

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

Name of Candidate Hob Bryan  
 Address P O Box 156 City/State/Zip Amory, Mississippi 38821  
 Telephone (Work) (662) 256-9601 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Hob Bryan Email Address wendellbryan@gmail.com  
 Office Sought State Senate District 7

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**

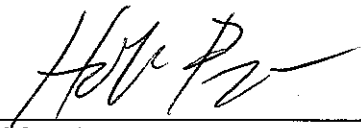
JAN. 1, 2024 CASH ON HAND BALANCE			\$ 35,259.27
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$ interest	\$ 930.63	\$ 930.63
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 36,189.90

<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	\$ 141,799.69		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 54,050.00	\$ 200.00	\$ 54,250.00
TOTAL AMT OF DISBURSEMENTS	\$ 3,605.33	\$ 7365.05	\$ 10,970.38
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 185,059.31		

*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

January 31, 2025  
\_\_\_\_\_  
Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Hob Bryan  
 Reporting period January 1, 2024 through December 31, 2024

## ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Harvey's</u>	<u>1/26/24</u>	\$ <u>605.33</u>
Mailing Address <u>424 South Glaster Street</u>		
City, State, Zip Code <u>Tupelo, Mississippi 38801</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>605.33</u>
<b>B. Full name</b> <u>Mississippi Democratic Party</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>P.O. Box 1583</u>	<u>5/20/24</u>	\$ <u>1,500.00</u>
City, State, Zip Code <u>Jackson, Mississippi 39215</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,500.00</u>
<b>C. Full name</b> <u>Amory Rotary Club</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>P.O. Box 206</u>	<u>5/22/24</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Amory, Mississippi 38821</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
<b>D. Full name</b> <u>Friend of God</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>6289B Highway 25 North</u>	<u>5/21/24</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Amory, Mississippi 38821</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Hob Bryan Campaign Committee

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 <b>Cadence Bank PAC</b>	5 / 16 / 24	\$ 1,000.00
Mailing Address <b>Box 789</b>	_ / _ / _	\$
City, State, Zip Code <b>Tupelo, Mississippi 38802</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
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 <b>Vertrex Pharmaceuticals Inc.</b>	7 / 22 / 24	\$ 1,000.00
Mailing Address <b>50 Northern Avenue</b>	_ / _ / _	\$
City, State, Zip Code <b>Boston, Massachusetts 02210</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. 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 <b>Stonewater Addiction Recovery Center, LLC</b>	7 / 22 / 24	\$ 1000.00
Mailing Address <b>38 County Road 362</b>	_ / _ / _	\$
City, State, Zip Code <b>Oxford, Mississippi 38655</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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Merck, Sharpe, and Dohme, LLC</b>	7 / 31 / 24	\$ 500.00
Mailing Address <b>Post Office Box 2000</b>	_ / _ / _	\$
City, State, Zip Code <b>Rahway, New Jersey 07065</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Hob Bryan

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 <b>MSW PAC</b>	<u>11</u> / <u>8</u> / <u>24</u>	\$ <b>1,000.00</b>
Mailing Address <b>Post Office Box 16604</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, Mississippi 39236</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>1,000.00</b>
B. 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 <b>Bristol Myers Squibb</b>	<u>11</u> / <u>8</u> / <u>24</u>	\$ <b>500.00</b>
Mailing Address <b>Post Office Box 25277</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Tampa, Florida 33622</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500.00</b>
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 <b>The Cigna Group Employee PAC</b>	<u>11</u> / <u>8</u> / <u>24</u>	\$ <b>1,000.00</b>
Mailing Address <b>1601 Chestnut Street</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Philadelphia, Pennsylvania 19192</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>1,000.00</b>
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 <b>Altria Client Services</b>	<u>11</u> / <u>8</u> / <u>24</u>	\$ <b>500.00</b>
Mailing Address <b>Post Office Box 85088</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Richmond, Virginia 23285</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500.00</b>

Name of Candidate or Committee Hob Bryan

Reporting 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 <b>CVS Pharmacy Inc.</b>	<u>11</u> / <u>8</u> / <u>24</u>	\$ 500.00
Mailing Address <b>One CVS Drive</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Woonsocket, Rhode Island 02895</b>	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500.00
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 <b>Elevance Health, Inc.</b>	<u>11</u> / <u>25</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>3057 Vandercar Way</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Cincinnati, Ohio 45209</b>	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00
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 <b>PhRMA</b>	<u>11</u> / <u>25</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>670 Maine Avenue SW, Suite 1000</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Washington D.C. 20024</b>	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1,000.00
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 <b>Ergon State Political Action Committee</b>	<u>11</u> / <u>25</u> / <u>24</u>	\$ 250.00
Mailing Address <b>Post Office Box 1639</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, Mississippi 39215</b>	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Hob Bryan

