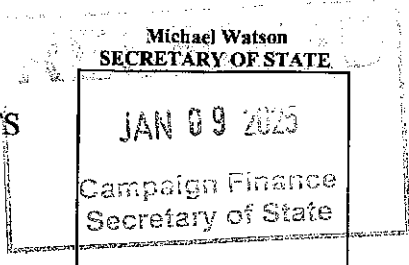


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2024 Election



Name of Committee John Caldwell Campaign <sup>AKA</sup> Friends of John Caldwell  
Address P.O. Box 167 City/State/Zip Nesbit, MS 38651  
Telephone 901-634-2400 Fax \_\_\_\_\_  
Treasurer JOHN MM CALDWELL SR Email Address johnmmcaldwell@gmail.com

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
- \_\_\_ 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 30, 2024 Pre-Election Report (October 1, 2024 through October 27, 2024) ..... Mandatory
- \_\_\_ November 20, 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 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	\$ 20,750 <sup>00</sup>	\$ 3,708 <sup>51</sup>	\$ 24,458 <sup>51</sup>
TOTAL AMT OF DISBURSEMENTS	\$ 26,174 <sup>63</sup>	\$ 2,020 <sup>62</sup>	\$ 28,195 <sup>25</sup>
DEC. 31, 2024 CASH ON HAND BALANCE			\$ 111,372 <sup>14</sup>

*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

1-10-2025  
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 \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## 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>Cal Wilkins</u>	<u>1/10/24</u>	\$ <u>5,000<sup>00</sup></u>
Mailing Address <u>2302 Byhalia Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Herranda, MS 38632</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Used Equipment</u>	Aggregate year-to-date	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Farmers + Merchants Bank</u>	<u>2/14/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P.O. Box 278</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Baldwyn, MS 38824</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>J.C. Cheek Contractors, Inc</u>	<u>3/14/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Kosciusko, MS 39090</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$
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>Atwood Fence Co, Inc</u>	<u>3/19/24</u>	\$ <u>1,000<sup>00</sup></u>
Mailing Address <u>P.O. Box 565</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Kosciusko, MS 39090</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

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>WEI Mgmt Co</u>	<u>4/3/24</u>	\$ <u>1000.00</u>
Mailing Address <u>173 South Mound St</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Ozma, MS 38901</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>Engineering</u>	Aggregate year-to-date	\$
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>Riverside Traffic Systems</u>	<u>4/4/24</u>	\$ <u>1000.00</u>
Mailing Address <u>1283 State Hwy 178 W</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Near Albany, MS 38652</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>Contractors</u>	Aggregate year-to-date	\$
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>Shifflett Enterprises, Inc</u>	<u>4/4/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 236</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Oliver Branch, MS 38654</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>Restaurants</u>	Aggregate year-to-date	\$
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>W.W. Fresham II</u>	<u>5/8/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 690</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>Andalco, MS 38751</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required)	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

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>Michael Doherty International PAC</u>	<u>5/8/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>500 Grant St Ste 5400</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Pittsburg PA 15219</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
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>Tommy Morgan</u>	<u>7/30/24</u>	\$ <u>3,000.00</u>
Mailing Address <u>210 E Main St</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required) <u>Developer</u>	Aggregate year-to-date	\$
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>Friendship Medical Clinic LLC</u>	<u>7/23/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 46</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Ecru, MS 38841</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required) <u>Medical Clinic</u>	Aggregate year-to-date	\$
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>Affordable Employee Benefits LLC</u>	<u>7/23/24</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 96</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Ecru, MS 38841</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required) <u>Insurance</u>	Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## 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>Tom Ebnore</u>	<u>7/23/24</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address: <u>P.O. Box 36</u>	<u>  /  /  </u>	\$
City, State, Zip Code: <u>Aberdeen MS 39730</u>	<u>  /  /  </u>	\$
Name of Employer (Required): _____	<u>  /  /  </u>	\$
Occupation (Required): <u>Contractor</u>	Aggregate year-to-date	\$
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 Bean</u>	<u>7/23/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>575 Greenbriar Rd.</u>	<u>  /  /  </u>	\$
City, State, Zip Code: <u>Columbus, MS 39705</u>	<u>  /  /  </u>	\$
Name of Employer (Required): _____	<u>  /  /  </u>	\$
Occupation (Required): <u>Restaurants</u>	Aggregate year-to-date	\$
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>Waverly Partners L.P.</u>	<u>7/27/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address: <u>1 Magnolia Dr.</u>	<u>  /  /  </u>	\$
City, State, Zip Code: <u>Wick Point, MS 39773</u>	<u>  /  /  </u>	\$
Name of Employer (Required): _____	<u>  /  /  </u>	\$
Occupation (Required): _____	Aggregate year-to-date	\$
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>Friends of Chad McMahan</u>	<u>7/21/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address: <u>1537 Hwy 145</u>	<u>  /  /  </u>	\$
City, State, Zip Code: <u>Oxmore, MS 38849</u>	<u>  /  /  </u>	\$
Name of Employer (Required): _____	<u>  /  /  </u>	\$
Occupation (Required): _____	Aggregate year-to-date	\$

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## 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 <i>Demard Bean</i>	<i>7 23 24</i>	\$ <i>250<sup>00</sup></i>
Mailing Address <i>608 Highland Cir</i>	__/__/__	\$
City, State, Zip Code <i>Tupelo, MS 38804</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
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 <i>Leann Bryan III</i>	<i>7 12 24</i>	\$ <i>250<sup>00</sup></i>
Mailing Address <i>1226 N. Clayton Ave</i>	__/__/__	\$
City, State, Zip Code <i>Tupelo, MS 38804</i>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
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 <i>Charles Hovis Jr</i>	__/__/__	\$
Mailing Address <i>1701 N. Lake Dr</i>	__/__/__	\$
City, State, Zip Code <i>Tupelo, MS 38804</i>	__/__/__	\$
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	\$

Non-Itemized  
 \$3,708.51