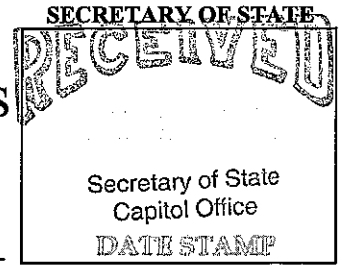




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report



Name of Candidate Joe Fillingane
 Address 6 Westbrood Drive City/State/Zip Sumrall, MS 39482
 Telephone (Work) 601 264 3323 (Home) 601 271 2070 (Fax) 601 264 3363
 Contact Name Joe Email Address joefillingane@lehnu.com
 Office Sought Senate 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 BALANCE | | | \$ 0 |
| | Itemized (+) | Non-Itemized (=) | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS ¹ | \$ | \$ | \$ 0 |
| TOTAL AMT OF DISBURSEMENTS | \$ | \$ | \$ 0 |
| DEC. 31, 2024 CASH ON HAND BALANCE | | | \$ 0 |

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

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

| | | | |
|------------------------------------|--------------|------------------|-----------------------|
| JAN. 1, 2024 CASH ON HAND BALANCE | | | \$ 213,704.36 |
| | Itemized (+) | Non-Itemized (=) | Calendar Year-to-Date |
| TOTAL AMT OF CONTRIBUTIONS | \$ 29,750.00 | \$ 100.00 | \$ 29,850.00 |
| TOTAL AMT OF DISBURSEMENTS | \$ 11,185.37 | \$ 900.00 | \$ 12,085.37 |
| DEC. 31, 2024 CASH ON HAND BALANCE | | | \$ 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.


Signature of 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 Fillingore Election Account
 Reporting period 11/1/24 - 12/31/24 through 12/31/24

ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|------------------------------------------------------------------|---------------------------|--------------------------------------------|
| <u>John Morgan Hughes</u> | <u>1/24/24</u> | \$ <u>1873.55</u> |
| Mailing Address <u>159 Reunion Dr</u> | | |
| City, State, Zip Code <u>Madison, MS 39110</u> | <u>1/24/24</u> | \$ |
| Purpose of Disbursement (Optional) <u>Campaign Consulting</u> | Aggregate Year-to-date | \$ <u>1873.55</u> |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Reid Overstreet</u> | <u>1/24/24</u> | \$ <u>2000.00</u> |
| Mailing Address <u>91429 Hwy. 42</u> | | |
| City, State, Zip Code <u>Pickens, MS 39476</u> | <u>1/24/24</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>2000.00</u> |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Larvel Leakey</u> | <u>1/24/24</u> | \$ <u>1500.00</u> |
| Mailing Address <u>2111 Bienville Blvd.</u> | | |
| City, State, Zip Code <u>Ocean Springs, MS 39564</u> | <u>1/24/24</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>1500.00</u> |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>PearTree Productions</u> | <u>2/24/24</u> | \$ <u>2500.00</u> |
| Mailing Address <u>104 Audobon Pt. Drive</u> | | |
| City, State, Zip Code <u>Brandon, MS 39047</u> | <u>2/24/24</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>2500.00</u> |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Committee to Elect Jenifer Branning</u> | <u>7/24/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>255 W. Beacon St.</u> | | |
| City, State, Zip Code <u>Philadelphia, MS 39350</u> | <u>7/24/24</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>500.00</u> |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| <u>Sumrall Hardwood Club</u> | <u>8/15/24</u> | \$ <u>300.00</u> |
| Mailing Address <u>184 Center Ave.</u> | | |
| City, State, Zip Code <u>Sumrall, MS 39482</u> | <u>8/15/24</u> | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>300.00</u> |

Name of Candidate or Committee Fillingane Election Account
 Reporting period 11/24 through 12/31/24

