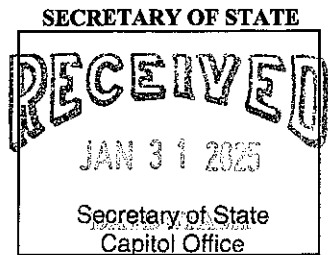



 Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 Initiative Monthly Report



Name of Committee PHILMAN A LADNER
 Address 14489 VIDALIA RD City/State/Zip PASS CHRISTIAN MS.
 Telephone 228 493-4572 Fax _____ Email Address PLADNERSENATE2GMAIL.COM
 Director _____ Treasurer _____

Check here if above is different from previous report

TYPE OF REPORT

JANUARY 2025 Monthly Report (due on or before the 10th 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	\$	\$600	\$600	\$600
TOTAL AMT OF DISBURSEMENTS	\$	\$675	\$675	\$ 675
CASH ON HAND BALANCE				\$1275

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 Director or Treasurer

1/31/2025

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 Philman LadnerReporting period _____ through January 31st 2025**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 St</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Tusculoosa AL. 35406</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Ten One Pac</u>	<u>12 / 19 / 24</u>	\$ <u>500</u>
Mailing Address <u>200N CONGRESS ST</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Sle 403 Jackson MS 39201</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. 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>Mississippi Veterinary Medical Assoc. Political Action Committee</u>	<u>11 / 1 / 24</u>	\$ <u>250</u>
Mailing Address <u>PO Box 395</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Clinton, MS 39060</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Financial Services Centers of Mississippi PAC</u>	<u>12 / 16 / 24</u>	\$ <u>250</u>
Mailing Address <u>219 Panola Drive</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>Ferriday, LA 71334</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through January 31st 2025**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 ETAS, PLLC		<u>11</u> / <u>4</u> / <u>24</u>	\$ 500
Mailing Address 10740 PLANTATION LANE		__ / __ / __	\$
City, State, Zip Code GULFPORT, MS 39503		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
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 Sports Betting Alliance		<u>12</u> / <u>8</u> / <u>24</u>	\$ 250
Mailing Address 5109 82nd st.		__ / __ / __	\$
City, State, Zip Code Ste 7-1111 Lubbock TX. 79424		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
C. 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 Capital Resources PAC		<u>10</u> / <u>30</u> / <u>24</u>	\$ 1000
Mailing Address 200 N CONGRESS ST		__ / __ / __	\$
City, State, Zip Code STE 500 JACKSON, MS 39201		__ / __ / __	\$
Name of Employer (Required)		__ / __ / __	\$
Occupation (Required)		Aggregate year-to-date	\$
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 TRUCK PAC		<u>10</u> / <u>8</u> / <u>24</u>	\$ 750
Mailing Address 825 North President Street		__ / __ / __	\$
City, State, Zip Code Jackson MS. 39202		__ / __ / __	\$
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 checked="" 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>POINT ONE STRATEGIES, LLC</u>	<u>10 / 30 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO BOX 3015</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>JACKSON, MS 39207</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Mississippi REALTORS political action committee</u>	<u>10 / 25 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO BOX 321000</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
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) <u>LLP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JONES WALKER LLP</u>	<u>10 / 30 / 24</u>	\$ <u>500</u>
Mailing Address <u>3100 NORTH STATE STREET</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
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>CAPITOL ADVOCACY GROUP, PAC</u>	<u>10 / 30 / 24</u>	\$ <u>500</u>
Mailing Address <u>PO BOX 217</u>	<u>__ / __ / __</u>	\$
City, State, Zip Code <u>JACKSON MS 39205</u>	<u>__ / __ / __</u>	\$
Name of Employer (Required)	<u>__ / __ / __</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through JANUARY 31 2025

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 FRIENDS OF MISSISSIPPI HOSPITALS	10 / 30 / 24	\$ 500
Mailing Address 116 WOODGREEN CROSSING	__ / __ / __	\$
City, State, Zip Code MADISON MS, 39110	__ / __ / __	\$
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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CAESARS ENTERPRISE SERVICES LLC	8 / 30 / 24	\$ 500
Mailing Address ONO CAESARS PALACE DR.	__ / __ / __	\$
City, State, Zip Code LAS VEGAS, NEVADA 89109	__ / __ / __	\$
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) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CASINO VICKSBOURG LLC, DCA WATERVIEW CASINO & HOTEL	9 / 24 / 24	\$ 500
Mailing Address PO BOX 820568	__ / __ / __	\$
City, State, Zip Code VICKSBOURG, MS 39102	__ / __ / __	\$
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 C. DELBERT HOSEMAN, JR. ATTORNEY-AT-LAW	10 / 30 / 24	\$ 250
Mailing Address 2219 HERITAGE HILL DR.	__ / __ / __	\$
City, State, Zip Code JACKSON, MS.	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$