

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

SECRETARY OF STATE  
**RECEIVED**  
 JAN 27 2025  
 Secretary of State  
 Capitol Office

Name of Candidate WALTER MICHEL  
 Address 2660 RIDGEWOOD RD., #101 City/State/Zip JACKSON, MS 39216  
 Telephone (Work) 601-352-0757 (Home) 601-352-0757 (Fax) \_\_\_\_\_  
 Contact Name Walter Michel Email Address walter@waltermichel.com  
 Office Sought Senate, District 25

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 <sup>1</sup>	\$ 16,771.00	\$ 0	\$ 16771.00
TOTAL AMT OF DISBURSEMENTS	\$ 0	\$ 0	\$ 0
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 1,029,854.00

*Wm*

<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			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$27,587.00	\$0	\$27,587.00
TOTAL AMT OF DISBURSEMENTS	\$60,913.21	\$2,996.00	\$63,909.21
DEC. 31, 2024 CASH ON HAND BALANCE			\$58,907.56

*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

\_\_\_\_\_  
 Date 1/24/25

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 WALTER MICHELReporting period 1/1/2024 through 12/31/2024 *JWM*

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adams and Reese, LLP</u>	<u>12/30/24</u>	\$ <u>300.00</u>
Mailing Address <u>701 Poydras Street</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>New Orleans, LA 70139</u>	<u>   /   /   </u>	\$
Name of Employer (Required)	<u>   /   /   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
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 <u>Allstate Insurance Company</u>	<u>12/18/24</u>	\$ <u>500.00</u>
Mailing Address <u>3100 Sanders Road, Suite 201</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Northbrook, IL 60062</u>	<u>   /   /   </u>	\$
Name of Employer (Required)	<u>   /   /   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>AT&amp;T</u>	<u>12/18/24</u>	\$ <u>500.00</u>
Mailing Address <u>209 E. Capitol Street</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>   /   /   </u>	\$
Name of Employer (Required)	<u>   /   /   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>Atmos Energy Corporation PAC</u>	<u>10/15/24</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LBJ Freeway, Suite 160</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>	<u>   /   /   </u>	\$
Name of Employer (Required)	<u>   /   /   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee WALTER MICHEL

Reporting period 1/1/2024 through 12/31/2024 *JWM*

## ITEMIZED CONTRIBUTIONS

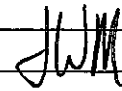
A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company, LLC</u>	<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>7700 Forsythe Boulevard</u>	__ / __ / __	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
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 <u>CHS Shared Business Operations, LLC</u>	<u>12</u> / <u>18</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 5006</u>	__ / __ / __	\$
City, State, Zip Code <u>Antioch, TN 37013</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>Cigna Group Employee PAC</u>	<u>10</u> / <u>21</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>1601 Chestnut Street, TL16B</u>	__ / __ / __	\$
City, State, Zip Code <u>Philadelphia, PA 19192</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Comcast Corporation</u>	<u>11</u> / <u>08</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>1701 JFK Boulevard</u>	__ / __ / __	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2024 through 12/31/2024 *JWM*

