretary of State

Name of Candidate Friends of Steve Massensill	Capitol Office DATE STAMP
Address 682 Mcssensill Rd City/State/Zip Hickory Fla	+ MS 38633
Telephone (Work) (Home) 662-224-4061 (Fax)	
Contact Name Steve Massensill Email Address SMassensil	110 house, MS,S
Office Sought Rep. District #13	
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
(1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have a prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit for total amount of reported contributions and expenditures during the reporting period.	not filed a Termination Report it a report indicating "0" (zero)
(2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, even	en 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.

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

JAN. 1, 2024 CASH ON HAND BA	LANCE		\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$

<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.

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

JAN. 1, 2024 CASH ON HAND BA	LANCE		\$ 71,940,62
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 53,525	\$ 1250,00	\$ 54,775
TOTAL AMT OF DISBURSEMENTS	\$ 14,332	\$ 67/500	\$ 21,097
TOTAL AWIT OF DISBURSEMENTS	3 11/352	3 4 1 4 5,	
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$ 105618,60

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

1-27-25

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.

	Page	Î of
Name of Candidate or Committee Friends of Steve Mass	encill	
	ec 31 202	Ч
ITEMIZED DISBURSE		
Disbursements from contributions accumulated Prior to January 1, 2018 or		<u> </u>
Home Goods	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1001 Barnes Corssing	1 1 27 1 24	\$ 257, <sup>31</sup>
City, State, Zip Code Tupelo MS 38804	//	\$
Purpose of Disbursement (Optional)  Office Desk	Aggregate Year-to-date	s 38 257
B. Full name Nebletts Frames	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1129124	\$ 40200
140 Dyess Rd Ridgeland MS City, State, Zip Code 39157	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 402,00
Office Frames C. Full name	Date	Amount of each
John Lamar Mailing Address	(Mo., Day, Year)	disbursement this period  \$ 00
214 South Ward St City, State, Zip Code	211124	500
City, State, Zip Code Senctobic M5 38668	311124	\$ 50000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
John Lamar Mailing Address	4,1,24	\$ 50000
214 South Ward St City, State, Zip Code Sengtobic, MS 39868	511124	\$ 500
Senctobic MS 376668  Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200000
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS House of Representatives  Mailing Address	3 / 12/ 24	\$ 250
400 High 5+ City, State, Zip Code	, ,	\$
Tack Son MS 39201 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
F. Full name  Hecking Heachs	Date (Mo., Day, Year)	Amount of each disbursement this period
Healing Hearts  Mailing Address  5627 Getwell Rol	3 1 251 24	\$ 536
City, State, Zip Code	, ,	\$

Southquen M5 3 Purpose of Disbursement (Optional)

536

Aggregate Year-to-date

	Page	2 of3	
Name of Candidate or Committee Friends of Steve			
Reporting period Jan 1 2024 through Dec 31 2024			
ITEMIZED DISBURSE			
Disbursements from contributions accumulated Prior to January 1, 2018 or			
A. Full name Champhion Promotion	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	<u>5/4/24</u>	\$ 279,00	
3649 Winplace Rd City, State, Zip Code Memohis TN 38118	//	\$	
Purpose of Disbursement (Optional)  7 - Shifts	Aggregate Year-to-date	\$ 275,00	
B. Full name Martin's Downtown	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 214 State St	5/21/24	\$ 23400	
City, State, Zip Code  JCCKSON NS 39201	//	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 23400	
MS House Leadership PAC	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	6118124	\$ 1,50000	
City, State, Zip Code  Jackson MS		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,50000	
D. Full name  Hickory Flot Softball Booster Club  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	7114124	\$ 35000	
City, State, Zip Code Hickory Flot M5 38633	/	\$	
Purpose of Disbursement (Optional)  Sign	Aggregate Year-to-date	\$ 35000	
E. Full hame Chiplab, Com	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 6586 5 Kenton St	812124	\$ 520	
City, State, Zip Code Centennica Co 8011		\$	
Purpose of Disbursement (Optional)  Bolf Tourm	Aggregate Year-to-date	\$ 52000	
F. Full name AMazon	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	8125124	\$ 27900	
City, State, Zip Code	//	\$	
Purpose of Disbursement (Optional)  Golf Tourn	Aggregate Year-to-date	\$ 279,00	

