# Candidate REPORT OF RECEIPTS AND DISBURSEMENT

2024 Annual Report



Secretary of State Capitol Office

DATE STAMP

Name of Candidate Child (Wilding)	DATESTAME
Address & Westbrook Drive City/State/Zip Sunvall, MS	39482
Telephone (Work) 6012643323 (Home)6012712070 (Fax) 601	17643363
Contact Name Joy Email Address joe filinge	ne lautinu com
Office Sought Sexuate District 41	
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 BA	LANCE		\$ Ø
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$ <b>Ø</b>
TOTAL AMT OF DISBURSEMENTS	d d	o o	
101AL AM1 OF DISBURSEMENTS	J .	7	
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$ 9

<sup>&</sup>lt;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 BA	LANCE		\$ 213,764.36
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$29,750.00	\$100.00	\$ 79,850. ∞
TOTAL AMT OF DISBURSEMENTS	\$11,185, 37	\$900.00	\$ 12,085. 37
DEC. 31, 2024 CASH ON HAND B	ALANCE		\$ 231,528.99

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

Marie de Candidate

1/21/2025

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	tillmacine	Dechen	Account
Reporting period 11124-1213	l l	through	12/31/24

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
John Morgan Hughes	(Mo., Day, Year)	disbursement this period
Mailing Address	1 124/24	8 10/72 65
159 Reunien Dn City, State, Zip Code		1873, 55
Madison MS 39110		\$
Purpose of Disbursement (Optional)		1
Compaign Consulting	Aggregate Year-to-date	\$ 1873.55
B. Full hame	Date	Amount of each
Reid Overstreat	(Mo., Day, Year)	disbursement this period
Mailing Address		:
91429 Huzy. 4Z	1/24/24	\$ 7000.00
City, State, Zip Code	, ,	
Richfon, MS 39476	+//	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	\$ 7,000.00
C. Full name	Date	Amount of each
Larivel luckey	(Mo., Day, Year)	disbursement this period
Mailing Address	1241 20	\$
ZIII Brenwlle BIVA. City, State, Zip Code		1500, 80
Ocean Springs, MS 395164		\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	° 1500.00
		V200:90
D. Full name	Date	Amount of each
D. Eull name Pearfee Productions	1	
* Keartee Moductions	Date	Amount of each disbursement this period
Malling August 104 Audobon Pt. Drive	Date (Mo., Day, Year)	Amount of each disbursement this period
Heartee Modefiens  104 Audobon Pt. Dove  City, State, Lip Loge	Date (Mo., Day, Year)	Amount of each disbursement this period
Heartee Modifiens  Not Audobon Pt. Drive  City, State, Lip Loge  Brandon, MS 39047	Date (Mo., Day, Year)  2 /24 / 24	Amount of each disbursement this period
Heartee Modefiens  104 Audobon Pt. Dove  City, State, Lip Loge	Date (Mo., Day, Year)  Z /Z-1 / Z-1 //  Aggregate	Amount of each disbursement this period  \$ 2500.00
Heartee Modictions  Not Audobon Pt. Drive  City, State, Lip Loge  Brandon, MS 39047  E. Full name	Date (Mo., Day, Year)  7 / 74 / 24  Aggregate Year-to-date	Amount of each disbursement this period  \$ 7500.00 \$
Heartee Modifiers  Not Audobon Pt. Drive  City, State, Lip Loge  Brandon, MS 39047  E. Full name	Date (Mo., Day, Year)  Z /Z-1 / Z-1 //  Aggregate	Amount of each disbursement this period  \$ 2500.00
Heartee Modifiers  Not Audobon Pt. Drive  City, State, Lip Gode  Brandon, MS 39047	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$  Amount of each disbursement this period
Fluid name Countree to Elect Jenifer Branning Mailing Address  B. Beacon St.	Date (Mo., Day, Year)  2 / 24 / 24  Aggregate Year-to-date  Date	Amount of each disbursement this period  \$ 7500.00  \$ Amount of each cach
Flanting August 100 House 100 Audobon Pt. Drive City, State, Lip Loge Brandon, MS 39047  E. Full name Countree to Elect Jenifer Branning Mailing Address  BS W. Beacon St.  City, State, Zip Code	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$  Amount of each disbursement this period
Fearfee Modefrons  104 Audobon Pt. Dove City, State, Lip Loge Brandon, MS 39047  E. Full name Countree to Elect Jenifer Branning Mailing Address BS W. Beagon St. City, State, Zip Code Thiladelphia, MS 39350	Date (Mo., Day, Year)  Z /Z-/ / Z-/  Aggregate Year-to-date Date (Mo., Day, Year)  7 Z-/ / Z-/	Amount of each disbursement this period  \$ 2500.00 \$  Amount of each disbursement this period  \$ 500.00 \$