ITEMIZED DISBURSEMENTS

| | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| A. Full name <u>House of Joy Ministries</u> | Date (Mo., Day, Year) <u>9 / 16 / 24</u> | Amount of each disbursement this period \$ <u>250.00</u> |
| Mailing Address <u>8903 Hwy. 35</u> | | |
| City, State, Zip Code <u>Prentiss, MS 39474</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ <u>250.00</u> |
| B. Full name <u>Joey Fillingane</u> | Date (Mo., Day, Year) <u>11 / 13 / 24</u> | Amount of each disbursement this period \$ <u>2261.82</u> |
| Mailing Address <u>8 Westbrook Dr.</u> | | |
| City, State, Zip Code <u>Sumrall, MS 39482</u> | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) <u>Reimbursement for Payment to Knife Restaurant</u> | Aggregate Year-to-date | \$ <u>2261.82</u> |
| C. Full name <u>for fundraiser held there on 11/13/24</u> | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |

Name of Candidate or Committee Fillingane Election Account
 Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Ergon State PAC</u> | | <u>10/14/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 1639</u> | | | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39215-1639</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>The Citicorp Group Elec PAC</u> | | <u>10/31/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>1100 Chestnut St, 7216B</u> | | | \$ _____ |
| City, State, Zip Code <u>Philadelphia, PA 19192</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>250.00</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Dental PAC</u> | | <u>10/31/24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>439 B. Katherine Dr.</u> | | | \$ _____ |
| City, State, Zip Code <u>Flowood, MS 39232</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Chevron</u> | | <u>10/4/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 6042</u> | | | \$ _____ |
| City, State, Zip Code <u>San Ramon, CA 94583</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Hilligore Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>The Walker Associates</u> | | <u>10 / 14 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>1051 Jackson Road</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Hattiesburg MS 39402</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Barbers Assoc. PAC</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>Po Box 1091</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39205</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Ambulance Alliance PAC</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>Po Box 17889</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Hattiesburg, MS 39404</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Financial Service Centers of MS PAC</u> | | <u>11 / 13 / 24</u> | \$ <u>250.00</u> |
| Mailing Address <u>219 Panda Dr.</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Ferniday, LA 71334</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 11/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Local PAC For Responsible Govt.</u> | | <u>11 / 13 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>702 SW 8th St.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Bentonville, AR 72714</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Exxon Mobile</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 7659</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Spring, TX 77387</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Jones Walker, LLP Attorneys At Law</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>300 N. State St.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39206</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Comcast Corp.</u> | | <u>11 / 13 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>One Comcast Center, 1701 JFK Blvd.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Philadelphia, PA 19103</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Reynolds Services Company</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>401 N. Main St.</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Winston-Salem, NC 27101</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Capital Resources PAC</u> | | <u>11 / 13 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>700 N. Congress St., Ste. 500</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Jackson, MS 39201</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>The Friedkin Group</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 441887</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Houston, TX 77244</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MANA PAC</u> | | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>1022 Highland Colony, Pkwy, Ste. 101</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| City, State, Zip Code <u>Ridgeland, MS 39157</u> | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Name of Employer (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| Occupation (Required) | | <u> </u> / <u> </u> / <u> </u> | \$ <u> </u> |
| | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 11/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Molina Healthcare, Inc.</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>200 OceanGate 2nd Floor</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Long Beach, CA 90802</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Keith W. Turner</u> | | <u>11/13/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>2 Eastmont Place</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39211</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) <u>Watkins & Eager</u> | | □ / □ / □ | \$ <u>250.00</u> |
| Occupation (Required) <u>Attorney</u> | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ _____ |
| C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>WT Consultants, LLC</u> | | <u>11/13/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>PO Box 714</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39205</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Haves Dent Public Strategies, LLC</u> | | <u>11/13/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>975 North St., Ste. 206</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39203</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee Fillingame Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|
| Full name <u>MS Pawnbrokers PAC</u> | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>425 Terry Road</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39204</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | □ / □ / □ | \$ _____ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>CHS Shared Business Operations, LLC</u> | <u>11 / 13 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 5006</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Antioch, TN 37013</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | □ / □ / □ | \$ _____ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>1000.00</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Entertainment Software Assoc.</u> | <u>11 / 13 / 24</u> | \$ <u>500.00</u> |
| Mailing Address <u>1001 Massachusetts Ave., N.W. # 30002</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Washington, DC 20001</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | □ / □ / □ | \$ _____ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Capitol Advocacy Group, PAC</u> | <u>11 / 13 / 24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 217</u> | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39205</u> | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | □ / □ / □ | \$ _____ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>1000.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>United Health Group, Inc.</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>169 Inverness Dr., West, Ste. 400</u> | | | \$ _____ |
| City, State, Zip Code <u>Englewood, CO 80112</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>3MA</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>P.O. Box 2592</u> | | | \$ _____ |
| City, State, Zip Code <u>Ridgeland, MS 39158</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Cascio Sanford Gouf Law Group, PLLC</u> | | <u>11/13/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>825 N. President St.</u> | | | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39202</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>250.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Independent Package Stores Assoc.</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>921 E. Fortification St.</u> | | | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39202</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Fillingore Election Account
 Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>MS Association of Realtors PAC</u> | | <u>11/13/24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 321000</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Floreswood, MS 39232</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>1000.00</u> |
| B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>AT&T</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>1010 Pine St.</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>St. Louis, MO 63101</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Hamper and Bailey Govt. Solutions, LLC</u> | | <u>11/13/24</u> | \$ <u>200.00</u> |
| Mailing Address <u>317 E. Capitol St., Ste. 100</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | | |
| | | Aggregate year-to-date | \$ <u>200.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Lestie Hendrickson</u> | | <u>11/13/24</u> | \$ <u>250.00</u> |
| Mailing Address <u>6068 Hwy 98 W., Ste. 1-229</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Hattiesburg, MS 39402</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) <u>N/A</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) <u>Retired</u> | | | |
| | | Aggregate year-to-date | \$ <u>250.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|------------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>ECM CO PAC</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 3300</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Ridgeland, MS 39158</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MPC State PAC</u> | | <u>11/13/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>2992 W. Beach Blvd.</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Gulfport, MS 39501</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Bail Agents Assoc.</u> | | <u>11/13/24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>118 Canton One Dr.</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Canton, MS 39046</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1000.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Leaders PAC</u> | | <u>12/1/24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 5004</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39294</u> | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Name of Employer (Required) | | <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> | \$ _____ |
| Occupation (Required) | | Aggregate year-to-date | \$ <u>1000.00</u> |