## 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 <b>Cornerstone Government Affairs, Inc.</b>	<u>12</u> / <u>18</u> / <u>24</u>	\$ 750.00
Mailing Address <b>800 Maine Avenue, SW, 7th Floor</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Washington, DC 20024</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 750.00
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 <b>CVS Health</b>	<u>10</u> / <u>07</u> / <u>24</u>	\$ 500.00
Mailing Address <b>1 CVS Drive</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Woonsocket, RI 02895</b>	___ / ___ / ___	\$
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 <b>ENPAC Mississippi</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 500.00
Mailing Address <b>P.O. Box 1640</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, MS 39215</b>	___ / ___ / ___	\$
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 <b>Ergon State PAC</b>	<u>11</u> / <u>04</u> / <u>24</u>	\$ 500.00
Mailing Address <b>P.O. Box 1639</b>	___ / ___ / ___	\$
City, State, Zip Code <b>Jackson, MS 39215</b>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee WALTER MICHEL  
 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 <b>Exxon Mobil Corporation</b>	<u>11</u> / <u>06</u> / <u>24</u>	\$ 500.00
Mailing Address <b>P.O. Box 7659</b>	__ / __ / __	\$
City, State, Zip Code <b>Spring, TX 77387</b>	__ / __ / __	\$
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 <b>Financial Service Centers of MS PAC</b>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 250.00
Mailing Address <b>219 Panola Drive</b>	__ / __ / __	\$
City, State, Zip Code <b>Ferriday, LA 71334</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
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 <b>Lenders PAC</b>	<u>12</u> / <u>24</u> / <u>24</u>	\$ 500.00
Mailing Address <b>P.O. Box 5004</b>	__ / __ / __	\$
City, State, Zip Code <b>Jackson, MS 39236</b>	__ / __ / __	\$
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 <b>Lyft, Inc.</b>	<u>10</u> / <u>29</u> / <u>24</u>	\$ 1000.00
Mailing Address <b>185 Berry Street, Suite 5000</b>	__ / __ / __	\$
City, State, Zip Code <b>San Francisco, CA 94107</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee WALTER MICHELReporting period 01/01/2024 through 12/31/2024 *JWM***ITEMIZED CONTRIBUTIONS**

A. 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 <u>Merck, Sharp &amp; Dohme, LLC</u>		<u>08/29/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2000</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Rahway, NJ 07065</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Molena Healthcare, Inc.</u>		<u>12/30/24</u>	\$ <u>1000.00</u>
Mailing Address <u>200 Oceangate, 2nd Floor</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Long Beach, CA 90802</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
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>Motorola Solutions, Inc. PAC</u>		<u>12/19/24</u>	\$ <u>750.00</u>
Mailing Address <u>601 Pennsylvania Avenue NW, #675</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>750.00</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>Mississippi Ambulance Alliance PAC</u>		<u>12/23/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 17889</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee WALTER MICHEL  
 Reporting period 1/01/2024 through 12/31/2024

JWM

## 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 <b>Mississippi Association of Health Plans</b>	<u>12</u> / <u>18</u> / <u>24</u>	\$ 500.00
Mailing Address <b>200 N. Congress Street, #401</b>	_ / _ / _	\$
City, State, Zip Code <b>Jackson, MS 39201</b>	_ / _ / _	\$
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 <b>Mississippi Bail Agents Association</b>	<u>12</u> / <u>02</u> / <u>24</u>	\$ 500.00
Mailing Address <b>P.O. Box 2567</b>	_ / _ / _	\$
City, State, Zip Code <b>Madison, MS 39110</b>	_ / _ / _	\$
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 <b>Mississippi Dental PAC</b>	<u>12</u> / <u>18</u> / <u>24</u>	\$ 2500.00
Mailing Address <b>439B Katherine Drive</b>	_ / _ / _	\$
City, State, Zip Code <b>Flowood, MS 39232</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 2500.00
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 <b>MS Independent Physicians Practice Association</b>	<u>12</u> / <u>19</u> / <u>24</u>	\$ 1000.00
Mailing Address <b>2510 Lakeland Drive</b>	_ / _ / _	\$
City, State, Zip Code <b>Flowood, MS 39232</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00



Name of Candidate or Committee WALTER MICHELReporting period 01/01/2024 through 12/31/2024 JWM**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 Optometry for Progress		<u>12/18/24</u>	\$ 1000.00
Mailing Address 141 Executive Drive, Suite 5		___/___/___	\$
City, State, Zip Code Madison, MS 39110		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 Pharmaceutical Care Management Assn.		<u>11/08/24</u>	\$ 2500.00
Mailing Address 325 7th Street NW, 9th Floor		___/___/___	\$
City, State, Zip Code Washington, DC 20004		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2500.00
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 PhRMA		<u>10/21/24</u>	\$ 1000.00
Mailing Address 670 Maine Avenue SW, Suite 1000		___/___/___	\$
City, State, Zip Code Washington, DC 20024		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
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 RAI Services Company		<u>11/08/24</u>	\$ 1000.00
Mailing Address 401 N. Main Street		___/___/___	\$
City, State, Zip Code Winston-Salem, NC 27101		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee WALTER MICHEL