	Page	3 or 3
Name of Candidate or Committee Friends of Steve		······································
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ITEMIZED DISBURSE	EMENTS	5
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
COSTCO Mailing Address		\$ 18700
· · · · · · · · · · · · · · · · · · ·	3,6,24	13000
700 Highland Colony City, State, Zip Code	1 / 2	\$ 18800
Ridgeland Ms 39157	101 11 24	
Purpose of Disbursement (Optional)	Aggregate	\$ 00
Golf Tourn	Year-to-date	443 00
B. Full name	Date,	Amount of each
Sam's	(Mo., Day, Year)	disbursement this period
Mailing Address 3833 N Gloster St	10/1/01/24	\$ 475 <sup>50</sup>
City, State, Zip Code Tupe to MS 38804	/	\$
Purpose of Disbursement (Optional) Golf Tourm	Aggregate Year-to-date	\$ 47550
C. Full name		Amount of each
Kirkwood Netional Golf Club	Date (Mo., Day, Year)	disbursement this period
Mailing Address  277 Palmer LN  City, State, Zip Code	10 1 15 1 24	1684.80
City, State, Zip Code  11-11. South M < 28625	10115124	\$ 3914. Z3
Holly Springs M 5 38635 Purpose of Disbursement (Optional)	Aggregate	9 02
Golf Tourn	Year-to-date	5594.03
TSA Embroidery/Murry West	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9 21 24	\$ 14500
1186 MS 348	10 122124	135
City, State, Zip Code	11 1 15 1 24	\$ 57300
New Albany MS 38657 Purpose of Disbursement (Optional)		
House Transportation Vest	Aggregate Year-to-date	\$ 708 + 149 857°
E. Full name MS Highway Potrol Troop F	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 1 261 24	\$ 50000
1103 Bratton Rd New Albany MS		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate	\$
Christmas Party	Year-to-date	\$ 500
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

		Page / of <u>6</u>
Name of Candidate or Committee	Friends of Steve Massengil	1
	24 through Dec 31 2024	

ITEMIZED CONTRIBUTIONS			
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name  James Brian Austin	11/6/24	\$ 1,750.00	
Mailing Address	//	\$	
806 County Rd 683 City, State, Zip Code		\$	
Saltillo M5 38866 Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate yearto-date	\$ 1,750,00	
B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Worfolk Southern Cosp Mailing Address	<u>6/17/24</u>	\$ 500,00	
Mailing Address  650 IN Prochton St MU	//	\$	
650 W. Peachtree S+ NW City, State, Zip Code A+10 n+c GA 30308	//	\$	
Atlanta, GA 30308  Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate year–to-date	\$ 500.	
C. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name  MMHA	12/18/24	\$ 300.00	
Mailing Address  P.O. Box 320369 1001 Air Port Rd  City, State, Zip Code	//	\$	
City, State, Zip Code Flowcood M5 39232	//	\$	
Name of Employer (Required)	11	\$	
Occupation (Required)	Aggregate year–to-date	\$ 300°, ∞	
D. Source: OCorporation OPAC Individual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name MS Ambulance Alliance	12/19/24	\$ 500.00	
Mailing Address P.O. Box 17889	//	\$	
City, State, Zip Code Hattiesburge MS 39404	//	S	
Name of Employer (Required)	//	\$	
Occupation (Required)	Aggregate yearto-date	\$ 500, <sup>80</sup>	