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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Plastic Surgical Center of Mississippi, LLC</u>	<u>11/25/24</u>	\$ <u>500.00</u>
Mailing Address <u>2550 Flowood Drive, Suite 101</u>	___/___/___	\$
City, State, Zip Code <u>Flowood, Mississippi 39232</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>Mississippi Ambulatory Surgical Association</u>	<u>11/25/24</u>	\$ <u>2,000.00</u>
Mailing Address <u>2550 Flowood Drive, Suite 101</u>	___/___/___	\$
City, State, Zip Code <u>Flowood, Mississippi 39232</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</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>MD PAC</u>	<u>11/29/24</u>	\$ <u>2,500.00</u>
Mailing Address <u>439 B Katherine Drive</u>	___/___/___	\$
City, State, Zip Code <u>Flowood, Mississippi 39232</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,500.00</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>Engineering Solutions, Inc.</u>	<u>11/29/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>1324 North Veterans Boulevard</u>	___/___/___	\$
City, State, Zip Code <u>Tupelo, Mississippi 38804</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Hob Bryan  
 Reporting period January 1, 2024 through December 31, 2024

## 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 <u>Theo P. Costas Jr.</u>	<u>12 / 9 / 24</u>	\$ <u>2,000.00</u>
Mailing Address <u>270 Highland Colony Parkway</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ridgeland, Mississippi 39157</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>self</u>	___ / ___ / ___	\$
Occupation (Required) <u>businessman</u>	Aggregate year-to-date	\$ <u>2,000.00</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>Capitol Resources PAC</u>	<u>12 / 9 / 24</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress Street, Suite 500</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Mississippi 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>The Friedkin Group</u>	<u>12 / 9 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 441887</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Houston, Texas 77244</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lenders Political Action Committee</u>	<u>12 / 9 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5004</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Mississippi 39296</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee Hob Bryan

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 <b>Optometry For Progress</b>	<u>12</u> / <u>13</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>141 Executive Drive, Suite 5</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Madison, Mississippi 39110</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
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 <b>MS Chiropractors PAC</b>	<u>12</u> / <u>13</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>4294 Lakeland Drive, Suite 1000</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Flowood, Mississippi 39232</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
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 <b>Mississippi Independent Package Stores Association</b>	<u>12</u> / <u>13</u> / <u>24</u>	\$ 500.00
Mailing Address <b>921 Fortification Street</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, Mississippi 39202</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	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 <b>United Health Group, Inc.</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>169 Inverness Drive West Suite, 400</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Englewood, Colorado 80112</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Hob Bryan

Reporting 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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>CHS Shared Business Operations, LLC</b>	<u>12 / 23 / 24</u>	\$ 1,000.00
Mailing Address <b>P.O. Box 5006</b>	__ / __ / __	\$
City, State, Zip Code <b>Antioch, Tennessee 37013</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
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 <b>Mississippi Health Care PAC</b>	<u>12 / 23 / 24</u>	\$ 2,500.00
Mailing Address <b>303 Brame Road</b>	__ / __ / __	\$
City, State, Zip Code <b>Ridgeland, Mississippi 39157</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 2,500.00
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 <b>Hattiesburg Clinic Healthcare Policy Committee</b>	<u>12 / 23 / 24</u>	\$ 2,500.00
Mailing Address <b>Post Office Box 17739</b>	__ / __ / __	\$
City, State, Zip Code <b>Hattiesburg, Mississippi 39404</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 2,500.00
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 <b>RAI Services Company</b>	<u>12 / 23 / 24</u>	\$ 1,000.00
Mailing Address <b>401 North Main Street</b>	__ / __ / __	\$
City, State, Zip Code <b>Winston-Salem, North Carolina 27101</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Hob Bryan

Reporting 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 <b>Comcast Corporation</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 250.00
Mailing Address <b>1701 JFK Boulevard</b>	__ / __ / __	\$
City, State, Zip Code <b>Philadelphia, Pennsylvania 19103</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 <b>Mississippi Independent Physician Practice</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 1,000.00
Mailing Address <b>2510 Lakeland Drive</b>	__ / __ / __	\$
City, State, Zip Code <b>Flowood, Mississippi 39232</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
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 <b>Cascio Stanford Government Law Group, PLLC</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 250.00
Mailing Address <b>825 North President Street</b>	__ / __ / __	\$
City, State, Zip Code <b>Jackson, Mississippi 39202</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	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>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Adams and Reese, LLP</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 300.00
Mailing Address <b>701 Poydras Street, Suite 4500</b>	__ / __ / __	\$
City, State, Zip Code <b>New Orleans, Louisiana 70139</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Hob Bryan