Flanting August 100 House 100 Audobon Pt. Drive City, State, Lip Loge Brandon, MS 39047  E. Full name Countree to Elect Jenifer Branning Mailing Address  BS W. Beacon St.  City, State, Zip Code	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$  \$7500.00  Amount of each disbursement this period  \$ 500.00
E. Full name  County et a Geet Jenifer Branning  Mailing Address  BS W. Beacon St.  City, State, Zip Code  Wiladelphia, MS 39350  Purpose of Disbursement (Optional)  E. Full name	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date Date (Mo., Day, Year)  Z / Z- /  Aggregate Year-to-date  Date Onte  Date Date Date Date Date Date Date D	Amount of each disbursement this period  \$ 2500.00 \$  \$7500.00 Amount of each disbursement this period \$ 500.00 \$  Amount of each disbursement this period
February Audobon Pt. Dove City, State, Lip Loge Brandon, MS 39047  E. Full name Countree to Elect Jenifer Branning Mailing Address BS W. Beacon St. City, State, Zip Code Thiladelphia, MS 39350  Purpose of Disbursement (Optional)  F. Full name Sumrall Herdward Club	Date (Mo., Day, Year)  Z /Z- / Z- / Z- / Z- / Z- / Z- / Z- /	Amount of each disbursement this period  \$ 7500.00 \$  Amount of each disbursement this period \$ 500.00 \$
February Notices  Ind. Andobon Pt. Dave City, State, Lip Loge Brandon, MS 39047  E. Full name Countree to Elect Tenifer Branning Mailing Address  BS W. Beacon St. City, State, Zip Code Thi Ladelphia, MS 39350  Purpose of Disbursement (Optional)  F. Full name Surray Herdwood Club Mailing Address	Date (Mo., Day, Year)  Z /Z- / Z- / Z- / Z- / Z- / Z- / Z- /	Amount of each disbursement this period  \$ 2500.00 \$  \$7500.00 Amount of each disbursement this period \$ 500.00 \$  Amount of each disbursement this period
Fearfee Moderns  Nathing Audobon Pt. Drive  City, State, Zip Loge  Brandon, MS 39047  E. Full name  Countree to Elect Tenifer Branning  Mailing Address  City, State, Zip Code  Thiladelphia, MS 39350  Purpose of Disbursement (Optional)  F. Full name  Survay Herdward Club  Mailing Address  184 Center Are.	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)  7 Z / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$ \$2500.00 Amount of each disbursement this period \$ 500.00 \$ \$ 500.00 Amount of each disbursement this period \$ 500.00
E. Full name Countree to Elect Jenifer Branning Mailing Address  City, State, Zip Code  E. Full name Countree to Elect Jenifer Branning Mailing Address  City, State, Zip Code  Thi ladelphia, Ms 39350  Purpose of Disbursement (Optional)  F. Full name  Sumrall Herdusod Club  Mailing Address  164 Center Are.  City, State, Zip Code	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)  7 Z / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$  \$7500.00 Amount of each disbursement this period \$ 500.00 \$  Amount of each disbursement this period
Fearfee Moderns  Nathing Audobon Pt. Drive  City, State, Zip Loge  Brandon, MS 39047  E. Full name  Countree to Elect Tenifer Branning  Mailing Address  City, State, Zip Code  Thiladelphia, MS 39350  Purpose of Disbursement (Optional)  F. Full name  Survay Herdward Club  Mailing Address  184 Center Are.	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)  Z / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)  Aggregate Year-to-date  Date (Mo., Day, Year)  S / I 5 / Z- 4	Amount of each disbursement this period  \$ 2500.00 \$  \$7500.00 Amount of each disbursement this period \$ 500.00 \$  Amount of each disbursement this period \$ 500.00 \$ \$ 300.00 \$
Reartee Modultions  104 Audobon Pt. Drive  City, State, 210 Gove  Brandon, MS 39047  E. Full name  Countree to Elect Jenifer Branning  Mailing Address  BS W. Beacon St.  City, State, Zip Code  Thi ladelphia, MS 39350  Purpose of Disbursement (Optional)  F. Full name  Sumral Herdused Club  Mailing Address  184 Center Are.  City, State, Zip Code  Sumrall, MS 34482	Date (Mo., Day, Year)  Z /Z- / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)  7 Z / Z- /  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each disbursement this period  \$ 2500.00 \$ \$2500.00 Amount of each disbursement this period \$ 500.00 \$ \$ 500.00 Amount of each disbursement this period \$ 500.00

