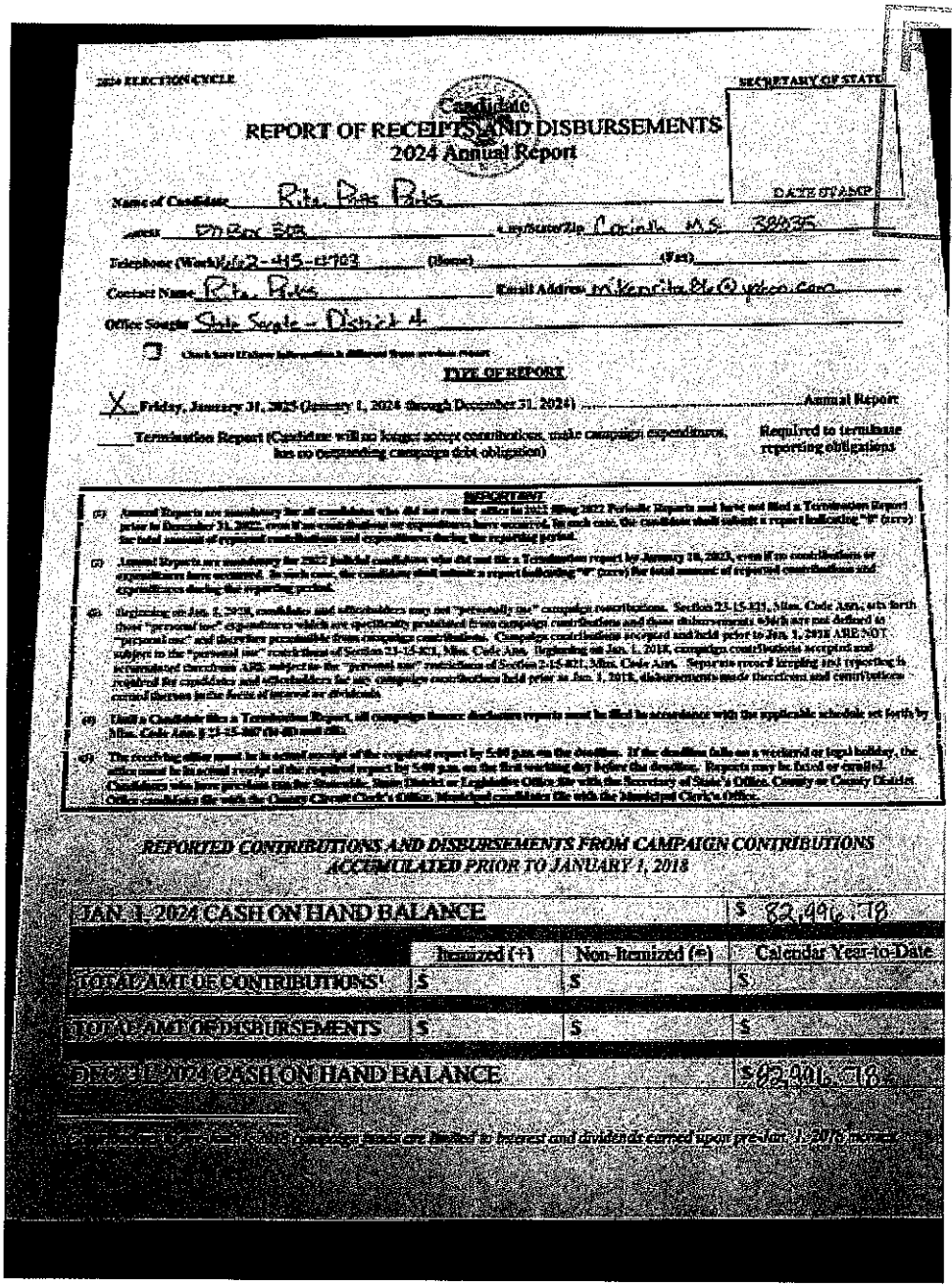

2024 ELECTION CYCLE

SECRETARY OF STATE

DATE STAMP

Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2024 Annual Report

Name of Candidate: Rita Bass Parks

Address: 57 Bay 548 City/State/Zip: Corinth MS 38835

Telephone (Work): 662-415-8703 (Home): (Fax):

Contact Name: Rita Parks Email Address: ritaparks@yahoo.com

Office Sought: State Senate - District 4

☐ Check here if below information is different from previous report

TYPE OF REPORT

X 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 2023 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 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.

(2) Annual Reports are mandatory for 2023 judicial candidates who did not file a Termination report by January 10, 2024, 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 thereafter 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 (as 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 (1)-(3) and (5).