Name of Candidate or Committee Fillingane Election Account

Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Build MS PAC</u> | | <u>12/30/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>4209 Labeland Dr. # 214</u> | | | \$ _____ |
| City, State, Zip Code <u>Flawood, MS 39232</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MS Independent RX PAC</u> | | <u>12/30/25</u> | \$ <u>500.00</u> |
| Mailing Address <u>4209 Labeland Dr., Ste. 399</u> | | | \$ _____ |
| City, State, Zip Code <u>Flawood, MS 39232</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MAE - PAC</u> | | <u>12/30/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>1657 McFarland Blvd. N Ste. G3e</u> | | | \$ _____ |
| City, State, Zip Code <u>Tuscaloosa, AL 35406-2701</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>MMHA - PAC</u> | | <u>12/30/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>Po Box 320369</u> | | | \$ _____ |
| City, State, Zip Code <u>Flawood, MS 39232</u> | | | \$ _____ |
| Name of Employer (Required) | | | \$ _____ |
| Occupation (Required) | | | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |

Name of Candidate or Committee Filligane Election Account
 Reporting period 1/1/24 through 12/31/24

ITEMIZED RECEIPTS

| A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|------------------------------------|
| Other (please specify) _____ | | | |
| Full name <u>Adams and Reese, LLP</u> | | <u>12/30/24</u> | \$ <u>300.00</u> |
| Mailing Address <u>701 Poydras St., Ste. 4500</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>New Orleans, LA 70139</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>300.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Ab Payne</u> | | <u>12/30/24</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 1267</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Hattiesburg, MS 39403</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| <u>Owner of Payne, Co.</u> | | Aggregate year-to-date | \$ <u>1000.00</u> |
| C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>ENPAC</u> | | <u>12/30/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>PO Box 1640</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39215</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) _____ | | | |
| Full name <u>Ten One PAC</u> | | <u>12/30/24</u> | \$ <u>500.00</u> |
| Mailing Address <u>200 N. Congress St., Ste. 403</u> | | □ / □ / □ | \$ _____ |
| City, State, Zip Code <u>Jackson, MS 39201</u> | | □ / □ / □ | \$ _____ |
| Name of Employer (Required) | | □ / □ / □ | \$ _____ |
| Occupation (Required) | | □ / □ / □ | \$ _____ |
| | | Aggregate year-to-date | \$ <u>500.00</u> |