Name of Candidate or Committee	Fillmouno Becken Acco	sust.
Reporting period 11/24	through 1213	1124

# ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
House of Joy Ministries  Mailing Address  Keys Huy 35  City, State, Zip Code	9 110 1 24	
City, State, Zip Code		250 -60
Purpose of Disbursement (Optional)	1+'+'+	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
Taey Films are Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  **E West brook** Dr.  City, State, Zip Code	1 / 13 / 24	s 201.82
Sumal, MS 39482		\$
Purpose of Disbursement (Optional) Reimbursement for Payment to Anjoe Restaurant Grant Hame for fundraiser held there on 11/13/24	Aggregate Year-to-date	\$ 2261.82
GENTHAME For Lindraiser held there on 11/13/24	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
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	s
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	\$

	r	٩		1
Page	11	i	of	III.

Name of Candidate or Committee Filmcane Election Account
Reporting period 11/24 through 12/31/24
ITENNIZED DEACHD

ITEMIZED RECEIF	PTS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of receip
Ergen Stele Pac Mailing Address	10/14/24	\$ 500
	[	

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Ergon State PAC Mailing Address	10/14/24	\$ 500 %00
Ro Box 1439 City, State, Zip Code		\$
Name of Employer (Required)		\$
		\$
Occupation (Required)	Aggregate yearto-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	<del> </del>	this period
The Croper Group Elee PAC Mailing Address	018124	\$ 750.00
[Leo] Chestrut St., 7216B		s [
Philadelphia PA 19192  Name of Employer (Required)		s [
Occupation (Required)		s
	Aggregate year-to-date	S 250.00
C. Source Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Deuter PAC  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Deute PAC  Mailing Address  439 B. Kathenne, Dr	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)  Full name  MS Deuted PAC  Mailing Address  439 B. Kathenne Dr  City, State, Zip Code  Flouraged MS 39731	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Deuted PAC  Mailing Address  439 B. Kathenne Dr  City, State, Zip Code  Flouract, MS 39731  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$ / COO CET
Other (please specify)  Full name  MS Deuted PAC  Mailing Address  439 B. Kathenne. Dr.  City, State, Zip Code  Flourach, MS 39732  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  Day, Year)  Day, Year)  Day, Year)	Amount of each receipt this period  \$ /oco-co \$ \$
Other (please specify)  Full name  MS Deuted PAC  Mailing Address  439 B. Kathenne. Dr.  City, State, Zip Code  Flourach, MS 39732  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  10 / 31 / 24  1 / 1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ //০০০ . • • • • • • • • • • • • • • • • •
Other (please specify)  Full name  MS Deute PK  Mailing Address  H3 B. Kathenne Dr.  City, State, Zip Code  Flouraged, M3 39732  Name of Employer (Required)  Occupation (Required)  D. Source: Y Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  Day, Year)  Day, Year)  Day, Year)	Amount of each receipt this period  \$ / Occ. Co
Other (please specify)  Full name  MS Deuted PKC  Mailing Address  H3 B. Kathenne Dr  City, State, Zip Code  Flouract, MS 39732  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name	Date (Mo., Day, Year)  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / OCC CC \$   Amount of each receipt this period
Other (please specify)  Full name  MS Deuted PKC  Mailing Address  H3 B. Kathenne Dr  City, State, Zip Code  Flouract, MS 29732  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Chevren  Mailing Address	Date (Mo., Day, Year)  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ //> \$ //> \$ //> \$ //> Amount of each receipt
Other (please specify)  Full name  MS Deute PC  Mailing Address  439 B. Kathenne Dr  City, State, Zip Code  House, MS 39731  Name of Employer (Required)  Occupation (Required)  O. Source: V Corporation PAC Individual Loan  Other (please specify)  Full name  Chevren  Wailing Address  PO Boy Load 2	Date (Mo., Day, Year)  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / OCC CC \$   Amount of each receipt this period
Other (please specify)  Full name  MS Deute PAC  Mailing Address  439 B. Kathenne Dr  City, State, Zip Code  Flourach, MS 39732  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Chevron  Mailing Address  PO Box 10042  City, State, Zip Code  San Ramon, CA 94583	Date (Mo., Day, Year)  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / 000.000 \$ / 000.000  Amount of each receipt this period  \$ 500.000
Other (please specify)  Full name  MS Dewel PAC  Mailing Address  429 B. Kahenne Dr.  City, State, Zip Code  Floward, M3 29732  Name of Employer (Required)  Occupation (Required)  O. Source: V Corporation PAC Individual Loan  Other (please specify)  Full name  Chevron  Mailing Address  PO Boy 16042  City, State, Zip Code	Date (Mo., Day, Year)  Date (Mo., Day, Year)  Date (Mo., Day, Year)	Amount of each receipt this period  \$ / OCO CO  \$ Amount of each receipt this period  \$ 500.00

Name of Candidate or Committee	Fillineare 5	Jection 1	cessent
Reporting period 1 1 2+	thro	ough <u>12/3</u>	1   24
177	コンバフト		'ALIDI

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
The Walker Associates	1014124	\$ 1000.00
Mailing Address 1051 Jackson Road.		\$
City, State, Zip Code		
Hathesleux MS 39402 Name of Employer (Keguired)		\$
Occupation (Required)	Aggregate	\$ [
	year-to-date	\$ 1000.00
B. Source: Corporation 😿 PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  MS Banbers Assoc. PAC  Mailing Address	11/13/24	\$ 500.00
Po Pox 1091 City, State, Zip Code		s [
Sackson, MS 39205 Name of Employer (Required)		s T
		s
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo-, Day, Year)	Amount of each receipt - this period
MS Amoulance Alliance PAC Mailing Address	11 / 13/ 24	\$ 500.00
Po Pox 17889 City, Stafe, Zip Code		\$
Hathieslaws, WS 39464 Name of Employer (Registred)		\$
		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 500.00
Other (please specify)  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Francial Service Centers of MS PAC	111/13/24	\$ 750.00
219 Panola Dr. City, State, Zip Code		\$
teniday, LA 71334 lame of Employer (Required)	/ <u></u>	\$
Occupation (Required)		\$ []
	Aggregate year-to-date	\$ 750.00

Name of Candidate or Com	mittee Filingane Qu	High Account
Reporting period 1 124		12/31/24
	ITEMIZED	RECEIPTS

