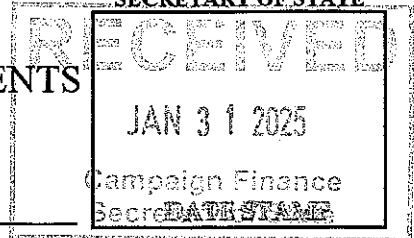




SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
 2024 Annual Report



Name of Candidate Scott Delano
 Address 2310 19th Street City/State/Zip Gulfport, MS 39501
 Telephone (Work) 228-806-7418 (Home) _____ (Fax) _____
 Contact Name Scott Delano Email Address sdelano@southeastcre.com
 Office Sought State Senate District 50

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 ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE	\$		

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			\$53237.57
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$19500.00	\$1500.00	\$21000.00
TOTAL AMT OF DISBURSEMENTS	\$3300.00	\$300.00	\$3600.00
DEC. 31, 2024 CASH ON HAND BALANCE			\$70637.57

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

1/14/2025

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 Scott DelanoReporting period 01/01/2024 through 12/31/2024

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>Huntinton Ingalls Industries</u>	<u>12/30/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 149</u>	___/___/___	\$
City, State, Zip Code <u>Pascagoula, MS 39568-0149</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
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) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ETAS PLLC</u>	<u>12/30/24</u>	\$ <u>1000.00</u>
Mailing Address <u>10750 Plantation Lane</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
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>MSW PAC</u>	<u>12/30/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 16604</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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>nSide, Inc.</u>	<u>12/30/24</u>	\$ <u>500.00</u>
Mailing Address <u>4031 Parkway Drive Ste B</u>	___/___/___	\$
City, State, Zip Code <u>Florence, AL 35630</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

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 Financial Service Centers of Mississippi PAC	<u>12/30/24</u>	\$ 250.00
Mailing Address 219 Panola Drive	___/___/___	\$
City, State, Zip Code Ferriday, LA 71334	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 ENPAC Mississippi	<u>12/30/24</u>	\$ 500.00
Mailing Address P.O. Box 1640	___/___/___	\$
City, State, Zip Code Jackson, MS 39215-1640	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 MS Ambulance Alliance	<u>12/30/24</u>	\$ 500.00
Mailing Address P.O. Box 17889	___/___/___	\$
City, State, Zip Code Hattiesburg, MS 39404	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Capitol Resources PAC	<u>12/30/24</u>	\$ 1000.00
Mailing Address 200 N Congress St Ste 500	___/___/___	\$
City, State, Zip Code Jackson, MS 39201	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

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 MS Asphalt Contractor PAC	<u>12</u> / <u>30</u> / <u>24</u>	\$ 250.00
Mailing Address 711 N President St	___/___/___	\$
City, State, Zip Code Jackson, MS 39202-3002	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Cornerstone Government Affairs Inc.	<u>12</u> / <u>30</u> / <u>24</u>	\$ 500.00
Mailing Address 800 Maine Avenue, SW 7th floor	___/___/___	\$
City, State, Zip Code Washington, DC 20024	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 MS Manufacturers Association PAC	<u>12</u> / <u>30</u> / <u>24</u>	\$ 1000.00
Mailing Address 740 North President Street	___/___/___	\$
City, State, Zip Code Jackson, MS 39202	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 WALPAC	<u>12</u> / <u>30</u> / <u>24</u>	\$ 1000.00
Mailing Address 702 SW 8th St	___/___/___	\$
City, State, Zip Code Bentonville, AR 72716	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

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 Ergon State PAC	<u>12/30/24</u>	\$ 500.00
Mailing Address P.O. Box 1639	___/___/___	\$
City, State, Zip Code Jackson, MS 39215	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Friends of MS Hospitals	<u>12/30/24</u>	\$ 500.00
Mailing Address 116 Woodgreen Crossing	___/___/___	\$
City, State, Zip Code Madison, MS 39110	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Point One Strategies, LLC	<u>10/30/24</u>	\$ 250.00
Mailing Address P.O. Box 3015	___/___/___	\$
City, State, Zip Code Jackson, MS 39207-3015	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Capitol Advocacy Group PAC	<u>12/30/24</u>	\$ 500.00
Mailing Address P.O. Box 217	___/___/___	\$
City, State, Zip Code Jackson, MS 39205	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHS Shared Business Operations, LLC	<u>12/30/24</u>	\$ 1000.00
Mailing Address p.o. Box 5006	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Antioch, TN 37013	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 C Delbert Hoseman, Jr	<u>12/30/24</u>	\$ 250.00
Mailing Address 2219 Heritage Hill Drive	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Jackson, MS 39211	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) C. Delbert Hosemann Jr, Attorney	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
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 Cascio Sanford Government Law Group PLLC	<u>12/30/24</u>	\$ 500.00
Mailing Address 825 N President St	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Jackson, MS 39202-2561	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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>12/30/24</u>	\$ 1000.00
Mailing Address 825 North President Street	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Jackson, MS 39202	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