(5) The words "file" or "filed" mean the 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 report must be 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 qualified with the 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			$ 82,996.18
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$	$	$
TOTAL AMT OF DISBURSEMENTS	$	$	$
DEC. 31, 2024 CASH ON HAND BALANCE			$82,996.18

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			$ 13,443.71
	Itemized (+)	Non-Itemized (+)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$ 17,150.00	$ 2,500.00	$ 19,650.00
TOTAL AMT OF DISBURSEMENTS	$ 7,849.00	$ 8,565.00	$ 15,414.00
DEC. 31, 2024 CASH ON HAND BALANCE			$ 17,479.71

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

Rita Dill
Signature of Candidate

1/21/25
Date

Note: MISS. CODE ANN. §23-15-807, 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 in more than [illegible] 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: Rita Pass Pares

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Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name: Family Care Clinic of Ripley Mailing Address: 1321 City Ave North City, State, Zip Code: Ripley MS 38663 Name of Employer (Required) Occupation (Required)	1/18/24	$ 250.00
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan Other (please specify) Full name: Cadence Bank PAC Mailing Address: PO Box 789 City, State, Zip Code: Tupelo MS 38802 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
	2/27/24	$ 1000.00
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 1000.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	$
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	$
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Rob Pitts Parks

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Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name: Family Care Clinic of Ripley Mailing Address: 1321 City Ave North City, State, Zip Code: Ripley MS 38663 Name of Employer (Required) Occupation (Required)	1/18/24	$ 250.00
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 250.00
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan Other (please specify) Full name: Calvert Bank PAC Mailing Address: PO Box 789 City, State, Zip Code: Tupelo MS 38802 Name of Employer (Required) Occupation (Required)	2/27/24	$ 1000.00
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 1000.00
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	__/__/__	$
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	__/__/__	$
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Pate Peers

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan — Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jones Walker LLP	12/31/24	$ 500.00
Mailing Address: 3100 North State St Suite 800	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan — Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: JS Consolidated Group LLC	12/31/24	$ 200.00
Mailing Address: 209 Orland Pl	__/__/__	$
City, State, Zip Code: Ridgeland MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00
C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan — Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Build MS PAC	12/31/24	$ 1,000.00
Mailing Address: 1209 Lakeland Dr #214	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00
[illegible] ☐ Corporation ☑ PAC ☐ Individual ☐ Loan — Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
[illegible] MS [illegible]	12/31/24	$ 500.00
[illegible]	__/__/__	$
[illegible]	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee: Rita Pub. Pres.

Reporting period: Jan 1, 2024 through: Dec 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ☑ Corporation ○ PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp	12/21/24	$ 250.00
Mailing Address: 650 N Pennsylvania MS	__/__/__	$
City, State, Zip Code: Atlanta GA 30308	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00
B. Source: ☑ Corporation ○ PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Company	12/31/24	$ 500.00
Mailing Address: 2500 Lou Menk Drive AOB-2	__/__/__	$
City, State, Zip Code: Fort Worth TX 76131	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
C. Source: ○ Corporation ☑ PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jackson MS PAC	12/31/24	$ 250.00
Mailing Address: 102 N. Washington St Suite B1	__/__/__	$
City, State, Zip Code: Richland MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00
D. Source: ☑ Corporation ○ PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Data Ritchie Strategies	12/31/24	$ 200.00
Mailing Address: 765 N State St Suite 201	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: (✓) Corporation ( ) PAC ( ) Individual ( ) Loan
Other (please specify):

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cascio Sanford Law Group	12/31/24	$ 250.00
Mailing Address: 825 N President St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan
Other (please specify):

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Resources PAC	12/31/24	$ 1000.00
Mailing Address: 200 N. Congress St 500	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

C. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan
Other (please specify):

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lawyers PAC	12/31/24	$ 500.00
Mailing Address: PO Box 5004	__/__/__	$
City, State, Zip Code: Jackson MS 39296	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ( ) Corporation (✓) PAC ( ) Individual ( ) Loan
Other (please specify):

	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Association [illegible] Practitioners PAC	12/31/24	$ 1500.00
Mailing Address: [illegible] Suite C32	__/__/__	$
City, State, Zip Code: [illegible] MS [illegible]	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1500.00

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ○Corporation ◉PAC ○Individual ○Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for CEFT	12/31/24	$ 500.00
Mailing Address: 3010 B North State St	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
B. Source: ○Corporation ◉PAC ○Individual ○Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Truck PAC	12/31/24	$ 1000.00
Mailing Address: 805 N President St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00
C. Source: ◉Corporation ○PAC ○Individual ○Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harper & Bailey Government Solutions	12/31/24	$ 250.00
Mailing Address: 311 E Capitol St Suite 100	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00
D. Source: ○Corporation ◉PAC ○Individual ○Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CareSource Mississippi PAC	12/31/24	$ 250.00
Mailing Address: 125 E Capitol St Suite 201	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Ritz Public Policies