A. Source: Corporation Z PAC Individual Loan	Date	Amount of each
Other (please specify) Full name	(Mo., Day, Year)	receipt this period
Lord PAC for Responsible Great.  Mailing Address	11 13 124	\$ 1000.a
Toz So 84 St. City, State, Zip Code		\$
Bentonville, AR 72714  Name of Employer (Required)		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  Exxon Mobile	11 / 13 / 24	\$ 560.00
Mailing Address		
Po Boy 1659 City, State, Zip Code		S
Spring, TX 77387 Name of Employer (Required)		s [
Occupation (Required)		s
	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan	Date	Amount of each
	i Date i	
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  Lines Worker, LLP Attornees At Law  Mailing Address		receipt
Full name  Long Wouter, UP Atlannees At Law  Mailing Address  300 N. State St	(Mo-, Day, Year)	receipt this period
Full name  Johns Wouter, UP Atlantees At Law  Mailing Address  Stock N. State St.  City, State, Zip Code  Jackson, MS 39246	(Mo-, Day, Year)	receipt this period
Full name  Long Wouter, UP Attornees At Low  Mailing Address  300 N. State St.  City, State, Zip Code  Jackson, MS 39006  Name of Employer (Required)	(Mo-, Day, Year)	receipt this period  \$ 560.00
Full name  Lings Wouker, UP Attornees At Law  Mailing Address  Jan N. State St.  City, State, Zip Code  Sackson, MS 39746  Name of Employer (Required)  Occupation (Required)	(Mo, Day, Year)  II / IS / Zer  II / I / I  Aggregate	receipt this period  \$ 500.00
Attornes Walter, UP Attornes At Law Mailing Address  Jao N. State St. City, State, Zip Code  Sackson, MS 39206 Name of Employer (Required)  Occupation (Required)  O. Source:   Other (please specify)	(Mo., Day, Year)  [1] / [3] / [24]  [1] / [1] / [1]  [1] / [1] / [1]	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt
Mailing Address  Mailin	(Mo, Day, Year)  II / IS / Zef  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period
Address	(Mo, Day, Year)  II / IS / Zef  II / I / I  Aggregate year-to-date  Date	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 1000.00
Alling Address  Amalling Addre	(Mo., Day, Year)  II / IS / Zef  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  II / I3 / Zef  II / I3 / Zef	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 7000.00  \$ 7000.00
Alling Address  Alling Address  Address  Alling Address  City, State, Zip Code  Sally  Name of Employer (Required)  Cocupation (Required)  Occupation (Required)  Other (please specify)  Full name  Comcast Corp.  Address  One Comcast Corp.	(Mo., Day, Year)  II / IS / Zef  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  II / I3 / Zef  II / I3 / Zef	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 1000.00
Alling Address  Amalling Address  Amalling Address  Amalling Address  City, State, Zip Code  Sackson, MS Sack  Name of Employer (Required)  Coccupation (Required)  Other (please specify)  Full name  Comcast Corporation  Other (please specify)  Concast Corporation  Other (please specify)  One Concast Corporation  Other (please specify)	(Mo, Day, Year)  II / IS / Ze  I / I / I  Aggregate year-to-date  (Mo., Day, Year)  II / I3 / Ze  I / I / I  I / I / I  I / I / I  I / I /	receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 7000.00  \$ 7000.00

Name of Candidate or Committee Tilinegare Electron Account	$\blacksquare$
Reporting period 11124 through 123124	
ITEMIZED DECEID	 }`T

Other (please specify)  Full name		10	
Full name	A. Source: X Corporation PAC Individual Loan  Other (please specify)		Amount of each receipt
City, State, Zip Code	Reunolds Savices Carpon.	1 13/24	
Name of Employer (Required)    Secure   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)	401 N. Main 57		\$
Aggregate year-to-date   Soo. C	Name of Employer (Required)		\$
Aggregate year-to-date   \$   500. cc   Corporation   \$   PAC   Individual   Loan   Date receipt this period   III   III	Occupation (Required)		\$
Other (please specify)  Other (please specify)  Full name  Capite Resources  Mailing Address  City, State, Zip Code  Sales Sal			\$ 500,00
	Other (please specify)		Amount of each receipt this period
City, State, Zip Code    Tackson, MS 3410    Name of Employer (Required)   Aggregate year-to-date     Coccupation (Required)   C. Source   Corporation   PAC   Individual   Loan     Date (Mo., Day, Year)     Full name   Loan   Loan   Loan     Date (Mo., Day, Year)     Coccupation   Required     Coccupation   Required     Coccupation   Required     Coccupation (Required)	Capitel Resources PAC	113/24	
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Other (please specify)  Mailing Address  Po Boy 441887  City, State, Zip Code  Occupation (Required)  Aggregate year-to-date  Amount of ear receipt this period  The Address  Aggregate year-to-date  Amount of ear receipt this period  Aggregate year-to-date  Occupation (Required)  Aggregate year-to-date  Other (please specify)  Date (Mo., Day, Year)  Aggregate year-to-date  Other (please specify)  Amount of ear receipt this period  Amount of ear receipt this period	700 N. Congress St. Ste. 500		s
Aggregate year-to-date  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Cother (please specify)  Mailing Address  PORO 441887  City, State, Zip Code  Loan Aggregate year-to-date  Vame of Employer (Required)  Discuppation (Required)  Aggregate year-to-date  Other (please specify)  Aggregate year-to-date  Other (please specify)  Amount of ear receipt this period for the period of t	Jackson, MS 39701 Name of Employer (Required)		
C. Source Corporation PAC Individual Loan Date Other (please specify)  Full name  The hiedkin Group Mailing Address  PO Pox 441887  City, State, Zip Code  Name of Employer (Required)  Decupation (Required)  Aggregate year—to-date  Other (please specify)  Discource: Corporation PAC Individual Loan Date (Mo., Day, Year)  Aggregate year—to-date  Other (please specify)  Amount of ear receipt this period	Occupation (Regulred)	<u>    /    /                             </u>	S
Other (please specify)  Date (Mo., Day, Year)  The trick of Group  Mailing Address  Po Por 441887  City, State, Zip Code  Date (Mo., Day, Year)  The trick of Group  Mailing Address  Difference of Employer (Required)  Difference of Employer (Required)  Aggregate year-to-date  Other (please specify)  Other (please specify)  Date (Mo., Day, Year)  Amount of ear receipt this period for this period this	C. Source V Corporation DAC Individual Corporation		\$ 1000.00
Mailing Address  Po Box 441887  City, State, Zip Code  Texaston, TX 77244  Name of Employer (Required)  Coccupation (Required)  Aggregate year-to-date  Other (please specify)  Amount of ear receipt this period	Other (please specify)		Amount of each receipt this period
City, State, Zip Code    Test on, TX 77244	The triedlin Group	W/13/24	\$ 500.00
Name of Employer (Required)    Cocupation (Required)	Po Boy 441887		\$ ]
Occupation (Required)  Aggregate year-to-date  Other (please specify)  Amount of ea receipt this period	Heiston, TX 77244		\$
Aggregate year-to-date  Other (please specify)  Other (please specify)  Amount of ear receipt this period			\$
Other (please specify)  Other (please specify)  Date (Mo., Day, Year)  This period			\$ 500.00
	Other (please specify)		Amount of each receipt this period
	MANA PAC	11/13/24	\$ 500.00
Mailing Address  1022 the Lland Colony, Pkwy, Sk. 101 [1] \$ [1]	lozz theyland Colony, Pkwy, St. 101		
Pide Land, MS 39157	Riderland, MS 39157		\$
\$   \$			\$
ocupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Tilmgene Election Account	
Reporting period 11124 through 12/31/24	_

