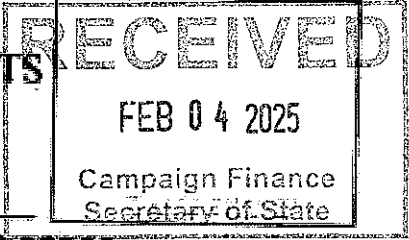


Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

SECRETARY OF STATE



Name of Candidate Friends to Elect Tracey Rosebud
 Address 412 First Street City/State/Zip Tutwiler, MS 38963
 Telephone (Work) 662-375-4646 (Home) _____ (Fax) _____
 Contact Name Nichole Harris Email Address mayornharris@gmail.com
 Office Sought State Representative District 30

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, filed 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 23-15-521, Miss. Code Ann. sets forth these "personal use" expenditures which are specifically prohibited from campaign contributions and their 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 23-15-521, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 23-15-521, 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. § 23-15-517 (b) (i) and (ii).
- (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 runs 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			\$
	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			\$ 1031.23
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 7600	\$ 0	\$ 7600
TOTAL AMT OF DISBURSEMENTS	\$ 1146.81	\$ 3195.17	\$ 4341.98
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 4289.25

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 Director/Treasurer

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 Friends to Elect Tracey Rosbud Page 1 of 1
 Reporting period January 1, 2024 through December 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>State Innovation</u>	<u>9/25/24</u>	\$ <u>225.00</u>
Mailing Address <u>PO BOX 260230</u>		
City, State, Zip Code <u>Madison, WI 53726</u>		
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ <u>225.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hilton Capital</u>	<u>12/9/24</u>	\$ <u>921.81</u>
Mailing Address <u>1001 16th St NW</u>		
City, State, Zip Code <u>Washington, DC</u>		
Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ <u>921.81</u>
C. 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	\$
D. 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	\$
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	\$

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>Cardence Bank PAC</u>	<u>7, 15, 24</u>	\$ <u>1000.00</u>
Mailing Address: <u>PO Box 789</u>	___/___/___	\$
City, State, Zip Code: <u>Tupelo, MS 38802</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>1000.00</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>Chevron Corporate Affairs</u>	<u>10, 24, 24</u>	\$ <u>500.00</u>
Mailing Address: <u>PO Box 6042</u>	___/___/___	\$
City, State, Zip Code: <u>San Ramon CA 94583</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
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>MPC State PAC Corporate Contribution</u>	<u>10, 24, 24</u>	\$ <u>500.00</u>
Mailing Address: <u>2992 W Beach Blvd</u>	___/___/___	\$
City, State, Zip Code: <u>Gulfport, MS 39501</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>500.00</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>Pattern Energy Group Services LP</u>	<u>11, 4, 24</u>	\$ <u>500.00</u>
Mailing Address: <u>1088 Sansome Street</u>	___/___/___	\$
City, State, Zip Code: <u>San Francisco, CA 94111</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>500.00</u>

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>Comcast Corporation</u>	<u>11.15.24</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>1701 JFK Blvd</u>	__/__/__	\$
City, State, Zip Code: <u>Philadelphia, PA 19103-2838</u>	__/__/__	\$
Name of Employer (Required):	__/__/__	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>500.⁰⁰</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify)		
Full name: <u>Reynolds Service Company</u>	<u>11.15.24</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>401 N Main Street</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>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify)		
Full name: <u>Ten One PAC</u>	<u>11.22.24</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>200 N. Congress St Ste 403</u>	__/__/__	\$
City, State, Zip Code: <u>Jackson, MS 39201-1917</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)		
Full name: <u>Atmos Energy Corporation PAC</u>	<u>11.22.24</u>	\$ <u>500.⁰⁰</u>
Mailing Address: <u>5430 LBJ Freeway, Suite 160</u>	__/__/__	\$
City, State, Zip Code: <u>Dallas, TX 75240-2160</u>	__/__/__	\$
Name of Employer (Required):	__/__/__	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

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>Lenders Political Action Committee</u>	<u>11-27-24</u>	\$ <u>1000.</u> ⁰⁰
Mailing Address: <u>PO Box 5004</u>	___/___/___	\$
City, State, Zip Code: <u>Jackson, MS 39296-5004</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>1000.</u> 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: <u>Mississippi Association of Health Plans</u>	<u>12-20-24</u>	\$ <u>250.</u> ⁰⁰
Mailing Address: <u>200 N Congress St. Suite 201</u>	___/___/___	\$
City, State, Zip Code: <u>Jackson MS 39201</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>250.</u> 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: <u>Friends of Mississippi Hospitals</u>	<u>12-20-24</u>	\$ <u>500.</u> ⁰⁰
Mailing Address: <u>116 Woodgreen Crossing</u>	___/___/___	\$
City, State, Zip Code: <u>Madison, MS 39110</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>500.</u> 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: <u>ENPAC Mississippi</u>	<u>12-26-24</u>	\$ <u>350.</u> ⁰⁰
Mailing Address: <u>PO BOX 1640</u>	___/___/___	\$
City, State, Zip Code: <u>Jackson, MS 39215-1640</u>	___/___/___	\$
Name of Employer (Required):	___/___/___	\$
Occupation (Required):	Aggregate year-to-date	\$ <u>350.</u> ⁰⁰

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>Exxon Mobil Corporation</u>	<u>12/26/24</u>	\$ <u>500.00</u>
Mailing Address: <u>PO Box 7659</u>	_ / _ / _	\$
City, State, Zip Code: <u>Spring, TX 77387-7659</u>	_ / _ / _	\$
Name of Employer (Required): _____	_ / _ / _	\$
Occupation (Required): _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name: <u>Mississippi Realtors</u>	<u>12/26/24</u>	\$ <u>500.00</u>
Mailing Address: <u>PO Box 321000</u>	_ / _ / _	\$
City, State, Zip Code: <u>Flowood, MS 39232</u>	_ / _ / _	\$
Name of Employer (Required): _____	_ / _ / _	\$
Occupation (Required): _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
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) _____		
Full name: _____	_ / _ / _	\$
Mailing Address: _____	_ / _ / _	\$
City, State, Zip Code: _____	_ / _ / _	\$
Name of Employer (Required): _____	_ / _ / _	\$
Occupation (Required): _____	Aggregate year-to-date	\$