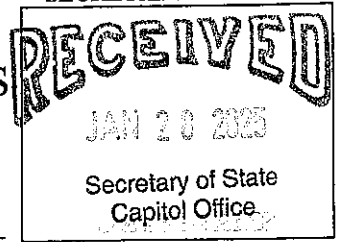


**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2024 Annual Report**



Name of Candidate Kathy L. Chism  
 Address 1506 Moss Hill Dr. City/State/Zip New Albany, MS 38652  
 Telephone (Work) 662-538-4577 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name Kathy Chism Email Address kchism@senate.ms.gov  
 Office Sought Senate

Check here if above information is different from previous report

**TYPE OF REPORT**

**Friday, January 31, 2025** (January 1, 2024 through December 31, 2024) ..... **Annual Report**  
 **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

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

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

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

JAN. 1, 2024 CASH ON HAND BALANCE			\$ 1,831 <sup>99</sup>
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 24,150 <sup>00</sup>	\$ 3,700 <sup>00</sup>	\$ 27,850 <sup>00</sup>
TOTAL AMT OF DISBURSEMENTS	\$ 750 <sup>00</sup>	\$ 373 <sup>99</sup>	\$ 1,123 <sup>99</sup>
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 28,558 <sup>00</sup>

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

Kathy L. Chism  
Signature of Candidate

1-28-25  
Date

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

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

Name of Candidate or Committee

*Kathy L. Christ*

Page \_\_\_\_ of \_\_\_\_

Reporting period

*1-1-24* through *12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Thomas + Ann Futral</i>	<i>__/__/__</i>	\$
Mailing Address <i>247 W. Church St.</i>	<i>__/__/__</i>	\$
City, State, Zip Code <i>Houston, MS 38851</i>	<i>9/25/24</i>	\$ <i>250<sup>00</sup></i>
Name of Employer (Required) <i>OKoloma</i>	<i>__/__/__</i>	\$
Occupation (Required) <i>Supervisor</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Jerry + Eleta Grimmitt</i>	<i>9/24/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>701 St. Hwy 15 N.</i>	<i>__/__/__</i>	\$
City, State, Zip Code <i>New Albany, MS 38652</i>	<i>__/__/__</i>	\$
Name of Employer (Required)	<i>__/__/__</i>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Gena Anne Vail</i>	<i>9/20/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>P.O. Box 780</i>	<i>__/__/__</i>	\$
City, State, Zip Code <i>New Albany, MS 38652</i>	<i>__/__/__</i>	\$
Name of Employer (Required) <i>Self</i>	<i>__/__/__</i>	\$
Occupation (Required) <i>Nurse Practitioner</i>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Ricky + Marie Thomas</i>	<i>9/30/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>540 Hwy 314</i>	<i>__/__/__</i>	\$
City, State, Zip Code <i>Oxford MS 38655</i>	<i>__/__/__</i>	\$
Name of Employer (Required)	<i>__/__/__</i>	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$

Name of Candidate or Committee Kathy L. Christ Page      of       
 Reporting period 1-1-24 through 12-31-24

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William + Nancy Frahn</u>	<u>10/4/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. Box 778</u>	__/__/__	\$
City, State, Zip Code <u>New Albany MS</u>	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Security Plus Inc.</u>	<u>10/2/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>141 N. Main St.</u>	__/__/__	\$
City, State, Zip Code <u>Pontotoc MS 38863</u>	__/__/__	\$
Name of Employer (Required) <u>Self</u>	__/__/__	\$
Occupation (Required) <u>Security</u>	Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>D. C. Service Center Inc.</u>	<u>9/30/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>415 B. Hwy. 15 South</u>	__/__/__	\$
City, State, Zip Code <u>New Albany, MS 38652</u>	__/__/__	\$
Name of Employer (Required) <u>Self</u>	__/__/__	\$
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Maxey</u>	<u>10/15/24</u>	\$ <u>750<sup>00</sup></u>
Mailing Address <u>733 CR 87</u>	__/__/__	\$
City, State, Zip Code <u>New Albany, MS 38652</u>	__/__/__	\$
Name of Employer (Required) <u>Self</u>	__/__/__	\$
Occupation (Required) <u>Business Owner</u>	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Page      of     