### ITEMIZED RECEIPTS

A Source M. Corneration [ DAC ] Individual [ ]		
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other /planes and 15 3	(Mo., Day, Year)	receipt
Other (please specify)	(mon buy, rear)	this period
	11.113/24	
Malling Address Juc.	1 11 11 11 11 11 11 11 11 11 11 11 11 1	\$ 500,00
Mailing Address		555,55
700 Decreate 7 17		\$
City, State, Zip Code		* L.,
Long Beach, CA 90802	<u>                                   </u>	\$
Name of Employer (Required)		
,		\$
Occupation (Required)	- Company Comment	*
**************************************	Aggregate	¢ [4-
	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	<u> </u>	
the contract of the contract o	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		this period
	11 / 13 / 24	S - 00
Keith W. Turner	10103164	\$ 25000
Mailing Address		
2 Eastmont Place		s
The second secon		l
City, State, Zip Code		
Jackson, Ms 39211		S
Name of Employer (Required)		***
Watkins & Feger		5 750 00
Occupation (Regulred)		\$ 750.00
	Aggregate	<u> </u>
Attomer	year-to-date	S
C. Source Corporation PAC Individual Loan	77	
- the transfer the	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
	(mon out)	<ul> <li>this period</li> </ul>
Full name	111 . 120 . 124	, , , , , , , , , , , , , , , , , , ,
WT Consultants, LIC	11 / 13/ 24	\$ 250.60
Mailing Address	يدسيسر بسيسو برسيس	
Po Box 714		\$
City, State, Žip Code		
Jackson, MS 39205		\$
Name of Employer (Required)		
		\$
Occupation (Required)		
	Aggregate	\$ 250.00
	year-to-date	* 1230.00
D. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		tilis bellod
Houps Don't Public Strategies 110	4/13/24	\$ 75 40
Mailing Address		250
0.72=1.3		4
913 Novik St., Se. 206	haini / Laure / Laure	\$
City, State, Zip Code	Per Pro-	
Jackson MS 39703		\$
Name of Employer (Required)		. 1
		\$
Occupation (Required)	- A Comment of Instrument	<b>*</b> [ ]
occupation (neguired)		
	Aggregate	5 20-
	Aggregate year-to-date	\$ 7250.00

Page	6	of	16
1 450		V.	

Name of Candidate or Comr	nittee Fillingane Elec	then Account	
Reporting period 1/1/24	through	123124	
	ITEMIZED I	RECEIP	ΓS

	10	
A. Source: Corporation X PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
MS Paunbrokers PAC	11/13/24	this period
Malling Address  475 Tenne Road		\$
Jackson MS 39004		\$
Name of Employer (Required)	匚,□,□	\$ [
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
CHS Marced Business Operations . U.C.	11/13/24	\$ 1000.00
Mailing Address Po Pox 5006 City, State, Zip Code		s [
Artisch TN 37013  Name of Employer (Required)		s
Occupation (Required)		s T
	Aggregate year-to-date	S 1000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  - Software Assoc.  Mailing Address	11 / 13 / 24	\$ 500.00
leal Massachusetts Ne., Nut 3000		\$
Washington, Dc 70001 Name of Employer (Required)		\$
Occupation (Regulred)		\$
D. Source: Corporation Y PAC Individual Loan	Aggregate year-to-date	\$ 500.00
Other (please specify)  Full name,	Date (Mo., Day, Year)	Amount of each receipt this period
Capitel Advocacy Group, PAC	11/13/24	\$ 1000.80
Po Box 217 City, State, Zip Code		\$ [
Jackson, MS 39705  Name of Employer (Required)		\$
Occupation (Required)	Inner III	\$
	Aggregate yearto-date	\$ 1000.00

Page	7	of	11
- ~ C		VI	-1.

Name of Candidate or Committee Filmone Geo	sen 1	coent	
Reporting period 1/1/24 through	12	31/24	
TEMMZED			

	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Mailing Address Trac.	11/13/24	\$ 500.00
City, State, Zip Code		\$
Engleward, Co Hollz Name of Employer (Required)		\$
Occupation (Required)		\$ [
Occupation (Required)	Aggregate	\$ 500.00
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name 3MA	11/13/24	\$ 500.00
Malling Address Po. Box 2592		s
Ridelad, MS 39158		s
Name of Employer (Required)		S
Occupation (Required)	Aggregate	S 500.00
C. Source 😿 Corporation 🌅 PAC 🔝 Individual 🔝 Loan 🗍	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Coscio Sanford Gouf. Law Group, PUC	11/13/24	\$ 250.00
State, Zip Code		\$
Jackson, MS 39702 Name of Employer (Required)		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$ (250.00)
O. Source: Corporation X PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
full name		this period
MS Independent Package Fores Assoc.	11/13/24	\$ 500.00
921 E. Forthmotion St.	Lordinan 1 Lordinan 1	\$
Tackson MS 39202 Jame of Employer (Required)		\$ [
		\$
Occupation (Required)	Aggregate	\$ 500.00

Name of Candidate or Committee Filingene Gecken	count
Reporting period 11231	24
TELUZED DEA	