HEMIZED CONTRIBU	LIONS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Keystone Strategies LLC	10 1 221 24	\$ 250,00
Mailing Address  P.O. Box 947	//	\$
City, State, Zip Code Brandon M5 39043-0947	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 250°°
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALSA VON BOBENECK	10 1 14 1 24	\$ 27500
Mailing Address 771 Westover Ave	//	\$
City, State, Zip Code  Norfolk VA 23507	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 275 °°
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	101 211 24	\$ 500
Ten One PAC  Mailing Address  200 W Congress St  City, State, Zip Code	10 1 151 24	\$ 1050
City, State, Zip Code  Jackson MS 39201-1917	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1550 00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MPC State PAC	101 11 1 24	\$ 300
Mailing Address 2992 W Beach Blad	//	\$
City, State, Zip Code Gulfport MS 39501	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	s 3∞ ∞

Name of Candidate or Committee Friends of Steve Messensill

Reporting period Jan 1 2024 through Pec 31 2024

ITEMIZED CONTRIBUT	I IONS	
A. Source: Ocorporation OPAC OIndividual OLoan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1013124	\$ 1,40000
Mailing Address  POR 19 500	//	\$
PO Box 590  City, State, Zip Code  Machison NS 38(20 = 0.594)	//	\$
Madison NS 39130 - 0590  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,40000
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name	101 141 24	\$ 500°°
Robyn Tannehill Mailing Address Wat Carrey Carre	//	\$
1407 Greenway Cove City, State, Zip Code Oxford M5 38655	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500 00
C. Source: Ocorporation OFAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  LSX Transportation	10/22/24	\$ 50000
Mailing Address	//	\$
500 Water St City, State, Zip Code Tackson ville Fl 32202 - 4423	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	101 291 24	\$ 1,00000
Mailing Address P.O. Box 8103	//	\$
City, State, Zip Code Montreal Quebec	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000000

Name of Candidate or Committee Friends of Steve Massengill

Reporting period Jan (2024 through Dec 31 2024

TIEMIZED CONTRIBUT	TONS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(110., Day, Teat)	this period
Full name MS Realtors	<u>81301 24</u>	\$ 1,00000
Mailing Address	<u>/</u>	\$
P.O. Boy 321000 City, State, Zip Code	1 /	\$
Floward M5 39232  Name of Employer (Required)		\$
	/	6 60
Occupation (Required)	Aggregate year–to-date	\$1,00000
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	31 . (	\$ 00
Dunn Utility Products Mailing Address	11/1/24	<i>1,400</i>
P.O. Box 721420	_/_/_	
City, State, Zip Code	//	\$
Byram MS 39272  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,40000
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name B + B	10 1 Z41 24	\$ 750 00
Mailing Address	, ,	\$
PO BOX 407 City, State, Zip Code	'	\$
Topelo MS 38862		ъ
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 750 <sup>00</sup>
D. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Codence Bank	2/27/24	\$100000
Mailing Address P.O. Box 789		\$
City, State, Zip Code Tupe to M5 38802 - 789	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000
		-

Name of Candidate or Committee Friends of Steve Massengill Reporting period Jan 12024 through A. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name 12127123 Sovos Compliance LLC Mailing Address 200 Ballanduale St City, State, Zip Code Wilmington MA 01887
Name of Employer (Required) 00 Occupation (Required) Aggregate 250 year-to-date B. Source: Corporation PAC Undividual Loan Amount of each Date ' receipt (Mo., Day, Year) this period Other (please specify) Full name 00 8120124 500 Ken Knotts **Mailing Address** City, State, Zip Code Madison M5 39110 Name of Employer (Required) 50000 Occupation (Required) Aggregate year-to-date C. Source: Corporation OPAC OIndividual OLoan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full pame 8/12/24 Autonomous Ind Solutions Mailing Address 118 Pubic Square City, State, Zip Code Bgtesville M5 38606
Name of Employer (Required) \$ 50000 Occupation (Required) Aggregate year-to-date D. Source: (DCorporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify)\_ Full name 00 9/3/24 .400. Warren Paving Mailing Address PO BOX 572 City, State, Zip Code Hattiesburg MS 39403 Name of Employer (Required) 00 Occupation (Required) Aggregate 400 year-to-date

