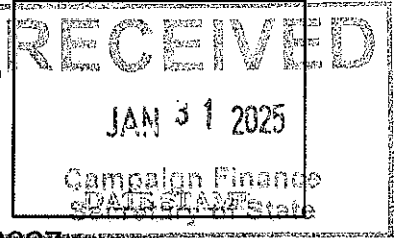


SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Daniel H. Sparks
 Address 1294 CR 961, P.O. Box 218 City/State/Zip Belmont, MS 38827
 Telephone (Work) 662-660-9800 (Home) _____ (Fax) _____
 Contact Name Daniel H. Sparks Email Address info@sparks4senate.com
 Office Sought State Senate District 5

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**

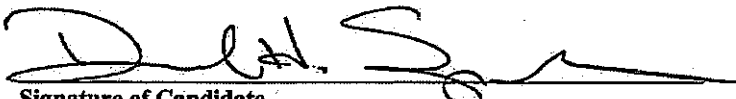
JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$0	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

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		\$54,727.64
	Itemized (+)	Non-Itemized (=)
TOTAL AMT OF CONTRIBUTIONS	\$33,750.00	\$ 33,750.00
TOTAL AMT OF DISBURSEMENTS	\$42,193.15	\$ 42,193.15
DEC. 31, 2024 CASH ON HAND BALANCE		\$46,284.49

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


Signature of Candidate

1/31/25

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 Daniel H. Sparks

Reporting period January 1, 2024 through December 1, 2024

ITEMIZED DISBURSEMENTS

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

A. Full name Sparks Law Firm, PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. 218	___/___/___	\$ 15,750.00
City, State, Zip Code Belmont, MS 38827	___/___/___	\$
Purpose of Disbursement (Optional) Campaign Loan Repayment	Aggregate Year-to-date	\$ 15750.00
B. Full name Sale of Champions Youth Cattle Program	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Fundraiser	___/___/___	\$ 200.00
City, State, Zip Code Jackson, MS	___/___/___	\$
Purpose of Disbursement (Optional) Fundraiser	Aggregate Year-to-date	\$ 200.00
C. Full name Daniel H. Sparks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. 218	___/___/___	\$ 26,243.15
City, State, Zip Code Belmont, MS 38827	___/___/___	\$
Purpose of Disbursement (Optional) Campaign Loans Repay	Aggregate Year-to-date	\$ 26,243.15
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	\$

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 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) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Swedish Match</u>		<u>10/10/24</u>	\$ <u>10,000.00</u>
Mailing Address <u>1021 E. Cary St, Suite 1600</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Richmond, VA 28219</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>n/a</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>n/a</u>		Aggregate year-to-date	\$ <u>10,000.00</u>
B. 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>Wilford Albert Payne</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1267</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>PayneCo</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>CEO</u>		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>Farmer's and Merchants Bank</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 278</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Baldwyn, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>n/a</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>n/a</u>		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hayes Dent Public Strategies</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>250.00</u>
Mailing Address <u>975 North Street Ste 206</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39203</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>n/a</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>n/a</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 31, 2024

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 MS Ind RX PAC	___/___/___	\$ 500.00
Mailing Address 4209 Lakeland Drive, Suite 399	___/___/___	\$
City, State, Zip Code Flowood, MS 39232	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	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) PLLC		
Full name Watkins & Eager PLLC	___/___/___	\$ 250.00
Mailing Address P.O. Box 650	___/___/___	\$
City, State, Zip Code Jackson, MS 39205	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	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 Other (please specify) _____		
Full name Financial Service Centers of MS PAC	___/___/___	\$ 500.00
Mailing Address 219 Panola Drive	___/___/___	\$
City, State, Zip Code Ferriday, LA 71334	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	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) _____		
Full name ENPAC MS	___/___/___	\$ 500.00
Mailing Address P.O. Box 1640	___/___/___	\$
City, State, Zip Code Jackson, MS 39215	___/___/___	\$
Name of Employer (Required) n/a	___/___/___	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NextEra</u>	___/___/___	\$ 1000.00
Mailing Address <u>700 Univers Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Juno Beach, FL 33408</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Assoc</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bail Agents Assoc.</u>	___/___/___	\$ 500.00
Mailing Address <u>118 Canton One Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Canton, MS 39046</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cascio Sanford Govt Law Group, PLLC</u>	___/___/___	\$ 250.00
Mailing Address <u>825 N. President St</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	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Assoc</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Ind Package Stores Assoc</u>	___/___/___	\$ 500.00
Mailing Address <u>921 E. Fortification St</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	\$ 500.00