TI LIVIIZED NECEL		
A. Source: Corporation X PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Malling Address PAC	11/13/24	\$ 1000.00
POBOX 321000		\$
City, State, Zip Code  Flowood, MS 39232		\$
Name of Employer (Required)  Occupation (Required)		\$
	Aggregate year-to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
ATAT Mailing Address	11/13/24	\$ 500.00
lojo Pine St. City, State, Zip Code		S
St. Louis Mo 63/01 Name of Employer (Required)		s T
		s
Occupation (Required)	Aggregate year-to-date	\$ 500,00
C. Source 🔀 Corporation 🗌 PAC 📗 Individual 🦳 Loan 🗌		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Harper and Bearley Gout. Solutions, LCC	皿/图/型	\$ Zeo.00
317 E. Capital St., Ste. 100		\$
Jeckson, Ms 39101 Name of Employer (Required)		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$ 7000,00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Lestie Hendrickson Mailing Address	11/13/24	\$ 250.00
6068 Hay 98 D., Ste. 1-229		\$ [
Hatties Joseph WS 39402		\$
Occupation (Required)		\$ [
Cethod (Required)	Aggregate	\$ 750

Name of Candidate or Committee Filmone Hector Aced	unt
Reporting period 11/24 through 12/3/124	

### ITEMIZED RECEIPTS

Part Control of the C		
A. Source: Corporation X PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	,,	this period
FCM CO -PAC Mailing Address	11/3/24	\$ 500,00
		1
Po Pox 3200 City, State, Zip Code		\$
Ridgeland MS 39158		\$
Ridgeland, MS 39158	<u> </u>	<b>*</b> 1 , ,
Name of Employer (Required)		4
The state of the s	느/ 닏/ 닏	\$
Occupation (Required)	A	
	Aggregate	\$ 500.00
B. Source: Corporation X PAC Individual Loan	year-to-date	. 00.00
broomice. Loan Lindividual Loan Li	. Date	Amount of each
O4h-a/-1	_	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	<del></del>	
MPC Date PAC	11/13/24	\$ 500.00
Malling Address		1.300.00
2992 W. Beach Blvd.		S
City, State, Zip Code		***
		_ <del> </del>
Gulfport, M3 39501	<u>                                    </u>	S
Name of Employer (Required)		
		S
Occupation (Required)		. :
	Aggregate	S FARO (R)
	year-to-date	s 500.00
C. Source Corporation PAC Individual Loan	year-to-date	
town of the same o	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
Other (please specify)		Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Bail Acusts Assoc.	Date	Amount of each receipt this period
Other (please specify)  Full name  MS Pai Aguts Aggoc.  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Pai Aguts Aggoc.  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Bai Aguts Aggo.  Mailing Address  118 Canton One Dy	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Bai Agnts Assoc.  Mailing Address  INS Canton One Dy.  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[ \loop \cdot \cdot \cdot \]
Other (please specify)  Full name  MS Bai Agnts Assoc.  Mailing Address  IIS Canton One Dy.  City, State, Zip Code  Canton, MS 39046	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  MS Bai Agnts Assoc.  Mailing Address  INS Canton One Dy.  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period  \$ [200.0]
Other (please specify)  Full name  MS Bai Agnts Assoc.  Mailing Address  IIS Canton One Dy.  City, State, Zip Code  Canton, MS 39046	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[ \loop \cdot \cdot \cdot \]
Other (please specify)  Full name  MS Bai Agnts Assoc.  Mailing Address  IIS Canton One Dy.  City, State, Zip Code  Canton, MS 39046	Date (Mo., Day, Year)  11 / 13 / 24  1 / 1 / 1	Amount of each receipt this period  \$ [200.0]
Other (please specify)  Full name  MS Bai Aguts Ago  Mailing Address  Its Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)	Date (Mo., Day, Year)  LL / L3 / Z4  L / L / L  Aggregate	Amount of each receipt this period  \$   loop .oo   \$
Other (please specify)  Full name  NS Bai Aguts Assoc.  Mailing Address  IIS Canton One Dr.  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  11 / 13 / 24  1 / 1 / 1	Amount of each receipt this period  \$ [200.0]
Other (please specify)  Full name  MS Bai Aguts Ago.  Mailing Address  LIS Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date	Amount of each receipt this period  \$ \[ \loop . \corr \]
Other (please specify)  Full name  MS Bai Aguts Assoc  Mailing Address  LIS Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation X PAC Individual Loan	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  NS Bai Agus Agsoc.  Mailing Address  IIS Canton One Dr.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation R PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date	Amount of each receipt this period  \$ [000.00]  \$ [1000.00]  Amount of each receipt
Other (please specify)  Full name  NS Bai Agus Agsoc.  Mailing Address  IIS Canton One Dr.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation R PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$
Other (please specify)  Full name  MS Bai Agnts Assoc  Mailing Address  Mis Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  O. Source: Corporation X PAC Individual Loan  Other (please specify)  Full name	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ [000.00]  \$ [1000.00]  Amount of each receipt this period
Other (please specify)  Full name  MS Bai Agn'S Assoc  Mailing Address  It's Canon One Dy.  City, State, Zip Code  Canon MS 39044  Name of Employer (Required)  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name  Leuders FAC	Date (Mo., Day, Year)  III / I3 / Z4  III / I / III  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ [000.00]  \$ [1000.00]  Amount of each receipt
Other (please specify)  Full name  MS Bai Agnts Assoc  Mailing Address  Its Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Leuders PAC  Mailing Address	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4	Amount of each receipt this period  \$ \[ \loop . \corr \]  \$ \[ \loop . \corr \]  Amount of each receipt this period  \$ \[ \loop . \corr \]
Other (please specify)  Full name  MS Bai Aguts Assoc  Mailing Address  List Canton One Dy.  City, State, Zip Code  Canton MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Leases PAC  Mailing Address  PO Box Soof	Date (Mo., Day, Year)  III / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4	Amount of each receipt this period  \$ [000.00]  \$ [1000.00]  Amount of each receipt this period
Other (please specify)  Full name  MS Pai Aguts Agox  Mailing Address  INS Canton One Dy  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Leaders PAC  Mailing Address  PO Box Sout  City, State, Zip Code	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / Z4	Amount of each receipt this period  \$
Other (please specify)  Full name  MS Pai Aguts Agox  Mailing Address  INS Canton One Dy  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Cother (please specify)  Cother (please specify)  Full name  Cother (please specify)	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / Z4	Amount of each receipt this period  \$ \[ \loop . \corr \]  \$ \[ \loop . \corr \]  Amount of each receipt this period  \$ \[ \loop . \corr \]
Other (please specify)  Full name  MS Pai Aguts Agox  Mailing Address  INS Canton One Dy  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Cother (please specify)  Cother (please specify)  Full name  Cother (please specify)	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / Z4	Amount of each receipt this period  \$
Other (please specify)  Full name  MS Pai Aguts Agox  Mailing Address  INS Canton One Dy  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Leaders PAC  Mailing Address  PO Box Sout  City, State, Zip Code	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / I / Z4  I / I / Z4  I / I / Z4	Amount of each receipt this period  \$ \[ \locolor{\chick} \cdot \c
Other (please specify)  Full name  MS Bai Aguts Agoc.  Mailing Address  INS Canton One Dy.  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Leuders PAC  Mailing Address  PO Box Sood  City, State, Zip Code  Jackson, MS 39294  Name of Employer (Required)	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / I / Z4  I / I / Z4  I / I / Z4	Amount of each receipt this period  \$
Other (please specify)  Full name  MS Pai Aguts Agox  Mailing Address  INS Canton One Dy  City, State, Zip Code  Canton, MS 39044  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Cother (please specify)  Cother (please specify)  Full name  Cother (please specify)	Date (Mo., Day, Year)  II / I3 / Z4  I / I / I  Aggregate year-to-date  Date (Mo., Day, Year)  IZ / I / Z4  I / I / Z4	Amount of each receipt this period  \$ \[ \locolor{\chick} \cdot \c