Name of Candidate or Committee Friends of Steve Massengill Reporting period Jan 12024 through Dec 31 2024 ITEMIZED CONTRIBILITIONS

TIEMIZED CONTRIBU	HONS	
A. Source: Corporation CFAC Individual Cloan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8122124	\$ 2000
Mailing Address  875 North President St	10/14/24	\$ 500
825 North President St City, State, Zip Code	/	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 2,500 00
B. Source: Corporation CPAC OIndividual CLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full name	7/24/24	this period  \$ 00
MS Hills PAC Mailing Address  D. D. Bar CHC		\$
P.O. Box 949 City, State, Zip Code Type lo MK 38867	'	\$
Tope Jo MS 38862  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,000 00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name North East M5 Power Ass	<u>8 1 15 1 24</u>	\$ 1,400 00
Mailing Address 10 RR 2050	//	\$
City, State, Zip Code 0xF0cd M 5 38655 - 1076		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 1400 00
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tri State Truck Center	8/26/24	\$ 1,400.00
Mailing Address P10. Box 5858		\$
City, State, Zip Code Tackson M5 39788-5858		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1,400

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Name of Candidate or Committee Friends of Steve Ma		7 of 16
Reporting period Jan 1 2024 through Dec 31 2	024	
ITEMIZED CONTRIBUT	ΓIONS	
A. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MMC Materials	819124	\$ 1500 00
Mailing Address	, ,	\$
P.O. Box 2569 City, State, Zip Code	'	
City, State, Zip Code  Machison M5 39 130	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,500
B. Source: Corporation CPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10/14/24	\$ 600
Capital Advocacy Group Mailing Address	10/22/24	\$ 00 500
Po Box 217 City, State, Zip Code		\$
Jackson MS 39205 Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 2,000 00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Clar Firm	101 141 24	\$ 1000 00
Mailing Address PO 217		\$
City, State, Zip Code	//	\$
TCC K501 M5 38205  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
D. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(IIIV., Day, Ital)	this period
Full name CGCVGNG	71301,24	\$ 500

Carvana Mailing Address

Occupation (Required)

300 E Rio Salado Parkway
City, State, Zip Code
Tempe A7 85281
Name of Employer (Required)

00

500

Aggregate year–to-date

\$

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\$

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Name of Candidate or Committee Frends of Steve Ma		8 of 6
Reporting period Jan 1 2024 through Dec 31 20		
ITEMIZED CONTRIBU	TIONS	
A. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name	7122124	\$ 250
Mailing Address PORTY (50)	//_	\$
PO Box 650 City, State, Zip Code	//	\$
Jackson M5 39205 Name of Employer (Required)		\$
	'	
Occupation (Required)	Aggregate year–to-date	\$ 25000
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Reynolds Services Company	10/18/24	\$ 500,00
Mailing Address	//	\$
401 N Main St City, State, Zip Code	/	\$
Winston - Salem NC 27101 Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name	101 141 24	\$ 2000
Mailing Address  Mailing Address  A ST TO TO THE TOP TO	10/2/24	\$ 1,000
200 N Congress St STE 500 City, State, Zip Code		\$
Tackson MS 39201 Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate vear-to-date	\$ 3,000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name M5 Road Builders Association	101 111 24	\$ 1,40000
Mailing Address	//	\$
601 George St City, State, Zip Code Jackson MS 39202		\$
Name of Employer (Required)	//	\$