ITEMIZED CONTRIBUTIONS

A. 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 Jones Walker LLP		<u>12/30/24</u>	\$ 500.00
Mailing Address 3100 North State St		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Jackson, MS 39216		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. 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 Hays Dent Public Strategies LLC		<u>12/30/24</u>	\$ 250.00
Mailing Address 975 North Street Ste 206		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Jackson, MS 39203		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
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 Mississippi Realtors PAC		<u>12/30/24</u>	\$ 2000.00
Mailing Address P.O. Box 321000		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Flowood MS 39232		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 2000.00
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 Gregg Harper		<u>12/30/24</u>	\$ 250.00
Mailing Address 403 W Wycombe Pl		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Flowood, MS 39232-8958		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) Watkins & Eager PLLC		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

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 Tourism Mississippi PAC	<u>12</u> / <u>30</u> / <u>24</u>	\$ 250.00
Mailing Address P.O. Box 2745	___ / ___ / ___	\$
City, State, Zip Code Madison, MS 39130	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Caesars Enterprise Services, LLC	<u>12</u> / <u>30</u> / <u>24</u>	\$ 500.00
Mailing Address One Caesars Palace Dr	___ / ___ / ___	\$
City, State, Zip Code Las Vega, NV 89109-8969	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Penn Entertainment Inc	<u>12</u> / <u>30</u> / <u>24</u>	\$ 500.00
Mailing Address 825 Berkshire Blvd	___ / ___ / ___	\$
City, State, Zip Code Wyomissing, PA 19610	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Norfolk Southern Corp	<u>12</u> / <u>30</u> / <u>24</u>	\$ 500.00
Mailing Address 650 W Peachtree Street NW	___ / ___ / ___	\$
City, State, Zip Code Atlanta, GA 30308	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Scott DelanoReporting period 01/01/2024 through 12/31/2024

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 CXS Transportation Inc State Campaign account	<u>12/30/24</u>	\$ 250.00
Mailing Address 500 Water Street (C-115)	___/___/___	\$
City, State, Zip Code Jacksonville, FL 32202-4423	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
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 Waterview Casino & Hotel	<u>12/30/24</u>	\$ 500.00
Mailing Address P.O. Box 820668	___/___/___	\$
City, State, Zip Code Vicksburg MS 39182	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 AT&T	___/___/___	\$ 500.00
Mailing Address 1010 Pine Street	___/___/___	\$
City, State, Zip Code St. Louis, MO 63101	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Ten One PAC	<u>12/31/24</u>	\$ 500.00
Mailing Address 200 N Congress St Ste 403	___/___/___	\$
City, State, Zip Code Jackson, MS 39201-1917	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Scott Delano

Reporting period 01/01/2024 through 12/31/2024

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 Cellular South, Inc.	<u>12/31/24</u>	\$ 500.00
Mailing Address 1018 Highland Colony Parkway ste 300	___/___/___	\$
City, State, Zip Code Ridgeland, MS 39157	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Chevron Corporate Affairs	<u>10/04/24</u>	\$ 500.00
Mailing Address P.O. Box 6042	___/___/___	\$
City, State, Zip Code San Ramon, CA 94583	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Scott DelanoReporting period 01/01/2024 through 12/31/2024**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
D'Iberville Football Booster Club	08 / 28 / 24	\$ 500.00
Mailing Address 15625 Lamey Bridge Road	___ / ___ / ___	\$
City, State, Zip Code Biloxi, MS 39532	___ / ___ / ___	\$
Purpose of Disbursement (Optional) charitable donation	Aggregate Year-to-date	\$ 500.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
HCRC Golf Tournament Hole Sponsor	08 / 17 / 24	\$ 300.00
Mailing Address 204E Courthouse Road	___ / ___ / ___	\$
City, State, Zip Code Gulfport, MS 39507	___ / ___ / ___	\$
Purpose of Disbursement (Optional) political donation	Aggregate Year-to-date	\$ 300.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Committee to Elect Jennifer Branning	10 / 17 / 24	\$ 1500.00
Mailing Address P.O. Box 320519	11 / 13 / 24	\$ 1000.00
City, State, Zip Code Flowood, MS 39232	___ / ___ / ___	\$
Purpose of Disbursement (Optional) political donation	Aggregate Year-to-date	\$ 2500.00
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	\$