

Political Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 Initiative Monthly Report



SECRETARY OF STATE

**RECEIVED**

JAN 31 2025

Secretary of State  
 Capitol Office

Name of Committee JUAN BARNETT  
 Address P.O. BOX 407 City/State/Zip HEIDELBERG, MS 39439  
 Telephone 601 422 8369 Fax \_\_\_\_\_ Email Address Juanbarnett@BellSouth.NET  
 Director \_\_\_\_\_ Treasurer \_\_\_\_\_

Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ 20 \_\_\_\_\_ Monthly Report (due on or before the 10<sup>th</sup> day of following month) ..... Mandatory  
 (Month)

\_\_\_\_ Termination Report (Committee will no longer accept contributions or make campaign expenditures and has no outstanding debt obligation.) **Required to terminate reporting obligations**

**IMPORTANT**

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State 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 report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized (+)	Non-Itemized (-)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 1,250	\$	\$ 1,250	\$ 1,250
TOTAL AMT OF DISBURSEMENTS	\$	\$ 2950	\$	\$ 2950
CASH ON HAND BALANCE				\$ 8,300

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

Juan Barnett  
 Signature of Director or Treasurer

31 Jan 25  
 Date

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

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CORNERSTONE GOVERNMENT AFFAIRS	7/18/24	\$ 1000 <sup>00</sup>
Mailing Address 800 MARINE AVE SW, 7TH FLOOR	___/___/___	\$
City, State, Zip Code WASHINGTON, DC 20024	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CAPITAL ADVOCACY GROUP	10/29/24	\$ 500 <sup>00</sup>
Mailing Address P.O. BOX 217	___/___/___	\$
City, State, Zip Code JACKSON, MS 39205	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Exxon Mobil	8/16/24	\$ 500 <sup>00</sup>
Mailing Address P.O. BOX 7658	___/___/___	\$
City, State, Zip Code SPRING, TX 77387	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WAE PAC	10/02/24	\$ 1000 <sup>00</sup>
Mailing Address 702 SW 8TH ST	___/___/___	\$
City, State, Zip Code BENTONVILLE, AR 72716	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CADENCE BANK	5/2/24	\$ 1000 <sup>00</sup>
Mailing Address P.O. Box 709	___/___/___	\$
City, State, Zip Code Tupelo, MS 36882	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SIMONS CONSULTING	10/29/24	\$ 250 <sup>00</sup>
Mailing Address 106 FOUNTAINS BLVD	___/___/___	\$
City, State, Zip Code BRANDON, MS 39047	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS PAWN BROKERS	11/7/24	\$ 1000 <sup>00</sup>
Mailing Address 1425 TERRY RD	___/___/___	\$
City, State, Zip Code JACKSON, MS 39204	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name COMCAST	8/22/24	\$ 500 <sup>00</sup>
Mailing Address ONE COMCAST CENTER / 1701 JFK BLVD	___/___/___	\$
City, State, Zip Code PHILADELPHIA, PA 19103	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CASCIO SANFORD GOVERNMENT	10/29/24	\$ 250 <sup>00</sup>
Mailing Address 825 N. PRESIDENT ST	__/__/__	\$
City, State, Zip Code JACKSON MS 39202	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHEVRON	9/19/24	\$ 500 <sup>00</sup>
Mailing Address P.O. Box 6042	__/__/__	\$
City, State, Zip Code SAN RAMON CA 94583	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. REACTORS	10/25/24	\$ 1000 <sup>00</sup>
Mailing Address P.O. Box 321000	__/__/__	\$
City, State, Zip Code FLOWOOD MS 39932	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TEN ONE STRATEGIES	10/31/24	\$ 2500 <sup>00</sup>
Mailing Address 200 N CONGRESS ST STE403	__/__/__	\$
City, State, Zip Code JACKSON MS 39201	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$