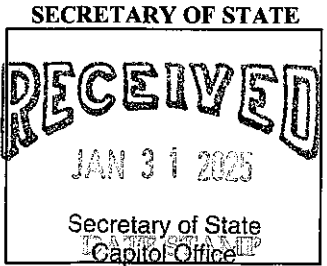




Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Charles (Chuck) A. Younger
 Address 1213 Younger Rd City/State/Zip Columbus, MS 39701
 Telephone (Work) 662-251-3432 (Home) " " (Fax) " "
 Contact Name Chuck Younger Email Address cyounger@bellsouth.net
 Office Sought 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 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

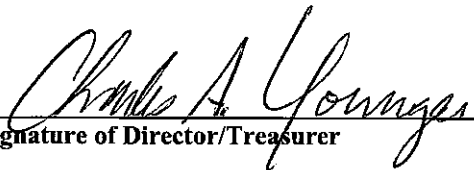
JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies. SOS 12/2024

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

JAN. 1, 2024 CASH ON HAND BALANCE			\$ 5,494.00
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 17,600.00	\$ 0	\$ 23,094.00
TOTAL AMT OF DISBURSEMENTS	\$ 5,114.00	\$ 4,777.00	\$ 9,891.00
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 13,203.00

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

1-31-25

 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.

Name of Candidate or Committee

Charles (Chuck) A. Younger

Reporting period

1-1-24

through

12-31-24

ITEMIZED CONTRIBUTIONS

A. 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 Charles A. Younger	12/2/24	\$ 300.00
Mailing Address 1213 Younger Rd	12/8/24	\$ 300.00
City, State, Zip Code Columbus, MS 39701	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ 600.00
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 CVS Pharmacy	12/28/24	\$ 500.00
Mailing Address One CVS Dr, M.C. 1171	_ _ _	\$
City, State, Zip Code Woonsocket, RI 02895-0798	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 MPC PAC	12/28/24	\$ 500.00
Mailing Address 2992 West Beach Blvd. P.O. Box 4079	12/11/24	\$
City, State, Zip Code Gulfport, MS 39502-4079	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Capitol Resources PAC	11/8/24	\$ 5,000.00
Mailing Address 200 North Congress St Suite 500	_ _ _	\$
City, State, Zip Code Jackson, MS 39201	_ _ _	\$
Name of Employer (Required)	_ _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ 5,000.00

Name of Candidate or Committee Charles (Chuck) A. Younger
 Reporting period 1-1-24 through 12-31-24

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>Helena Ag</u>	12/26/24	\$ <u>500.00</u>
Mailing Address <u>1020 Highland Colony Parkway Suite 400</u>	<u>11/18/24</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</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>12/26/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 17899</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>Tyson Foods</u>	<u>12/26/24</u>	\$ <u>500.00</u>
Mailing Address <u>2200 W. Don Tyson Parkway</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>Springdale, AR 72762</u>	<u>__-__-__</u>	\$
Name of Employer (Required)	<u>__-__-__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Financial Service Centers MS PAC</u>	<u>12/26/24</u>	\$ <u>250.00</u>
Mailing Address <u>219 Panola Dr</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>Ferriday, LA 71334</u>	<u>__-__-__</u>	\$
Name of Employer (Required)	<u>__-__-__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>MS Veterinary Medical Assoc.</u>	12/31/24	\$ <u>250.00</u>
Mailing Address <u>PO Box 395</u>	<u>12/11/24</u>	\$
City, State, Zip Code <u>Clinton, MS 39060</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fitz Gaming Hotel</u>	<u>12/10/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 327</u>	__/__/__	\$
City, State, Zip Code <u>Robinsonville, MS 38664</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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 Health Group, Inc.</u>	<u>10/17/24</u>	\$ <u>500.00</u>
Mailing Address <u>169 Inverness 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>Norfolk Southern Corp.</u>	<u>12/11/24</u>	\$ <u>500.00</u>
Mailing Address <u>650 West Peachtree St NW</u>	__/__/__	\$
City, State, Zip Code <u>Atlanta, GA</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Charles (Chuck) A. Younger Page of
 Reporting period 1-1-24 through 12-31-24