Page	ID	of	1,
1450	10	VΙ	16 5.1

Name of Candidate or Committee Filineare Election Ace	ount
Reporting period 1 24 through 12/31/24	

## ITEMIZED RECEIPTS

A. Source: Corporation R PAC Individual Loan		
A source: [   Corporation   K   PAC   Individual   Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name	( , , , , , , , , , , , , , , , , , , ,	this period
Build MS PAC	12/30/24	\$ 200
Mailing Address		\$ 5000
y		
4209 labeland Dr. # 214	In mand	\$
City, State, Zip Code		
Flowed, Ms 39232		\$
Name of Employer (Required)		1
		\$
Occupation (Required)		*
	Aggregate	\$ 5000.00
R Source: I Corporation Rd BAO FT 1 H 1	year-to-date	*   -LOU- 607
B. Source: Corporation X PAC Individual Loan	D-4-	Amount of each
Other (please specify)	Date (Mo Day Year)	receipt
	(Mo., Day, Year)	this period
Full name	The Car India	
MS Independent RX DAC	12, 30, 25	\$ 500.00
Malling Address		
4209 Calcoland Dr. 26 299		s
City, State, Zip Code		- L
Harry, MS 39232		S
Name of Employer (Required)	<del></del>	
	<u>                                   </u>	S
Occupation (Required)		· · · · · · · · · · · · · · · · · · ·
	Aggregate	C 17
THE RESERVE OF THE PROPERTY OF	Moor to data	
C. Source Corporation PAC Individual Loan	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan		Amount of each
	Date	Amount of each receipt
Other (please specify)		Amount of each
Other (please specify)	Date (Mo⊸ Day, Year)	Amount of each receipt this period
Other (please specify)  Ull name  MAE - PAC	Date	Amount of each receipt this period
Other (please specify)  UNE PAC Mailing Address	Date (Mo⊸ Day, Year)	Amount of each receipt this period
Other (please specify)  UNE-PAC  Malling Address  1657 McFarland Blvd N. Sto G30	Date (Mo⊸ Day, Year)	Amount of each receipt this period
Other (please specify)  Ull name  MAE - PAC	Date (Mo⊸ Day, Year)	Amount of each receipt this period
Other (please specify)  JAE-PAC  Mailing Address  1657 Mctarland Blvd. N Ste. G3e  City, State, Zip Code	Date (Mo⊸ Day, Year)	Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Mailing Address  1657 McFarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscaloosa, AL 35406-27001	Date (Mo⊸ Day, Year)	Amount of each receipt this period
Other (please specify)  JAE-PAC  Mailing Address  1657 Mctarland Blvd. N Ste. G3e  City, State, Zip Code	Date (Mo⊸ Day, Year)	Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Malling Address  1657 Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalwaa, AL 35406-27001  Jame of Employer (Required)	Date (Mo⊸ Day, Year)	Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Mailing Address  1657 McFarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscaloosa, AL 35406-27001	Date (Mo⊸ Day, Year)	Amount of each receipt this period  \$ 500.00 \$
Other (please specify)  Jame  MAE-PAC  Malling Address  Lest McFarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalossa, AL 35406 - 27001  Jame of Employer (Required)  Occupation (Required)	Date (Mo., Day, Year)  2 / 3 / 24  1 / 1	Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Malling Address  1657 Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalwaa, AL 35406-27001  Jame of Employer (Required)	Date (Mo, Day, Year)  2 / 3 / 24  1 / 1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  JAE PAC  Mailing Address  JUST MCTANAND BIVA. N Ste. G3e  City, State, Zip Code  TusCalcosa, AL 35406 - Z7001  Jame of Employer (Required)  Decupation (Required)  O. Source: Corporation X PAC Individual Loan	Date (Mo, Day, Year)   Z / 30 / 24    /   /     /   /     Aggregate year—to-date  Date	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt this period
Other (please specify)  Jame  MAE-PAC  Malling Address  Lest Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalossa, AL 35406 - 27601  Jame of Employer (Required)  Occupation (Required)  Osource: Corporation PAC Individual Loan  Other (please specify)	Date (Mo, Day, Year)  2 / 3 / 24  1 / 1 / 1  Aggregate year-to-date	Amount of each receipt this period  \$ 500.00  \$ Amount of each receipt
Other (please specify)  Jame  MAE-PAC  Malling Address  Lest Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalassa, AL 35406 - 2760    Jame of Employer (Required)  Occupation (Required)  Oscupation (Required)  Other (please specify)  ull name	Date (Mo, Day, Year)  L / 30 / 24  L / 1 / L  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$  Amount of each receipt this period