\$1,40000

Aggregate year-to-date

		9 of 16
Name of Candidate or Committee Friends of Steve Mo	assengill	
Reporting period Jan 12024 through Dec 3) 20	24	
ITEMIZED CONTRIBUT	ΓIONS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Cornerstone Government Affairs	7/18/24	\$ 1000000
Mailing Address	//	<b>\$</b> '
Soo Maine Ave City, State, Zip Code		\$
Washinston DC 20024 Name of Employer (Required)	//	
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,00000
B. Source: Corporation PAC OIndividual Coan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name  Nucor Steel Recycles  Mailing Address	<u>9113124</u>	500
Mailing Address 3630 fourth St	//	\$
3630 fourth St City, State, Zip Code	//	\$
Flow and M 5 39232  Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500 00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	101 221 24	\$ 500
Tones Walker Mailing Address	//	\$
City, State, Zip Code  Jackson MS	/	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Plan House Enterprises	10/15/24	\$ 1000
Mailing Address 605 West Main St	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)		\$

\$ 1,000 00

Aggregate year--to-date

TEMIZED CONTIGEO.	110110	
A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  EXXON Mobil	8119124	\$ 50000
Mailing Address PO Box 7659	//	\$
City, State, Zip Code	//	\$
Spring Tx 77387  Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500 00
B. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,,,	this period
Full name	//	\$
Mailing Address	//	\$
City, State, Zip Code		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A J Construction	101 151 ZY	\$ 1,000
Mailing Address	//	\$
PO Box 2024  City, State, Zip Code  No. 1650 100 5 30120	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000 00
D. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  60 (00 c 00 c 00 c 00 c 00 c 00 c 00 c 0	12/4/24	\$ 350
ENPAC M5  Mailing Address	/ /	\$
P.O Box 1640 City, State, Zip Code		\$
Jackson MS 38215 Name of Employer (Required)	<u> </u>	\$
	'	
Occupation (Required)	Aggregate year–to-date	\$ 35000

	Page
Name of Candidate or Committee Friends of Steve Massens	<u>,i 1)</u>
Reporting period Jan 1 2024 through Dec 31 2021	·

EMIZED CON A. Source: Ocorporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) Full name 7/15/24 Gilway Company Mailing Address 2500 Lou City, State, Zip Code Fort Worth Name of Employer (Required) වටි Occupation (Required) Aggregate 1,000 year-to-date Amount of each B. Source: Ocorporation (PAC (Individual (Loan Date receipt (Mo., Day, Year) this period Other (please specify) Full name 00 10/14/24 500 DMH DBA Imperium Strategies Mailing Address 1204 Clayton Ave City, State, Zip Code Tupelo MS 38804 Name of Employer (Required) 00 Aggregate Occupation (Required) 500 year-to-date C. Source: Ocorporation OPAC OIndividual OLoan Amount of each Date receipt (Mo., Day, Year) this period Other (please specify) 25000 Full name 10/18/24 Helens Ac Mailing Address 225 Schilling City, State, Zip Code Collierille TN Name of Employer (Required) ರಿಶ Aggregate Occupation (Required) year-to-date Amount of each D. Source: (VCorporation ()PAC ()Individual ()Loan Date receipt (Mo., Day, Year) this period Other (please specify) Full name 10/2424 Mailing Address City, State, Zip Code Name of Employer (Required) \$ 00 Aggregate Occupation (Required) 500

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	Page	12 of 16
Name of Candidate or Committee Friends of Steve M		
Reporting period Jan 1 7020 through Dec 31 7	024	
ITEMIZED CONTRIBUT		
A. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Southern Consulting Associates	10121124	\$ 250
Mailing Address 827 Aberdeen Cove	//	\$
City, State, Zip Code Madison M5 39110	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 250 00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast	8122124	\$ 500
Mailing Address		\$
1701 JFK Boulevard City, State, Zip Code Philodelphia PA 18103	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 5000 00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	D12124	\$ 1000
AMY Walker Mailing Address 112 Lineage LN	//	\$
City, State, Zip Code Flowood MS 31232	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000 00
D. Source: Corporation PAC Dindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name David Maxcy	9124124	\$ 1,400 00
Mailing Address 121 Oxmoor	//	\$
City, State, Zip Code  Oxford M 5 38655		\$
Name of Employer (Required)	//	s