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Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Helena Agri-Enterprises	12/31/24	$ 250.00
Mailing Address: 225 Schilling Blvd Suite 300	__/__/__	$
City, State, Zip Code: Collierville TN 38017	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Health Group	12/31/24	$ 500.00
Mailing Address: 167 Interstate Dr West Suite 400	__/__/__	$
City, State, Zip Code: Englewood CO 80112	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Beer Distributors PAC	12/31/24	$ 1500.00
Mailing Address: PO# 1132	__/__/__	$
City, State, Zip Code: GULFPORT MS 39505	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1500.00

[illegible] ☐ Corporation ☑ PAC ☐ Individual ☐ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: [illegible] Beverage Group	12/31/24	$ 1000.00
Mailing Address: [illegible]	__/__/__	$
City, State, Zip Code: [illegible] 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: Rita Pete Parks

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ○ Corporation ● PAC ○ Individual ○ Loan ○ Other (please specify)		
Full name: Comcast PAC	12/31/24	$ 500.00
Mailing Address: 1701 JFK Blvd	__/__/__	$
City, State, Zip Code: Philadelphia PA 19103	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
B. Source: ○ Corporation ● PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bankers Assoc	12/31/24	$ 500.00
Mailing Address: POB 1091	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
C. Source: ○ Corporation ○ PAC ○ Individual ○ 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	$
○ Corporation ○ PAC ○ Individual ○ Loan ○ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	__/__/__	$
	__/__/__	$
	__/__/__	$
	__/__/__	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Rita Potts Parks

Page 1 of 3

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Daily Corinthian		
Mailing Address: PO Box 1200	1/25/24	$ 330.00
City, State, Zip Code: Paducah KY 42002-1200	3/21/24	$ 45.00
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 375.00
B. Full name: Lamar Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 746466	1/25/24	$ 850.00
City, State, Zip Code: Atlanta GA 30374-1812	_/_/_	$
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 850.00
C. Full name: Junior Auxiliary	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: POB 2425	1/26/24	$ 200.00
City, State, Zip Code: Corinth MS 38835	_/_/_	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 200.00
D. Full name: National Wild Turkey Federation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 770 Augusta Road	2/13/24	$ 1060.00
City, State, Zip Code: Edgefield SC ~~29825~~ 29824	_/_/_	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 1060.00
E. Full name: Kiwanis Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: [illegible]	4/22/24	$ 925.00
City, State, Zip Code: [illegible] MS 38835	12/12/24	$ 150.00
Purpose of Disbursement (Optional): [illegible]	Aggregate Year-to-date	$ 1075.00
F. Full name: [illegible]	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 1200	5/3/24	$ 45.00
City, State, Zip Code: [illegible] KY 42002-1200	6/21/24	$ 305.00
Purpose of Disbursement (Optional): [illegible]	Aggregate Year-to-date	$ 350.00

SBE-[illegible]

Name of Candidate or Committee: Rita Potts Parks

Reporting period: Jan 1, 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Southern Sentinel		
Mailing Address: 1701 City Ave N	5/10/24	$ 780.00
City, State, Zip Code: Ripley MS 38663	/ /	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 780.00
B. Full name: JC Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 107 E. Spring St	6/17/24	$ 275.00
City, State, Zip Code: Ripley MS 38663	9/3/24	$ 720.00
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 995.00
C. Full name: MS GOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: POB 60	7/12/24	$ ~~275.00~~ 400.00
City, State, Zip Code: Jackson MS 39205	/ /	$
Purpose of Disbursement (Optional): Republican National Convention	Aggregate Year-to-date	$ 400.00
D. Full name: Daily Corinthian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 1200	7/5/24	$ 235.00
City, State, Zip Code: Paducah KY 42002-1200	11/29/24	$ 90.00
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 325.00
E. Full name: Jacinto Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	7/5/24	$ 250.00
City, State, Zip Code: [illegible] Corinth MS 38834	/ /	$
Purpose of Disbursement (Optional): July 4th Event	Aggregate Year-to-date	$ 250.00
F. Full name: [illegible] MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 501 [illegible] St B	11/15/24	$ 99.00
City, State, Zip Code: Corinth MS 38834	/ /	$
Purpose of Disbursement (Optional): [illegible]	Aggregate Year-to-date	$ 99.00

Name of Candidate or Committee: Rep. Patti Powers

Reporting period: Jan. 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Daily Democrat Mailing Address: PO Box 1200 City, State, Zip Code: Paducah, KY 42002-1200 Purpose of Disbursement (Optional): Advertising	12/19/24	$ 90.00
	Aggregate Year-to-date	$ 90.00
B. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$