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

## 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>Ten One PAC</u>	<u>12</u> / <u>24</u> / <u>24</u>	\$ 1000.00
Mailing Address <u>200 N. Congress Street, #403</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
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 <u>Tyson Foods</u>	<u>12</u> / <u>30</u> / <u>24</u>	\$ 500.00
Mailing Address <u>P.O. Box 2020</u>	__ / __ / __	\$
City, State, Zip Code <u>Springdale, AR 72765</u>	__ / __ / __	\$
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 <u>UnitedHealth Group, Inc.</u>	<u>12</u> / <u>18</u> / <u>24</u>	\$ 1000.00
Mailing Address <u>169 Inverness Drive West, #400</u>	__ / __ / __	\$
City, State, Zip Code <u>Englewood, CO 80112</u>	__ / __ / __	\$
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 <u>WALPAC</u>	<u>12</u> / <u>23</u> / <u>24</u>	\$ 1000.00
Mailing Address <u>702 SW 8th Street</u>	__ / __ / __	\$
City, State, Zip Code <u>Bentonville, AR 72716</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee WALTER MICHEL

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

## ITEMIZED CONTRIBUTIONS

A. 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 <u>National Financial Services, LLC</u>	<u>12/31/24</u>	\$ <u>16771.00</u>
Mailing Address <u>P.O. Box 28014</u>	<u>12/31/24</u>	\$ <u>537.00</u>
City, State, Zip Code <u>Albuquerque, NM 87125</u>	___/___/___	\$
Name of Employer (Required) <u>Fidelity Brokerage Services</u>	___/___/___	\$
Occupation (Required) <u>dividends, interest, income</u>	Aggregate year-to-date	\$ <u>17308.00</u>
<b>B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>		
Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
<b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>		
Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
<b>D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>		
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 WALTER MICHELReporting period 1/1/2024 through 12/31/2024 *JWM***ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> Andrew Jackson Council Boy Scouts of America	<b>Date</b> (Mo., Day, Year) <u>01</u> / <u>08</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 7500.00
<b>Mailing Address</b> 855 Riverside Drive	<u>03</u> / <u>12</u> / <u>24</u>	\$ 1500.00
<b>City, State, Zip Code</b> Jackson, MS 39202		
<b>Purpose of Disbursement (Optional)</b> Charity - summer camp scholarships	<b>Aggregate</b> <b>Year-to-date</b>	\$ 9000.00
<b>B. Full name</b> Central Mississippi Down Syndrome Society	<b>Date</b> (Mo., Day, Year) <u>07</u> / <u>29</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 330.00
<b>Mailing Address</b> P.O. Box 935	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b> Jackson, MS 39205		
<b>Purpose of Disbursement (Optional)</b> Charity	<b>Aggregate</b> <b>Year-to-date</b>	\$ 330.00
<b>C. Full name</b> Committee to Elect Jenifer Branning	<b>Date</b> (Mo., Day, Year) <u>09</u> / <u>13</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 500.00
<b>Mailing Address</b> P.O. Box 320519	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b> Flowood, MS 39232		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00
<b>D. Full name</b> Morrison for Mayor	<b>Date</b> (Mo., Day, Year) <u>08</u> / <u>16</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 250.00
<b>Mailing Address</b> 272 Calhoun Station Parkway, Suite 57	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b> Gluckstadt, MS 39110		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 250.00
<b>E. Full name</b> Nebletts Frames	<b>Date</b> (Mo., Day, Year) <u>05</u> / <u>14</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 318.95
<b>Mailing Address</b> 140 Dyess Road	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b> Ridgeland, MS 39157		
<b>Purpose of Disbursement (Optional)</b> Documents framing	<b>Aggregate</b> <b>Year-to-date</b>	\$ 318.95
<b>F. Full name</b> Rotary Club of Jackson	<b>Date</b> (Mo., Day, Year) <u>05</u> / <u>22</u> / <u>24</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ 250.00
<b>Mailing Address</b> P.O. Box 3807	<u>10</u> / <u>04</u> / <u>24</u>	\$ 250.00
<b>City, State, Zip Code</b> Jackson, MS 39207		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00