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Aggregate year--to-date

	Page _	13 of 16
Name of Candidate or Committee Friends of Steve Ma	ssensil)	
Name of Candidate or Committee <u>Friends</u> of Steve Me Reporting period <u>Jan 12024</u> through <u>Dec. 31</u>	2024	
ITEMIZED CONTRIBUT	TIONS	
A. Source: Corporation PAC Ondividual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10/14/24	\$ 500°
Manly Barton Mailing Address	1 /	\$
7905 Pecan Richse Dr City, State, Zip Code		\$
Moss Point MS 39562 Name of Employer (Required)		\$
Name of Employer (Required)	'	·
Occupation (Required)	Aggregate year–to-date	\$ 50000
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Delta Industries	1216124	\$ 1,400
Mailing Address	//	\$
City, State, Zip Code  Jackson MS	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate yearto-date	\$ 1,400
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name	11 1 21 1 24	\$ 000
Mailing Address	/	\$
City, State, Zip Code Pegr) MS 39208	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,00000
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(1,101,101)	this period
Full name MAE  Molling Address	121 201 29	\$ 50000
Mailing Address 1657 Mcfarland Blud N St	//	\$
City, State, Zip Code  TUG 1005C, Al 35006  Name of Employer (Required)	'	\$
rame of employer (Required)		\$

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Aggregate year–to-date

Name of Candidate or Committee Filends of Steve More Reporting period 301 2024 through Dec 31 2	assensi'll	14_of_16
ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Export RailRoad	10130124	\$ 1,000000
Mailing Address 4518 Mcinnis Ave	//	\$
City, State, Zip Code  Moss Point MS 39563	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,00000
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
The Friedkin Group	1017124	\$ 500 00
Mailing Address PO Box 441887	//	\$
City, State, Zip Code  Houston Tx 77244	'	\$

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Name of Candidate or Committee <u>Freno</u> Reporting period <u>Jan - 2024</u> t	15 of Steu	re Masseryill	
Reporting period Jan 1 - 1029			

ITEMIZED CONTRIBUTIONS		
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  M   To decree heart Package Stores	10125124	\$ 500
M3 Independent Package Stores  Mailing Address	//	S
SZIE FORTHICGTION ST City, State, Zip Code Jackson MS 39202		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500 00
B. Source: Corporation DFAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full name		this period
MS Asphalt Contractor Mailing Address 711 N President St	<u>10 1 231 24</u>	\$ 1,400 00
711 N. President St City, State, Zip Code		\$
Jackson MS 39202		3
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1,400 00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	101/4124	\$ 100000
Ergon State PAC Mailing Xddress PO Box 1639	'	\$
City, State, Zip Code  Jackson M5 39215		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12/24/24	\$ 500
Mailing Address Mailing Address  Albert Payne		\$
PO Box 1267 City, State, Zip Code HGH Lesburg M5 39403		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 500

	Родо	16 of 16
Name of Candidate or Committee Friends of Steve 1	Page_	<u>                                      </u>
Reporting period $\frac{7}{7}$ $\frac{1}{2024}$ through $\frac{1}{2023}$	1074	
Technicing period		
ITEMIZED CONTRIBUT	TIONS_	
A. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this pariod
CRH Americas	1/122124	\$ 1,400°°°
Mailing Address 11714 Wilson Parke Aue	/	\$
City, State, Zip Code	//	\$
Austin TX 78726 Name of Employer (Required)	, ,	\$
Occupation (Required)	Aggregate	\$ 1.100 00
	year-to-date	1,400
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Cannon Motor	101 221 24	\$ 00
Mailing Address 100 N Thacker Loop	//	\$
City, State, Zip Code  Oxford M5 38655	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 00
C. Source: Ocorporation OPAC OIndividual OLoan 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	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		\$
Mailing Address	//	\$
City, State, Zip Code	//	s
Name of Employer (Required)	//_	s
Occupation (Required)	Aggregate	\$