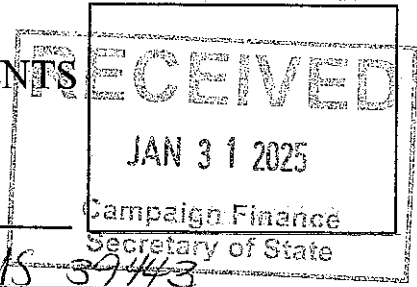


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2024 Annual Report



Name of Candidate (Friends of) Robin Robinson
 Address 1179 Township Rd City/State/Zip Laurel MS 39443
 Telephone (Work) _____ (Home) 601-498-3708 (Fax) _____
 Contact Name Robin Robinson Email Address robin@robinjrobinson.com
 Office Sought Senate Dist 42

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 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**


	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
JAN. 1, 2024 CASH ON HAND BALANCE			\$ 0.00
TOTAL AMT OF CONTRIBUTIONS ¹	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL AMT OF DISBURSEMENTS	\$ 0.00	\$ 0.00	\$ 0.00
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 0.00

¹ 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			\$ 10,086.81
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 3,000. ⁰⁰	\$ 4	\$ 3,000. ⁰⁰
TOTAL AMT OF DISBURSEMENTS	\$ 1,873. ⁰⁹	\$ 24. ⁰⁰	\$ 1,897. ⁰⁹
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 11,189.72

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 Friends of Robin Robinson

Reporting period Jan 1, 2024 through Dec 31, 2024

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2010 or On or After January 1, 2010

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>D.L. Smith</u>	<u>1/26/24</u>	\$ <u>250.00</u>
Mailing Address <u>14 Robert Smith Road</u>		
City, State, Zip Code <u>Laurel MS 39443</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Laurel Fraternal Order of Police Lodge #2</u>	<u>1/23/24</u>	\$ <u>100.00</u>
Mailing Address <u>317.5 Magnolia Street</u>		
City, State, Zip Code <u>Laurel MS 39440</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tessa Cain</u>	<u>3/15/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 182</u>		
City, State, Zip Code <u>Ovett MS 39464</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>West Computers</u>	<u>3/15/24</u>	\$ <u>100.00</u>
Mailing Address <u>1654 Highway 184</u>		
City, State, Zip Code <u>Laurel MS 39443</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>United Way of the Pinebelt Region</u>	<u>8/1/24</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 2006</u>		
City, State, Zip Code <u>Laurel MS 39442</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>D.L. Smith</u>	<u>11/26/24</u>	\$ <u>523.09</u>
Mailing Address <u>14 Robert Smith Rd</u>		
City, State, Zip Code <u>Laurel MS 39443</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>773.09</u>

Name of Candidate or Committee Friends of Robin Robinson

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

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2019 or On or After January 1, 2019

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jones County / Pine Belt / Hattiesburg Pageants</u>	<u>11/16/24</u>	\$ <u>100.00</u>
Mailing Address <u>619 W Hill St.</u>		
City, State, Zip Code <u>Ellisville MS 39437</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Friends of Robin Robinson
 Reporting period Jan 1, 2024 through Dec. 31, 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>Centrene Management Company</u>	_ / _ / _	\$ <u>1000.00</u>
Mailing Address <u>7100 Forsyth Blvd.</u>	_ / _ / _	\$
City, State, Zip Code <u>St. Louis MO</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Madence Bank</u>	5 / 29 / 24	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 789</u>	_ / _ / _	\$
City, State, Zip Code <u>Tupelo MS 38802-789</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Ergon</u>	11 / 8 / 24	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 11639</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson MS 39215</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Harper + Bailey Government Solutions, LLC</u>	12 / 23 / 24	\$ <u>250.00</u>
Mailing Address <u>317 East Capitol Street Suite 100</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson MS 39201</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Friends of Robin Robinson
 Reporting period Jan 1, 2024 through Dec. 31, 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>AT+T Service Inc.</u>	<u>12/23/24</u>	\$ <u>500.00</u>
Mailing Address <u>209 E. Capitol Street</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<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) _____		
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
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) _____		
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$