Other (please specify)  WAE-PAC  Mailing Address  Lest Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalassa, AL 3540le - Z780/  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA - PAC	Date (Mo, Day, Year)  L / 30 / 24  L / 1 / L  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period
Other (please specify)  WAE-PAC  Mailing Address  Lest Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalassa, AL 3540le - 2780    Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA - PAC  Mailing Address	Date (Mo, Day, Year)   Z / 30 / 24    /   /     /   /     Aggregate year—to-date  Date	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period
Other (please specify)  WAE-PAC  Mailing Address  Lest Mctarland Blvd. N Ste. G3e  City, State, Zip Code  Tuscalassa, AL 3540le - 2780    Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA - PAC  Mailing Address	Date (Mo, Day, Year)  L / 30 / 24  L / 1 / L  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  July PAC  Mailing Address  JUST MCTarland Blvd. N Ste. G3e  City, State, Zip Code  TusCaloosa, AL 35406 - Z7001  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  July name  MMHA - PAC  Jailing Address  Ro Pov. 310314	Date (Mo, Day, Year)  L / 30 / 24  L / 1 / L  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period
Other (please specify)  MAE-PAC  Malling Address  Lest Mariand Blvd. N Ste. C3e  City, State, Zip Code  Tuscalcosa, Al 3540le - 27col  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA - PAC  Jailing Address  Ro Poy 370314  ity, State, Zip Code	Date (Mo, Day, Year)  L / 30 / 24  L / 1 / L  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Malling Address  JUST McTarland Blvd. N Ste. C3e  City, State, Zip Code  Tuscalossa, At 3540te-2780t  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA-PAC  Jailing Address  Ro Poy 310314  ity, State, Zip Code  How odd, MS 391332	Date (Mo, Day, Year)  2 / 3 / 24  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  MAE-PAC  Malling Address  Lest Mariand Blvd. N Ste. C3e  City, State, Zip Code  Tuscalcosa, Al 3540le - 27col  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA - PAC  Jailing Address  Ro Poy 370314  ity, State, Zip Code	Date (Mo, Day, Year)  2 / 3 / 24  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00  \$ 500.00
Other (please specify)  MAE_PAC  Mailing Address  LEST MCFALAND Blvd. N Sle. G3e  Dity, State, Zip Code  Tuscalassa, AL 35406 - 27601  Name of Employer (Required)  Other (please specify)  Ull name  MMHA - PAC  Jalling Address  Ro Poy 36349  Ity, State, Zip Code  Hawad, MS 39232  ame of Employer (Required)	Date (Mo, Day, Year)  2 / 3 / 24  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  JAE-PAC  Malling Address  JUST McTarland Blvd. N Ste. C3e  City, State, Zip Code  Tuscalossa, At 3540te-2780t  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  ull name  MMHA-PAC  Jailing Address  Ro Poy 310314  ity, State, Zip Code  How odd, MS 391332	Date (Mo, Day, Year)  2 / 3 / 24  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00  \$ 500.00

			<del></del>
Page	111	of	L

Name of Candidate or Committee	Fliggane Fr	char	Count
Reporting period 1/1/24	through		
ITE	MIZED	RF(	CFIPTS

A. Source: Corporation PAC Individual Loan	· · · · · · · · · · · · · · · · · · ·	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Achusand Rose, U.P. Mailing Address	12/30/24	
701 Paydras St., Sk. 4500 City, State, Zip Gode		\$ []
Name of Employer (Required)		\$
Occupation (Required)		\$
B. Source: Corporation PAC   Individual Loan	Aggregate year-to-date	\$ 300.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ab Feino Malling Address	12/24	\$ 1000.00
Ro Pox 17167 City, Stafe, Zip Code	匚/匚/匚	s
Name of Employer Reduired		s
Occupation (Required)		s
C. Source Corporation PAC Individual Loan	Aggregate year-to-date	\$ 1000.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ENPAC Malling Address	12/20/24	\$ 500.00
Popy 1640 City, State, Zip Code		\$ , ,
Jackson, MS 39215 Name of Employer (Required)		\$
Occupation (Required)		\$
D. Source: Corporation PAC Individual Loan	Aggregate year-to-date	\$ 500.00
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ten One PAC Mailing Address	121 BD 1 24	50.00
City, State, Zip Code St., Ste. 403		
Jackson, MS 39201 Name of Employer (Required)		<b>F</b>
Decupation (Required)		<b>5</b> [
	Aggregate yearto-date	500.00