

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election

Michael Watson

SECRETARY OF STATE



Name of Committee Committee to Re-Elect Jim Kitchens
 Address Post Office Box 768 City/State/Zip Crystal Springs, MS 39059-0768
 Telephone 601-892-3067 Fax 601-892-3057
 Treasurer John W. Kitchens Email Address jkitchens@kitchenslaw.net

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2024 Periodic Report (January 1, 2024 through April 30, 2024) Mandatory
 ____ June 10, 2024 Periodic Report (May 1, 2024 through May 31, 2024) Mandatory
XX July 10, 2024 Periodic Report (June 1, 2024 through June 30, 2024) Mandatory
 ____ October 10, 2024 Periodic Report (July 1, 2024 through September 30, 2024) Mandatory
 ____ October 29, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) Mandatory
 ____ November 19, 2024 Pre-Runoff Report (October 30, 2024 through November 17, 2024) Runoff Candidates Only
 ____ January 10, 2025 Periodic Report (October 1, 2024 through December 31, 2024) Mandatory
 ____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN. 1, 2024 CASH ON HAND BALANCE				\$
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 26,562.00	\$ 450.00	\$ 27,012.00	\$ 87,437.00
TOTAL AMT OF DISBURSEMENTS	\$ 13,314.76	\$ 499.52	\$ 13,814.28	\$ 46,867.71
CASH ON HAND BALANCE				\$ 40,569.29
IN-KIND CONTRIBUTIONS				\$ 0.00

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



Signature of Director or Treasurer

July 10, 2024

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) 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 813 (1972).

Send to: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024

ITEMIZED RECEIPTS

A. 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 <u>Gerald Diaz</u>		<u>06</u> / <u>07</u> / <u>24</u>	\$ <u>1,500.00</u>
Mailing Address <u>208 Waterford Square, Suite 300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 28110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>The Diaz Law Firm, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>4,000.00</u>
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 <u>Lindsay Vanlandingham</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>617 Turnberry Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Morgan & Morgan</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. 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 <u>Eleanor Nabors</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>300.00</u>
Mailing Address <u>901 Owen Court</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Belhaven University</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>300.00</u>
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 <u>Sherra S. Lane</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>1042 Old River Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Waynesboro, MS 39367</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024

ITEMIZED RECEIPTS

A. 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 <u>Vicki Gilliam</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>1,000.00</u>
Mailing Address <u>106 Town Square</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Brandon, MS 39042</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>The Gilliam Law Firm</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
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 <u>C. Edward Gibson IV</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>1,000.00</u>
Mailing Address <u>544 Main Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Bay Saint Louis, MS 39520</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Gibson Law Firm</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. 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 <u>Bradford Keith Morris</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>1,000.00</u>
Mailing Address <u>1603 University Avenue</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Oxford, MS 38655</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Brad Morris Law Firm, PLLC</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
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 <u>Ann R. Chandler</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>200.00</u>
Mailing Address <u>3853 Tyrone Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Pittman, Germany & Roberts</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024

ITEMIZED RECEIPTS

A. 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 <u>James R. Franks, Jr.</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>1,000.00</u>
Mailing Address <u>114 South Broadway</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Wheeler & Franks Law Firm, PC</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
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 <u>John H. Cocke</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>5,000.00</u>
Mailing Address <u>30 Delta Avenue</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Spooky Lane Developments</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5,000.00</u>
C. 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 <u>Robert Wilkins</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>1,000.00</u>
Mailing Address <u>2217 Heritage Hills Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Morgan & Morgan</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
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 <u>John Hawkins</u>		<u>06</u> / <u>10</u> / <u>24</u>	\$ <u>5,000.00</u>
Mailing Address <u>Post Office Box 24627</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Hawkins Law Firm</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024

ITEMIZED RECEIPTS

A. 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 <u>Madeline Iles</u>		<u>06/07/24</u>	\$ <u>250.00</u>
Mailing Address <u>4051 Robin Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>The Eichelberger Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
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 <u>Robert Wiygul</u>		<u>06/07/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>334 Lovers Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Waltzer, Wiygul & Garside, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. 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 <u>Paul Ott</u>		<u>06/07/24</u>	\$ <u>500.00</u>
Mailing Address <u>106 Broadfoot Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Morgan & Morgan</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Christopher Van Cleave</u>		<u>06/07/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>146 Porter Avenue</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Van Cleave Law, PA</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024

ITEMIZED RECEIPTS

A. 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 <u>Michael Thomas Jaques</u>		<u>06 / 07 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>3240 Trace Colony Park Drive, Ste 100</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Jaques Group</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Ralph E. Chapman</u>		<u>06 / 26 / 24</u>	\$ <u>5,000.00</u>
Mailing Address <u>338 Westover Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Chapman, Lewis & Swan, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>5,000.00</u>
C. 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 <u>Rev. John Branning</u>		<u>06 / 27 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>317 Wellstone Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Methodist Foundation of Mississippi</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Executive Director</u>		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) <u>Convention Room Reimbursement - Speaker</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Justice (Hotel Reimbursement)</u>		<u>06 / 17 / 24</u>	\$ <u>312.00</u>
Mailing Address <u>Post Office Box 1992</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>312.00</u>

Name of Candidate or Committee Committee to Re-Elect Jim KitchensReporting period 06-01-2024 through 06-30-2024**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

A. Full name Jefferson Stevens, LLC / Jared Turner	Date (Mo., Day, Year) 06 / 14 / 24	Amount of each disbursement this period \$ 7,700.00
Mailing Address 5907 Baxter Drive	06 / 14 / 24	\$ 7,700.00
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Salary and expense reimbursement	Aggregate Year-to-date	\$ 24,975.00
B. Full name James Warren	Date (Mo., Day, Year) 06 / 10 / 24	Amount of each disbursement this period \$ 4,899.38
Mailing Address 695 Luckney Road	06 / 10 / 24	\$ 4,899.38
City, State, Zip Code Brandon, MS 39042	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Salary and expense reimbursement	Aggregate Year-to-date	\$ 14,853.38
C. Full name Trustmark Bank	Date (Mo., Day, Year) 06 / 02 / 24	Amount of each disbursement this period \$ 300.00
Mailing Address Post Office Box 143	06 / 02 / 24	\$ 300.00
City, State, Zip Code Jackson, MS 39205-0143	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Credit Card Charges	Aggregate Year-to-date	\$ 300.00
D. Full name 1 Vision	Date (Mo., Day, Year) 06 / 03 / 24	Amount of each disbursement this period \$ 210.60
Mailing Address 9346 Telge Road	06 / 03 / 24	\$ 210.60
City, State, Zip Code Houston, TX 77095	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Bumper Stickers	Aggregate Year-to-date	\$ 210.60
E. Full name PayPal	Date (Mo., Day, Year) 06 / 11 / 24	Amount of each disbursement this period \$ 204.78
Mailing Address 221 North First Street	06 / 11 / 24	\$ 204.78
City, State, Zip Code San Jose, CA 95131	___ / ___ / ___	\$
Purpose of Disbursement (Optional) PayPal Fees	Aggregate Year-to-date	\$ 204.78
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	\$