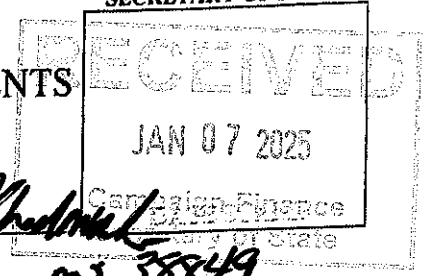


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2024 Annual Report



Name of Candidate Chadmanahan / Mendenhall / Friends of Chadmanahan
 Address 1537 Highway 145 City/State/Zip Easton, MS 38849
 Telephone (Work) 662 571 9299 (Home) _____ (Fax) _____
 Contact Name Chadmanahan Email Address mendenhall@mississippi-legislature.com
 Office Sought MS Senate

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

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			\$ 19,576.38
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 92,450.00	\$ 400.00	\$ 92,050.00
TOTAL AMT OF DISBURSEMENTS	\$ 14,331.97	\$ 883.43	\$ 15,215.40
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 96,410.98

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

W. C. McMehe
Signature of Candidate

Jan 6, 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.

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>MANIA PAC</u>	<u>9/20/24</u>	\$ <u>500</u>
Mailing Address <u>1022 Highland Colony Pkwy</u>	_/_/_	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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 Hospitality and Restaurant Assn</u>	<u>9/26/24</u>	\$ <u>500</u>
Mailing Address <u>11 Northtown Drive Suite 125</u>	_/_/_	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
C. 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 <u>Delbert Huseman</u>	<u>9/10/24</u>	\$ <u>1000</u>
Mailing Address <u>2219 Heritage Hill Dr.</u>	_/_/_	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	_/_/_	\$
Name of Employer (Required) <u>State of MS</u>	_/_/_	\$
Occupation (Required) <u>Lt. Governor</u>	Aggregate year-to-date	\$ <u>1000</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>Atmos Energy PAC</u>	<u>8/15/24</u>	\$ <u>500</u>
Mailing Address <u>5430 LBJ Freeway Suite 160</u>	_/_/_	\$
City, State, Zip Code <u>Dallas TX 75240-2630</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>3MA</u>	<u>9/17/24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 2592</u>	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	_ / _ / _	\$
Name of Employer (Required) <u>wa</u>	_ / _ / _	\$
Occupation (Required) <u>wa</u>	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) _____		
Full name <u>The Magna Dispensary</u>	<u>9/17/24</u>	\$ <u>500.00</u>
Mailing Address <u>901 Hwy 45N</u>	_ / _ / _	\$
City, State, Zip Code <u>Columbus, MS 39120</u>	_ / _ / _	\$
Name of Employer (Required) <u>wa</u>	_ / _ / _	\$
Occupation (Required) <u>wa</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>WinSouth Extracts</u>	<u>9/17/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 670</u>	_ / _ / _	\$
City, State, Zip Code <u>Senath, MO 63876</u>	_ / _ / _	\$
Name of Employer (Required) <u>wa</u>	_ / _ / _	\$
Occupation (Required) <u>wa</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Walter Michel</u>	<u>8/29/24</u>	\$ <u>200.00</u>
Mailing Address <u>241 Richardson Rd</u>	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	_ / _ / _	\$
Name of Employer (Required) <u>self</u>	_ / _ / _	\$
Occupation (Required) <u>realtor</u>	Aggregate year-to-date	\$ <u>200.00</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>Anchor Strategies</u>	<u>9/17/24</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>279 Fox Run Rd</u>	_/_/_	\$
City, State, Zip Code <u>Brandon, MS 39047</u>	_/_/_	\$
Name of Employer (Required) <u>W/A</u>	_/_/_	\$
Occupation (Required) <u>W/A</u>	Aggregate year-to-date	\$ <u>100⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Ashley Winstock</u>	<u>9/15/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>3056th St</u>	_/_/_	\$
City, State, Zip Code <u>Gulfport, MS 39507</u>	_/_/_	\$
Name of Employer (Required) <u>Coastal Concepts</u>	_/_/_	\$
Occupation (Required) <u>GA Affairs</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Harry McCombere</u>	<u>9/17/24</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>2034 Pett Bois S</u>	_/_/_	\$
City, State, Zip Code <u>Jackson MS 39211</u>	_/_/_	\$
Name of Employer (Required) <u>Morgan Stanley</u>	_/_/_	\$
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>The Whit Co</u>	<u>9/9/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 14225</u>	_/_/_	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	_/_/_	\$
Name of Employer (Required) <u>W/A</u>	_/_/_	\$
Occupation (Required) <u>W/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>HDF Corporation</u>	<u>9, 9, 24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>12 Trailwood Ln</u>	_ / _ / _	\$
City, State, Zip Code <u>Poplarville, MS 39470</u>	_ / _ / _	\$
Name of Employer (Required) <u>N/A</u>	_ / _ / _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250⁰⁰</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>GOLD NOBLES</u>	<u>9, 11, 24</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>579 Hwy 51 St B</u>	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>	_ / _ / _	\$
Name of Employer (Required) <u>N/A</u>	_ / _ / _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Michael Peters</u>	<u>9, 17, 24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>722 Arlington St</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	_ / _ / _	\$
Name of Employer (Required) <u>self</u>	_ / _ / _	\$
Occupation (Required) <u>real estate</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Direct Impact Solutions</u>	<u>9, 17, 24</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>1424 Poplar Blvd</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	_ / _ / _	\$
Name of Employer (Required) <u>N/A</u>	_ / _ / _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>200⁰⁰</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>Capitol Advocacy Group</u>	<u>9/17/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 217</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39205</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>NA</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>Caspio Sanford Law Group</u>	<u>9/17/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>825 N President St</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39202</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>NA</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Gold Rocks</u>	<u>9/16/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>106 Willowood Cove</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Madison, MS 39110</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>NA</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Watkins & Taylor</u>	<u>8/24/24</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>PO Box 650</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>NA</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>950⁰⁰</u>

