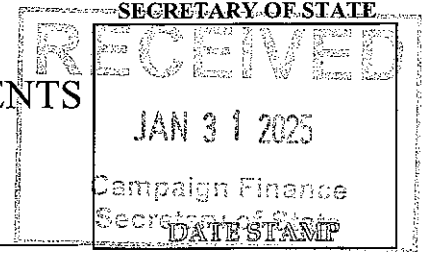


**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report



Name of Candidate Andy Berry Campaign Account  
 Address 3931 Simpson Hwy 28 W City/State/Zip Magee, MS 39111  
 Telephone (Work) 6012995500 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Andy Berry Email Address andy4mssenate@gmail.com  
 Office Sought Senate District 35

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			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

<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 BALANCE			\$ 6079.20
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 4800.00	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$ 1705.2	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 9174.00

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

*Andy Berry*  
\_\_\_\_\_  
Signature of Candidate

1-30-2024  
\_\_\_\_\_  
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 Andy Berry Campaign AccountReporting 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
Simpson County Bicentennial Committee		
Mailing Address	<u>01</u> / <u>18</u> / <u>24</u>	\$ 250.00
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
Sponsorship		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Prentiss Headlight		
Mailing Address	<u>1</u> / <u>18</u> / <u>24</u>	\$ 150.00
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
Advertisement		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brookhaven News Media		
Mailing Address	<u>1</u> / <u>18</u> / <u>24</u>	\$ 100.00
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
Advertisement		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Simpson County Academy		
Mailing Address	<u>7</u> / <u>30</u> / <u>24</u>	\$ 200.00
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 700.00
Sign Sponsorship		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Simpson County Ducks Unlimited		
Mailing Address	<u>11</u> / <u>4</u> / <u>24</u>	\$ 200.00
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 900.00
Advertisement		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TCJ Events		
Mailing Address	<del><u>12</u></del> / <del><u>20</u></del> / <del><u>24</u></del>	\$ 805.20
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1705.20
Advertisement		

Name of Candidate or Committee Andy Berry Campaign AccountReporting period 1-01-24 through 12-31-24**ITEMIZED CONTRIBUTIONS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>MS Realtors</b>		<u>10</u> / <u>24</u> / <u>24</u>	\$500.00
Mailing Address <b>P.O. Box 321000</b>		___/___/___	\$
City, State, Zip Code <b>Jackson, MS 39232</b>		___/___/___	\$
Name of Employer (Required) <b>PAC</b>		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$500.00
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 <b>Harper and Bailey Government Strategies</b>		<u>11</u> / <u>01</u> / <u>24</u>	\$250.00
Mailing Address <b>217 E Capitol, Suite 180</b>		___/___/___	\$
City, State, Zip Code <b>Jackson, MS</b>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$750.00
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 <b>Hayes Dent Public Strategies</b>		<u>11</u> / <u>01</u> / <u>24</u>	\$250.00
Mailing Address <b>875 North State St.</b>		___/___/___	\$
City, State, Zip Code <b>Jackson, MS</b>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$1000.00
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 <b>Nucor</b>		<u>12</u> / <u>16</u> / <u>24</u>	\$250.00
Mailing Address <b>3630 Fourth Street</b>		___/___/___	\$
City, State, Zip Code <b>Flowood, MS</b>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$1250.00
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Andy Berry Campaign AccountReporting period 01-01-2024 through 12-31-2024

## 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>MS Vetrinary Medical Association</u>	<u>12 / 24 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 395</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Clinton, MS</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>3300.00</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>Capitol Advocacy Group</u>	<u>12 / 24 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Bpx 217</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>3800.00</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>Helena</u>	<u>12 / 24 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>225 Schilling Blvd.</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Collierville, TN</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>4050.00</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>Ten One Strategies</u>	<u>12 / 24 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress Street</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$ <u>4550.00</u>
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Andy Berry Campaign Account

Reporting period 1-1-2024 through 12-31-2024

## 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 <b>Financial Services Centers Of MS PAC</b>	12 / 24 / 24	\$ 250.00
Mailing Address <b>219 Panda Drive</b>	__ / __ / __	\$
City, State, Zip Code <b>Ferriday, LA</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 4800.00
B. 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	\$
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	\$