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 <u>Friends of Mississippi Hospitals</u>	<u>12/23/24</u>	\$ <u>2,500.00</u>
Mailing Address <u>116 Woodgreen Crossing</u>	_ / _ / _	\$
City, State, Zip Code <u>Madison, Mississippi 39110</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,500.00</u>
<b>B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u></b>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Behavioral Health Services, Inc.</u>	<u>12/23/31</u>	\$ <u>1,000.00</u>
Mailing Address <u>1900 Chinaberry Drive, Suite 900</u>	_ / _ / _	\$
City, State, Zip Code <u>Bossier City, Louisiana 71111</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
<b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLP</u></b>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jonas Walker</u>	<u>12/23/31</u>	\$ <u>500.00</u>
Mailing Address <u>3100 North State Street #300</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, Mississippi 39216</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<b>D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u></b>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company LLC</u>	<u>12/31/31</u>	\$ <u>1,000.00</u>
Mailing Address <u>of Centene Corporation</u>	_ / _ / _	\$
City, State, Zip Code <u>St. Louis, Missouri 63105</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

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## 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>Hayes Dent Public Strategies LLC</u>	<u>12/31/24</u>	\$ <u>250.00</u>
Mailing Address <u>975 North Street, Suite 206</u>	_/_/_	\$
City, State, Zip Code <u>Jackson, Mississippi 39203</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
<hr/>		
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 Service Centers of Mississippi PAC</u>	<u>12/31/24</u>	\$ <u>250.00</u>
Mailing Address <u>219 Panola Drive</u>	_/_/_	\$
City, State, Zip Code <u>Ferriday, Louisiana 71334</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
<hr/>		
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>Mississippi Ambulance Alliance</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 17889</u>	_/_/_	\$
City, State, Zip Code <u>Hattiesburg, Mississippi 39404</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
<hr/>		
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>Chickasaw Nation</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P O Box 1548</u>	_/_/_	\$
City, State, Zip Code <u>Ada, Oklahoma 74820</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

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## 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>Walpac</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>702 SW Eighth Street</u>	_ / _ / _	\$
City, State, Zip Code <u>Bentonville, Arkansas 72716</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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>Mississippi Realtors PAC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>	_ / _ / _	\$
City, State, Zip Code <u>Flowood, Mississippi 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>Mississippi Orthopedic PAC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 5034</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson, Mississippi 39296</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MANA Pac</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>1022 Highland Colony Parkway</u>	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland, Mississippi 39157</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

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## 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>Mississippi Association For Home Care</u>	<u>12/31/24</u>	\$ <u>2,000.00</u>
Mailing Address <u>P O Box 115</u>	__/__/__	\$
City, State, Zip Code <u>Clinton, Mississippi 39060</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,000.00</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>Ten One PAC</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress Street, Suite 403</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, Mississippi 39201</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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>Molina Healthcare Inc PAC</u>	<u>12/12/24</u>	\$ <u>1,500.00</u>
Mailing Address <u>200 Oceangate, Suite 100</u>	__/__/__	\$
City, State, Zip Code <u>Long Beach, California 90802</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,500.00</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>Molina Healthcare Inc</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 Oceangate 2nd Floor</u>	__/__/__	\$
City, State, Zip Code <u>Long Beach, California 90802</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

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## 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>Cornerstone Government Affairs, Inc</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>900 Maine Avenue SW, 7th floor</u>	__/__/__	\$
City, State, Zip Code <u>Washington, D.C. 20024</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</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>Mississippi Association of Health Plans</u>	<u>12/31/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress St, Suite 201</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, Mississippi</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>BNSF Railway Company</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>2500 Lou Mark Drive</u>	__/__/__	\$
City, State, Zip Code <u>Fort Worth, Texas 76131</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Committee For Clean Environment &amp; Fair Taxation</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>9000-B North State Street</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, Mississippi 39216</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



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## 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>The Corbitt Co. LLC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P O Box 14225</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, Mississippi 39236</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>Build MS PAC</u>	<u>12/31/24</u>	\$ <u>2,500.00</u>
Mailing Address <u>4209 Wetland Drive #214</u>	__/__/__	\$
City, State, Zip Code <u>Flowood, Mississippi 39232</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2,500.00</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>Michael A. Bradshaw</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>327 Totum Camp Road</u>	__/__/__	\$
City, State, Zip Code <u>Purvis, Mississippi 39475</u>	__/__/__	\$
Name of Employer (Required) <u>self</u>	__/__/__	\$
Occupation (Required) <u>businessman</u>	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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>	<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>1657 MacFarland Blvd N Suite 63e</u>	__/__/__	\$
City, State, Zip Code <u>Tuscaloosa, Alabama 35406</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>