Name of Candidate or Committee _____

Page 6 of _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Caresonne Mission PAC	9/4/24	\$ 250 ⁰⁰
Mailing Address	65 E State St Ste 201	__/__/__	\$
City, State, Zip Code	Columbus OH 43215	__/__/__	\$
Name of Employer (Required)	NA	__/__/__	\$
Occupation (Required)	NA	__/__/__	\$
		Aggregate year-to-date	\$ 250 ⁰⁰
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Hays Paul Public Strategies	9/17/24	\$ 250 ⁰⁰
Mailing Address	473 N State St Ste 204	__/__/__	\$
City, State, Zip Code	Jackson MS 39203	__/__/__	\$
Name of Employer (Required)	NA	__/__/__	\$
Occupation (Required)	NA	__/__/__	\$
		Aggregate year-to-date	\$ 250 ⁰⁰
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Bukins PAC	9/17/24	\$ 1,000 ⁰⁰
Mailing Address	4209 Lanceland Dr #214	__/__/__	\$
City, State, Zip Code	Flowed, MS 39232	__/__/__	\$
Name of Employer (Required)	NA	__/__/__	\$
Occupation (Required)	NA	__/__/__	\$
		Aggregate year-to-date	\$ 1,000 ⁰⁰
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Keystone Strategies	9/17/24	\$ 500 ⁰⁰
Mailing Address	PO BOX 947	__/__/__	\$
City, State, Zip Code	Brandon MS 39043	__/__/__	\$
Name of Employer (Required)	NA	__/__/__	\$
Occupation (Required)	NA	__/__/__	\$
		Aggregate year-to-date	\$ 500 ⁰⁰

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>Pointcore Strategic S</u>	<u>9/17/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 3015</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39207</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>N/A</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>Jones Walker</u>	<u>9/10/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>3100 N State St #300</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39216</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>N/A</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Halycon Hudings</u>	<u>9/17/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>131 Shadow Ridge Rd</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>N/A</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>MS Bankers Assn</u>	<u>9/16/24</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>PO Box 1001</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson MS 39205</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required) <u>N/A</u>	_ _ / _ _ / _ _	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,000⁰⁰</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>MS Pawn brokers</u>	<u>9/17/24</u>	\$ <u>2,000⁰⁰</u>
Mailing Address <u>1425 Fern Rd</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2,000⁰⁰</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>Capital Resources</u>	<u>9/17/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>200 N Congress St #500</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>9/14/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 5004</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39204</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</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>MS Beverage BSN</u>	<u>9/17/24</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>300 N State St</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39206</u>	<u> / / </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> / / </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Lexus Entertainment		8/6/24	\$ 500.00
Mailing Address One Caesar Palace Dr.		___/___/___	\$
City, State, Zip Code Las Vegas, Nevada 89009		___/___/___	\$
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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name CVS Pharmacy		8/23/24	\$ 500
Mailing Address 1 CVS Dr.		___/___/___	\$
City, State, Zip Code Woonsocket, RI 02895		___/___/___	\$
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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS Retirees PAC		10/17/24	\$ 2500
Mailing Address P.O. Box 321000		___/___/___	\$
City, State, Zip Code Flowood MS 39232		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Vinod Kumar		10/17/24	\$ 5000.00
Mailing Address 909 La Mette Rd		___/___/___	\$
City, State, Zip Code Tupelo, MS 38801		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Self Employed		Aggregate year-to-date	\$ 5000.00