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 31, 2024

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>Huntington Ingalls Industries</u>	___/___/___	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 149</u>	___/___/___	\$
City, State, Zip Code <u>Pascagoula, MS 39668</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. 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 Hosemann</u>	___/___/___	\$ <u>500.00</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>LTG</u>	Aggregate year-to-date	\$ <u>500.00</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>Robert Dexter</u>	___/___/___	\$ <u>500.00</u>
Mailing Address <u>31 Road 450</u>	___/___/___	\$
City, State, Zip Code <u>Iuka, MS 38852</u>	___/___/___	\$
Name of Employer (Required) <u>Yellow Creek Port</u>	___/___/___	\$
Occupation (Required) <u>Exec Dir</u>	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>William C. Smith III</u>	___/___/___	\$ <u>500.00</u>
Mailing Address <u>4216 Honesuckle Lane</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___/___/___	\$
Name of Employer (Required) <u>UMMC</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 31, 2024

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 Nucor Steel of MS PAC		___/___/___	\$ 500.00
Mailing Address 3630 Fourth St		___/___/___	\$
City, State, Zip Code Flowood, MS 39232		___/___/___	\$
Name of Employer (Required) n/a		___/___/___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 500.00
B. 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 Rebekah K. Staples		___/___/___	\$ 500.00
Mailing Address 1688 Laurel St		___/___/___	\$
City, State, Zip Code Jackson, MS 39202		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Govt Relations		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 MS Realtors		___/___/___	\$ 2000.00
Mailing Address P.O. Box 321000		___/___/___	\$
City, State, Zip Code Flowood, MS 39232		___/___/___	\$
Name of Employer (Required) n/a		___/___/___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 2000.00
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 Advocacy Group		___/___/___	\$ 1000.00
Mailing Address P.O. Box 217		___/___/___	\$
City, State, Zip Code Jackson, MS 39205		___/___/___	\$
Name of Employer (Required) n/a		___/___/___	\$
Occupation (Required) n/a		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Daniel H. SparksReporting period January 1, 2024 through December 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>Comm for Clean Envir & Fair Tax</u>	___/___/___	\$ 500.00
Mailing Address <u>3000-B North State St</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	\$ 500.00
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 Bankers PAC</u>	___/___/___	\$ 500.00
Mailing Address <u>P.O. Box 1091</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	\$ 500.00
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>Comcast</u>	___/___/___	\$ 500.00
Mailing Address <u>1701 JFK Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Philadelphia, PA</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 500.00
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>RAI Services Corp</u>	___/___/___	\$ 1000.00
Mailing Address <u>491 W Main Street</u>	___/___/___	\$
City, State, Zip Code <u>Winston Salem, NC</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Daniel H. Sparks

Reporting period January 1, 2024 through December 31, 2024

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 MMA	__/__/__	\$ 1000.00
Mailing Address 720 N. President St	__/__/__	\$
City, State, Zip Code Jackson, MS	__/__/__	\$
Name of Employer (Required) n/a	__/__/__	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name MMHA-PAC	__/__/__	\$ 500.00
Mailing Address P.O. Box 320369	__/__/__	\$
City, State, Zip Code Flowood, MS	__/__/__	\$
Name of Employer (Required) n/a	__/__/__	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Cornerston Govt Affairs	__/__/__	\$ 500.00
Mailing Address 800 Maine Ave	__/__/__	\$
City, State, Zip Code Washington, DC	__/__/__	\$
Name of Employer (Required) n/a	__/__/__	\$
Occupation (Required) n/a	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) _____		
Full name Ergon PAC	__/__/__	\$ 500.00
Mailing Address P.O. Box 1639	__/__/__	\$
City, State, Zip Code Jackson, MS	__/__/__	\$
Name of Employer (Required) n/a	__/__/__	\$
Occupation (Required) n/a	Aggregate year-to-date	\$ 500.00