Reporting period

*1-1-24* through *12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Wayne Dye</i>	<i>10/11/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>114 Hickory Drive</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Phil or Sue Morris</i>	<i>10/11/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>600 Pinecrest Cove</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Joseph or Christy Livingston</i>	<i>10/14/24</i>	\$ <i>250<sup>00</sup></i>
Mailing Address <i>507 Pinecrest Cove</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Timothy Burton</i>	<i>10/8/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>336 County Rd</i>	__/__/__	\$
City, State, Zip Code <i>Dennis MS 38838</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mike McLeod</i>	<i>10/7/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>1234 CR 119</i>	__/__/__	\$
City, State, Zip Code <i>Blue Springs MS 38828</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Daniel + Elizabeth Skinner</i>	<i>10/11/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>224 Pinecrest Dr.</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Moises Lemur</i>	<i>10/10/24</i>	\$ <i>3,000<sup>00</sup></i>
Mailing Address <i>106 Rainey Lane</i>	__/__/__	\$
City, State, Zip Code <i>New Albany</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <i>Fred + Brenda Brown</i>	<i>10/15/24</i>	\$ <i>2,500<sup>00</sup></i>
Mailing Address <i>1011 CR 342 P.O. Box 53</i>	__/__/__	\$
City, State, Zip Code <i>New Albany</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy S. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>William + Margaret Vanstony</i>	<i>10/4/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>34 CR 1040</i>	__/__/__	\$
City, State, Zip Code <i>Booneville MS 38829</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Thomas M Sappington</i>	<i>10/11/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>1022 CR 109</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>George + Archonda Coleman</i>	<i>10/10/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>1026 Serenity Ln.</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>David or Jessica Green</i>	<i>10/15/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>1197 County Rd 515</i>	__/__/__	\$
City, State, Zip Code <i>Myrtle MS 38650</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kathy L. Chism  
 Reporting period 1-1-24 through 12-31-24

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Simon Inc</u>	<u>10/14/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address	_ / _ / _	\$
<u>P.O. Box 479</u>	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
<u>Pontotoc MS 38863</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Moody Construction</u>	<u>10/14/22</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	_ / _ / _	\$
<u>1067 County Rd 114</u>	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
<u>New Albany MS 381652</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
<u>Self</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Whittington Metal Services LLC</u>	<u>10/15/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address	_ / _ / _	\$
<u>1097 County Rd 56</u>	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
<u>Myrtle MS 381650</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
<u>Self</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Judith Bennett Foley</u>	<u>10/16/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address	_ / _ / _	\$
<u>206 Robbins Drive</u>	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
<u>New Albany, MS 381652</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
<u>Retired</u>	_ / _ / _	\$



Name of Candidate or Committee

*Kathy S. Chison*

Reporting period

*1-1-24* through *12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Mike Graham</i>	<i>10/18/24</i>	\$ <i>250<sup>00</sup></i>
Mailing Address <i>405 Brushboro Cove</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) <i>Retired</i>	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) <i>Republican Womens Club</i>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Chickasaw Co Republican Womens Club</i>	<i>10/18/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>2000 Hwy 8 E</i>	__/__/__	\$
City, State, Zip Code <i>Houston MS 38851</i>	__/__/__	\$
Name of Employer (Required) _____	__/__/__	\$
Occupation (Required) <i>Womens Club</i>	Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Hooker Construction, Inc.</i>	__/__/__	\$ <i>250<sup>00</sup></i>
Mailing Address <i>P.O. Box 8</i>	__/__/__	\$
City, State, Zip Code <i>Thaxton MS 38871</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Construction</i>	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 <i>Randy Robbins + Kathy Robbins</i>	<i>10/18/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>704 Mass Hill Dr.</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Roger + Frankie M. Miller</i>	<i>10/18/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>704 E. Shady Lane</i>	__/__/__	\$
City, State, Zip Code <i>New Albany MS 38652</i>	__/__/__	\$
Name of Employer (Required) <i>J.M. Realty</i>	__/__/__	\$
Occupation (Required) <i>Realtor</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Paul Bouckillon Susan Bouckillon</i>	<i>10/17/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>2005 Hummingbird Lane</i>	__/__/__	\$
City, State, Zip Code <i>Tupelo, MS 38801</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>James + Natalie Gunnells</i>	<i>10/10/24</i>	\$ <i>200<sup>00</sup></i>
Mailing Address <i>1098 Quail Creek Cv</i>	__/__/__	\$
City, State, Zip Code <i>Tupelo, MS 38801</i>	__/__/__	\$
Name of Employer (Required) <i>Self</i>	__/__/__	\$
Occupation (Required) <i>Business Owner</i>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Philip + Jayne Aycock</i>	<i>10/10/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>101 W. Shore Dr.</i>	__/__/__	\$
City, State, Zip Code <i>Saltillo, MS 38866</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <i>Retired</i>	Aggregate year-to-date	\$