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

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>Plan House LLC</u>	<u>10/14/24</u>	\$ <u>1000.00</u>
Mailing Address <u>605 West main street suite 1</u>	___/___/___	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Calover Bank PAC</u>	<u>2/27/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. 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>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Chad McArthur</u>	<u>11/19/24</u>	\$ <u>20,000.00</u>
Mailing Address <u>1537 Hwy 145</u>	___/___/___	\$
City, State, Zip Code <u>Graham MS 38849</u>	___/___/___	\$
Name of Employer (Required) <u>Ruskon Packaging</u>	___/___/___	\$
Occupation (Required) <u>Business owner</u>	Aggregate year-to-date	\$ <u>20,000.00</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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

ITEMIZED RECEIPTS

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 <u>Abb Payne</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1267</u>	___/___/___	\$
City, State, Zip Code <u>Hellisburg, MS 394031267</u>	___/___/___	\$
Name of Employer (Required) <u>Payne Co.</u>	___/___/___	\$
Occupation (Required) <u>Businessman</u>	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>The Frickin Group</u>	<u>10/7/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 441587</u>	___/___/___	\$
City, State, Zip Code <u>Houston, TX 77244</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>EDDIA</u>	<u>12/3/24</u>	\$ <u>500.00</u>
Mailing Address <u>173 W. Jackson Blvd Suite 600</u>	___/___/___	\$
City, State, Zip Code <u>Chicago, IL 60604</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) _____		
Full name <u>Centene Management</u>	<u>12/14/24</u>	\$ <u>1000.00</u>
Mailing Address <u>1001 Highland Plaza</u>	___/___/___	\$
City, State, Zip Code <u>St. Louis, MO 63110</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee McMahan for Mississippi / Friends of Chad McMahan Page of
 Reporting period Jan 1, 2024 through Dec 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>Tom Doe PAC</u>	<u>12/19/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress 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>500.00</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>Ms. Ambulance Alliance PAC</u>	<u>12/19/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 17889</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39404</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>La. Venable</u>	<u>12/23/24</u>	\$ <u>2000.00</u>
Mailing Address <u>1204 A. Chester St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2000.00</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>MS Independent 2XPAC</u>	<u>12/20/24</u>	\$ <u>500</u>
Mailing Address <u>4809 Lakeland Dr Suite 399</u>	<u> / / </u>	\$
City, State, Zip Code <u>Flowood MS 39232</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee MEMPHIS/MISSISSIPPI/FRIENDS OF CHAD MEMPHIS
 Reporting period Jan 1, 2024 through Dec 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>MS Power</u>	<u>12/11/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 4079</u>	__/__/__	\$
City, State, Zip Code <u>611 Court MS 39502</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Financial Services Centers of MS PAC</u>	<u>12/16/24</u>	\$ <u>500.00</u>
Mailing Address <u>219 Panda Dr</u>	__/__/__	\$
City, State, Zip Code <u>Furiday, LA 71334</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>RNSF</u>	<u>12/27/24</u>	\$ <u>500.00</u>
Mailing Address <u>2500 Lou Mark Dr.</u>	__/__/__	\$
City, State, Zip Code <u>Fort Worth, TX 76131</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>ENPAC MS</u>	<u>12/14/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	__/__/__	\$
City, State, Zip Code <u>Jackson MS 39215</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee MEMBERS FOR MISSISSIPPI/FRIENDS OF CHAD McMAHON Page of
 Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

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</u>	<u>12/1/24</u>	\$ <u>1600.00</u>
Mailing Address <u>One Comcast Center</u>	__/__/__	\$
City, State, Zip Code <u>Philadelphia, MS 19103</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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 Manufacturers Housing Assn.</u>	<u>12/18/24</u>	\$ <u>500.</u>
Mailing Address <u>P.O. Box 320369</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 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>WALPAC</u>	<u>12/2/24</u>	\$ <u>1000.00</u>
Mailing Address <u>702 SW 8th St</u>	__/__/__	\$
City, State, Zip Code <u>Burdenville, AK 72716</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>MS Ind. Packaging Stores Assn.</u>	<u>10/25/24</u>	\$ <u>500.00</u>
Mailing Address <u>921 Foxfire St.</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39207</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