Name of Candidate or Committee WALTER MICHELReporting period 1/1/2024 through 12/31/2024 *JWM***ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> Shower Power Mississippi	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 5804	<u>09</u> / <u>04</u> / <u>24</u>	\$ 250.00
<b>City, State, Zip Code</b> Brandon, MS 39047	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b> Charity	<b>Aggregate</b> <b>Year-to-date</b>	\$ 250.00
<b>B. Full name</b> Society of St. Vincent de Paul Community Pharmacy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 1228	<u>10</u> / <u>02</u> / <u>24</u>	\$ 250.00
<b>City, State, Zip Code</b> Biloxi, MS 39533	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b> Charity	<b>Aggregate</b> <b>Year-to-date</b>	\$ 250.00
<b>C. Full name</b> St. Richard Catholic School	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 100 Holly Drive	<u>08</u> / <u>26</u> / <u>24</u>	\$ 5000.00
<b>City, State, Zip Code</b> Jackson, MS 39206	<u>12</u> / <u>23</u> / <u>24</u>	\$ 5000.00
<b>Purpose of Disbursement (Optional)</b> Charity - Capital Campaign	<b>Aggregate</b> <b>Year-to-date</b>	\$ 10000.00
<b>D. Full name</b> Stephanie Jones	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 6506 Lilly Road	<u>12</u> / <u>18</u> / <u>24</u>	\$ 3500.00
<b>City, State, Zip Code</b> Crystal Springs, MS 39059	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b> Accounting	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3500.00
<b>E. Full name</b> The McClean Fletcher Center	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 12 Northtown Drive	<u>10</u> / <u>29</u> / <u>24</u>	\$ 5000.00
<b>City, State, Zip Code</b> Jackson, MS 39211	___/___/___	\$
<b>Purpose of Disbursement (Optional)</b> Charity	<b>Aggregate</b> <b>Year-to-date</b>	\$ 5000.00
<b>F. Full name</b> The University of Mississippi Foundation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 406 University Avenue	<u>01</u> / <u>24</u> / <u>24</u>	\$ 5000.00
<b>City, State, Zip Code</b> Oxford, MS 38655	<u>12</u> / <u>23</u> / <u>24</u>	\$ 20000.00
<b>Purpose of Disbursement (Optional)</b> Scholarships	<b>Aggregate</b> <b>Year-to-date</b>	\$ 25000.00

Name of Candidate or Committee WALTER MICHEL

Reporting period 1/1/2024 through 12/31/2024

*JWM*

# ITEMIZED DISBURSEMENTS

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

<b>A. Full name</b> Tom Oliverson	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address 1 E. Greenway Plaza, Suite 225	<u>06</u> / <u>07</u> / <u>24</u>	\$ 400.00
City, State, Zip Code Houston, TX 77046	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$ 400.00
<b>B. Full name</b> U.S. Postal Service	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address 401 E. South Street	<u>07</u> / <u>29</u> / <u>24</u>	\$ 146.00
City, State, Zip Code Jackson, MS 39201	<u>12</u> / <u>31</u> / <u>24</u>	\$ 146.00
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$ 292.00
<b>C. Full name</b> Walter Michel	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address 2660 Ridgewood Road, #101	<u>12</u> / <u>23</u> / <u>24</u>	\$ 5322.26
City, State, Zip Code Jackson, MS 39216	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) office supplies, internet, phone, donations	<b>Aggregate</b> Year-to-date	\$ 5322.26
<b>D. Full name</b> Non-Itemized Disbursements	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$ 3096.00
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	<b>Aggregate</b> Year-to-date	\$