Name of Candidate or Committee

Kathy L. Chism

Reporting period

1-1-24

through

12-31-24

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M + L Pannell</u>	<u>10/18/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>1549 CR 478</u>	_ / _ / _	\$
City, State, Zip Code <u>New Albany, MS 38652</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required) <u>Farmer</u>	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) <u>LHC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A + B Construction</u>	<u>11/4/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>8035 Hwy 6 W</u>	_ / _ / _	\$
City, State, Zip Code <u>Pontotoc MS 38863</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required) <u>Construction</u>	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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Circle of Friends of Pontotoc<sup>LLC</sup></u>	<u>10/25/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>75 Maggie Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Pontotoc MS</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required) <u>Child Care</u>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Louise + Cheryl Formby</u>	<u>10/10/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>12347 Rd 505</u>	_ / _ / _	\$
City, State, Zip Code <u>Philadelphia MS 39350</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kathy L. Chism

Reporting period 1-1-24 through 12-31-24

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marlin + Heather Duff</u>	<u>10/4/24</u>	\$ <u>100<sup>00</sup></u>
Mailing Address <u>170 N. Main St.</u>	__/__/__	\$
City, State, Zip Code <u>Pontotoc MS 38863</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chris + Donna Simmons</u>	<u>10/29/24</u>	\$ <u>100<sup>00</sup></u>
Mailing Address <u>1100 Pitts Loop</u>	__/__/__	\$
City, State, Zip Code <u>Pontotoc MS 38863</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M/M Ernest W. Wilder</u>	<u>10/29/24</u>	\$ <u>100<sup>00</sup></u>
Mailing Address <u>5726 Hwy 9 N.</u>	__/__/__	\$
City, State, Zip Code <u>Pontotoc MS 38863</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alan Sibley</u>	<u>11/7/24</u>	\$ <u>300<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Kathy L. Chism  
 Reporting period 1-1-24 through 12-31-24

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phillip Smith</u>	<u>12/19/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>12300 C Parkers Creek Rd</u>	__/__/__	\$
City, State, Zip Code <u>Biloxi MS 39532</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry Bramlett</u>	<u>12/25/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>1843 St. Hwy 178 E.</u>	__/__/__	\$
City, State, Zip Code <u>Blue Springs MS 38828</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Debbie Breedlove</u>	<u>12/23/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>538 Ripley Ave.</u>	__/__/__	\$
City, State, Zip Code <u>Ashland MS 38603</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chambers Logging Inc.</u>	<u>11/12/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P.O. Box 777</u>	__/__/__	\$
City, State, Zip Code <u>Ackerman MS 39735</u>	__/__/__	\$
Name of Employer (Required) <u>Self - Eric Chambers</u>	__/__/__	\$
Occupation (Required) <u>Logger</u>	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>M&amp;A Investments DBA US Lawns</i>	<i>11/21/24</i>	\$ <i>500<sup>00</sup></i>
Mailing Address <i>915 Sam Barkley Dr.</i>	___/___/___	\$
City, State, Zip Code <i>New Albany</i>	___/___/___	\$
Name of Employer (Required) <i>Self Mike Kirk</i>	___/___/___	\$
Occupation (Required) <i>Lawn Care</i>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Lecia Stubblefield</i>	<i>12/3/24</i>	\$ <i>250<sup>00</sup></i>
Mailing Address <i>1035 CR 95</i>	___/___/___	\$
City, State, Zip Code <i>New Albany MS 38652</i>	___/___/___	\$
Name of Employer (Required) <i>State of MS</i>	___/___/___	\$
Occupation (Required) <i>School Administration</i>	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) <i>LLC</i>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Ashley Furniture Ind. LLC</i>	<i>12/2/24</i>	\$ <i>1,000<sup>00</sup></i>
Mailing Address <i>One Ashley Way</i>	___/___/___	\$
City, State, Zip Code <i>Arcadia, WI 54612</i>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>George Lewis Jr.</i>	<i>11/20/24</i>	\$ <i>100<sup>00</sup></i>
Mailing Address <i>53 Private Rd</i>	___/___/___	\$
City, State, Zip Code <i>Oxford MS 38655</i>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Richard Stone</i>	<i>11/20/24</i>	\$ <i>150<sup>00</sup></i>
Mailing Address <i>139 Fox Farm Rd</i>	___/___/___	\$
City, State, Zip Code <i>Tupelo, MS 38801</i>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <i>Chris Brown</i>	<i>12/19/24</i>	\$ <i>400<sup>00</sup></i>
Mailing Address <i>33112 Hwy 45</i>	___/___/___	\$
City, State, Zip Code <i>Nettleton, MS 38858</i>	___/___/___	\$
Name of Employer (Required) <i>State of MS</i>	___/___/___	\$
Occupation (Required) <i>PSC</i>	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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
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	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

*Kathy L. Chism*

Reporting period

*1-1-24*

through

*12-31-24*

# ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<i>Department of Ag</i>	<i>2/16/24</i>	\$ <i>750<sup>00</sup></i>
Mailing Address		\$
City, State, Zip Code	<i>___/___/___</i>	\$
<i>Jackson</i>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<i>___/___/___</i>	\$
City, State, Zip Code	<i>___/___/___</i>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$