ITEMIZED RECEIPTS

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>AS Behavior Services</u>	<u>12/2/24</u>	\$ <u>500</u>
Mailing Address <u>1000 Cherokee 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>500.00</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>The Chickasaw Nation</u>	<u>11/25/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1548</u>	__/__/__	\$
City, State, Zip Code <u>Ada, OK 74820</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>United Healthcare</u>	<u>9/19/24</u>	\$ <u>500.00</u>
Mailing Address <u>169 Jayness Dr West Suite 400</u>	__/__/__	\$
City, State, Zip Code <u>Englewood CO 80112</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>UPL</u>	<u>9/14/24</u>	\$ <u>1000.00</u>
Mailing Address <u>185 Berry St. Suite 500</u>	__/__/__	\$
City, State, Zip Code <u>SAN FRANCISCO CA 94107</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee MEMBER Mississippi Friends of Chad Cochran Page of
 Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>AT&T</u>	<u>10/21/24</u>	<u>\$ 500.00</u>
Mailing Address <u>1010 Pine St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>St. Louis, MO 63101</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>

B. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>CCF</u>	<u>11/27/24</u>	<u>\$ 1000.00</u>
Mailing Address <u>2312 E Trinity Mills Rd</u>	<u> / / </u>	\$
City, State, Zip Code <u>Cockeysville, TX 75666</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 1000.00</u>

C. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Farmers Merchants Bank</u>	<u>11/15/24</u>	<u>\$ 1000.00</u>
Mailing Address <u>P.O. Box 078</u>	<u> / / </u>	\$
City, State, Zip Code <u>Baldwin, MS 38824</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 1000.00</u>

D. Source: Corporation PAC Individual Loan
 Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<u>Jake Johns Cattle LLC</u>	<u>2/27/24</u>	<u>\$ 1000.00</u>
Mailing Address <u>1460 CR54</u>	<u> / / </u>	\$
City, State, Zip Code <u>Shannon, MS 38868</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 1000.00</u>

Name of Candidate or Committee MMahan for Mississippi / Friends of Chad M. Mahan Page of
 Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

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. Health Care Plans</u>	<u>11-16-24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress St. Suite 201</u>	__-__-__	\$
City, State, Zip Code <u>Tulsa, MS 39201</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Engineering Solutions Inc</u>	<u>10-23-24</u>	\$ <u>1000.00</u>
Mailing Address <u>1324 N. Veterans Blvd</u>	__-__-__	\$
City, State, Zip Code <u>Tulsa, MS 37304</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Higgins Logistics LLC</u>	<u>10-22-24</u>	\$ <u>500.00</u>
Mailing Address <u>135 Exumbe Dr.</u>	__-__-__	\$
City, State, Zip Code <u>S. Hill, MS 38866</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. 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 <u>Michael Green</u>	<u>10-02-24</u>	\$ <u>1000.00</u>
Mailing Address <u>142 Alcedon Cr</u>	__-__-__	\$
City, State, Zip Code <u>Tulsa, MS 38864</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Chad McEachen / McEachen FMS / Friends of Chad McEachen
 Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Maagor</u>	<u>1/29/24</u>	\$ <u>450.00</u>
Mailing Address		
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>450.00</u>
<u>Office Folders for Resolutions</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Daily Journal Paper</u>	<u>3/14/24</u>	\$ <u>370.00</u>
Mailing Address		
City, State, Zip Code	<u>9/21/24</u>	\$ <u>200.00</u>
<u>Tupelo MS 38801</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>570.00</u>
<u>Ads</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ReElet Mayor Ken Adams</u>	<u>6/13/24</u>	\$ <u>500.00</u>
Mailing Address		
City, State, Zip Code	<u>1 1</u>	\$
<u>Olive Branch</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
<u>Gift - Donation</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Selville Main St Assn.</u>	<u>6/20/24</u>	\$ <u>250.00</u>
Mailing Address		
City, State, Zip Code	<u>1 1</u>	\$
<u>Selville MS</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
<u>Gift</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>John Caldwell</u>	<u>9/17/24</u>	\$ <u>200.00</u>
Mailing Address		
City, State, Zip Code	<u>1 1</u>	\$
<u>1st Dist. Highway Commissioner</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
<u>Gift - Donation</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Seltiers</u>	<u>9/17/24</u>	\$ <u>2061.97</u>
Mailing Address		
<u>622 Duling Ave Ste. 201</u>		
City, State, Zip Code	<u>1 1</u>	\$
<u>Jackson MS 39216</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2061.97</u>
<u>Food</u>		

Name of Candidate or Committee

Members of MS/Friends of Chadron

Reporting period

Jan 1, 2024

through

Dec 31, 2024

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stacy Seavus	9/17/24	\$ 1000.00
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1000.00
Endraiser support / Admin		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Major Cory Crumpton	12/2/24	\$ 500.00
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Gift Donation		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Evans Tower Center	12/4/23	\$ 8800.00
Mailing Address		
2406 N. State St.		
City, State, Zip Code	1 1	\$
Jackson MS 39216		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Rental assistance		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	1 1	\$
Mailing Address		
City, State, Zip Code	1 1	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$