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>MS Independent Package Stores</u>	<u>12/20/24</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</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>ENPAC - MS</u>	<u>12/20/24</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code <u>Jackson, MS 39215-1640</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>ECM CO-PAC</u>	<u>12/30/24</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158-3300</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) <u>MAE PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code <u>Starkville, MS 39759-3384</u>	____/____/____	\$ _____
Name of Employer (Required) _____	____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Charles (Chuck) A. Younger Page of
 Reporting period 1-1-24 through 12-31-24

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>WT Consulting</u>	<u>12/30/24</u>	\$ <u>250.00</u>
Mailing Address <u>188 East Capitol St suite 1364</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Foundation Gaming</u>	<u>12/17/24</u>	\$ <u>1,000.00</u>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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 Health Group</u>	<u>12/17/24</u>	\$ <u>500.00</u>
Mailing Address <u>169 Inverness 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 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	\$

Name of Candidate or Committee Charles (Chuck) A. Younger
 Reporting period 1-1-24 through 12-31-24

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>The Clay Firm</u>	<u>12/17/24</u>	\$ <u>1,500.00</u>
Mailing Address <u>Person 217</u> <u>120 North Congress Street Suite</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,500.00</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>Ten One Strategies</u>	<u>12/26/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress St Suite 500</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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>Southern Crop Production Assoc.</u>	<u>12/26/24</u>	\$ <u>500.00</u>
Mailing Address <u>125 Camden Court</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Madison, MS 39110</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>Caesars Entertainment</u>	<u>12/20/24</u>	\$ <u>500.00</u>
Mailing Address <u>814 N. President St</u>	_ _ / _ _ / _ _	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	_ _ / _ _ / _ _	\$
Name of Employer (Required)	_ _ / _ _ / _ _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Charles (Chuck) A. Younger
 Reporting period 1-1-24 through 12-31-24

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>Penn Entertainment, Inc</u>	<u>10 22 24</u>	\$ <u>500.00</u>
Mailing Address <u>825 Berkshire Blvd</u>	__-__-__	\$
City, State, Zip Code <u>Wyomissing, PA 19610</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>Cornerstone</u>	<u>12 11 24</u>	\$ <u>500.00</u>
Mailing Address <u>200 North 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>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 _____	____	\$ _____
Mailing Address _____	__-__-__	\$
City, State, Zip Code _____	__-__-__	\$
Name of Employer (Required) _____	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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 Asphalt Contractor PAC</u>	<u>11 1 25</u>	\$ <u>250.00</u>
Mailing Address <u>711 N. President St</u>	__-__-__	\$
City, State, Zip Code <u>Jackson, MS 39202-</u>	__-__-__	\$
Name of Employer (Required) <u>3002</u>	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

Charles (Chuck) A. Younger

Page _____ of _____

Reporting period

1-1-24

through

12-31-24

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Nejam Properties	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	904 Morningside St	1/5/24	\$ 975.00
City, State, Zip Code	Jackson, MS 39202	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 975.00
B. Full name	Sale of Champions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Capitol	2/8/24	\$ 500.00
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00
C. Full name	MDAC - Fairgrounds	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		2/12/24	\$ 290.00
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)	Tickets Coliseum	Aggregate Year-to-date	\$ 290.00
D. Full name	Michael Watson Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/5/24	\$ 250.00
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00
E. Full name	Nejam Properties	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/8/24	\$ 1046.00
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	Friends of Briggs Hopson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		11/13/24	\$ 250.00
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 250.00

Name of Candidate or Committee Charles (Chuck) A. Younger Page _____ of _____
 Reporting period 1-1-24 through 12-31-24

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>Nejam Properties</u>	<u>12/11/24</u>	\$ <u>455.00</u>
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>455.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Trojan Baseball Club</u>	<u>12/19/24</u>	\$ <u>250.00</u>
Mailing Address	____/____/____	\$
<u>New Hope School</u>	____/____/____	\$
City, State, Zip Code	____/____/____	\$
<u>Columbus, MS</u>	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>F. C. A. (Fellowship Christian Athletes)</u>	<u>12/31/24</u>	\$ <u>300.00</u>
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
<u>Stackville, MS</u>	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
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
<u>Commercial Dispatch</u>	<u>12/19/24</u>	\$ <u>298.00</u>
Mailing Address	____/____/____	\$
<u>516 Main St</u>	____/____/____	\$
City, State, Zip Code	____/____/____	\$
<u>Columbus, MS 39701</u>	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>298.00</u>
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	\$