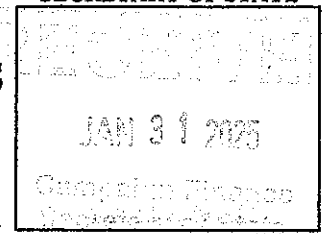


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report



Name of Candidate Michael McLendon  
 Address 2245 Memphis Street City/State/Zip Hernando  
 Telephone (Work) 9012190900 (Home) 9012190900 (Fax) \_\_\_\_\_  
 Contact Name Michael McLendon Email Address mmclendon@senate.ms.gov  
 Office Sought Senate, District 1

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 previously run 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			\$16,579.46
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$4,500	\$0	\$4,500
TOTAL AMT OF DISBURSEMENTS	\$7,025	\$0	\$7,025
DEC. 31, 2024 CASH ON HAND BALANCE			\$14,054.46

*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

1/31/25

\_\_\_\_\_  
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 Michael McLendon

Reporting period January 2024 through December 2024

# ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Super G Invitational	9/17/24	\$ 200
Mailing Address 6635 Crumpler Blvd		
City, State, Zip Code Olive Branch, MS 38654	__/__/__	\$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 200
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
City of Hernando	9/30/24	\$ 500
Mailing Address 475 W Commerce St		
City, State, Zip Code Hernando, MS 38632	__/__/__	\$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 500
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hernando Baseball Booster	10/25/24	\$ 1,000
Mailing Address 3800 Robertson Gin Rd		
City, State, Zip Code Hernando, MS 38632	__/__/__	\$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 1,000
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Friends of Trey Lamar	10/29/24	\$ 200
Mailing Address 214 South Ward St		
City, State, Zip Code Senatobia, MS 38668	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jordan Brumbelow	12/17/24	\$ 3,000
Mailing Address PO Box 13		
City, State, Zip Code Nesbit, MS 38651	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,000
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wesley Meadows	1/8/24	\$ 200
Mailing Address 1325 McIngvale Rd		
City, State, Zip Code Hernando, MS 38632	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200

Name of Candidate or Committee Michael McLendon

Reporting period January 2024 through December 2024

# ITEMIZED DISBURSEMENTS

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

A. Full name	Date	Amount of each
DIG PAC	(Mo., Day, Year)	disbursement this period
Mailing Address 6814 Crumpler Blvd	6/18/24 / __ / __	\$ 150
City, State, Zip Code Olive Branch, MS 38654	__ / __ / __	\$
Purpose of Disbursement (Optional) Tee Sign	Aggregate Year-to-date	\$ 150
<b>B. Full name</b> Jordan Brumbelow	<b>Date</b>	<b>Amount of each</b>
	<b>(Mo., Day, Year)</b>	<b>disbursement this period</b>
Mailing Address PO Box 13	7/20/24 / __ / __	\$ 200
City, State, Zip Code Nesbit, MS 38651	__ / __ / __	\$
Purpose of Disbursement (Optional) Website	Aggregate Year-to-date	\$ 200
<b>C. Full name</b> FCA	<b>Date</b>	<b>Amount of each</b>
	<b>(Mo., Day, Year)</b>	<b>disbursement this period</b>
Mailing Address 1880 Magnolia Manor Dr	7/27/24 / __ / __	\$ 175
City, State, Zip Code Hernando, MS 38632	__ / __ / __	\$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 175
<b>D. Full name</b> City of Horn Lake	<b>Date</b>	<b>Amount of each</b>
	<b>(Mo., Day, Year)</b>	<b>disbursement this period</b>
Mailing Address 3101 Goodman Rd W	8/2/24 / __ / __	\$ 1000
City, State, Zip Code Horn Lake, MS 38637	__ / __ / __	\$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	\$ 1000
<b>E. Full name</b> Friends of Dave Young	<b>Date</b>	<b>Amount of each</b>
	<b>(Mo., Day, Year)</b>	<b>disbursement this period</b>
Mailing Address 3530 Woodmont Cv	8/3/24 / __ / __	\$ 200
City, State, Zip Code Horn Lake, MS	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200
<b>F. Full name</b> Friends of Michael Watson	<b>Date</b>	<b>Amount of each</b>
	<b>(Mo., Day, Year)</b>	<b>disbursement this period</b>
Mailing Address PO Box 964	8/5/24 / __ / __	\$ 200
City, State, Zip Code Pascagoula, MS 39568	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200

Name of Candidate or Committee Michael McLendonReporting period January 2024 through December 2024

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE PAC</u>	<u>12/20/24</u>	\$ <u>500</u>
Mailing Address <u>1657 Mcfarland Blvd N Ste G3e</u>	___/___/___	\$
City, State, Zip Code <u>Tuscaloosa, AL 35406</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TenOne PAC</u>	<u>12/19/24</u>	\$ <u>500</u>
Mailing Address <u>200 N Congress St Ste 403</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Elevance Health</u>	<u>10/22/24</u>	\$ <u>500</u>
Mailing Address <u>3075 Vandercar Way</u>	___/___/___	\$
City, State, Zip Code <u>Cincinnati, OH 45209</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>	<u>8/8/24</u> / ___	\$ <u>2,500</u>
Mailing Address <u>439B Kathrine Dr</u>	___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$

Name of Candidate or Committee Michael McLendon

Reporting period January 2024 through December 2024

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Penn Entertainment</u>	<u>10/07/24</u>	\$500
Mailing Address <u>825 Berkshire Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Wyonissing, PA 19610</u>	___/___/___	\$
Name of Employer (Required) <u>n/a</u>	___/___/___	\$
Occupation (Required) <u>n/a</u>	Aggregate year-to-date	\$500
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
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) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$