

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election



Name of Committee COMMITTEE TO ELECT DAVID SULLIVAN
Address P.O. BOX 1842 City/Zip GULFPORT, MS 39502-1842
Telephone 228-861-1779 Fax N/A
Treasurer JOHN S. HEATH, CPA Email Address JHEATHCPA@AOL.COM
Office Sought MS SUPREME COURT, DISTRICT 1, PLACE 2 Party Affiliation NON PARTISAN

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) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a committee files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) 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.

- (5) 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 PRIOR TO JANUARY 1, 2018**

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

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 32,700.00	\$ 4,700.00	\$ 37,400.00	\$ 76,200.00
TOTAL AMT OF DISBURSEMENTS	\$ 2,466.51	\$ 16.00	\$ 2,482.51	\$ 3,863.22
CASH ON HAND BALANCE				\$ 72,336.78
IN-KIND CONTRIBUTIONS				\$ 3,584.38

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

10/7/2024
Date

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).

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

Committee to Elect David Sullivan
 Itemized Receipts
 Reporting Period: July 1, 2024, thru September 30, 2024

NAME	PAC	LLC	CORP	INDIV	DATE	Amount of	Aggregate
					Mo.,Day,Yr.	receipt this period	year to date
Name COLE HARDIN Mailing Address 11122 BAYVIEW LANE City, State, Zip Code BILOXI, MS 39532 Employer ALLADIN CONSTRUCTION CO., INC. Occupation PROJECT MANAGER				X	7/7/2024	250.00	250.00
Name HAND LAW FIRM, PLLC Mailing Address P.O. BOX 24627 City, State, Zip Code JACKSON, MS 39225 Employer Occupation		X			7/7/2024	250.00	250.00
Name GULF COAST RESTAURANT GROUP, INC. Mailing Address 12068 INTRAPLEX PARKWAY City, State, Zip Code GULFPORT, MS 39503 Employer Occupation			X		7/14/2024	1,000.00	1,000.00
Name MICHAEL FONDREN Mailing Address 906 CONVENT AVENUE City, State, Zip Code PASCAGOULA, MS 39567 Employer SELF EMPLOYED Occupation ATTORNEY				X	7/22/2024	250.00	250.00
Name JIMMY MCGUIRE Mailing Address P.O. BOX 808 City, State, Zip Code WAVELAND, MS 39576 Employer RETIRED Occupation RETIRED				X	7/22/2024	250.00	250.00
Name IDA HENLEY Mailing Address 4109 CENTRAL STREET City, State, Zip Code GULFPORT, MS 39501 Employer IDA HENLEY LAW PLLC Occupation ATTORNEY				X	7/3/2024	250.00	250.00
Name ANNE MUSGROVE Mailing Address 13144 CHARLOTTE STREET City, State, Zip Code BILOXI, MS 39532 Employer MEMORIAL HOSPITAL AT GULFPORT Occupation NURSE PRACTITIONER				X	7/11/2024	250.00	250.00
Name BRENT MARTIN Mailing Address P.O. BOX 1184 City, State, Zip Code GULFPORT, MS 39502 Employer THE MARTIN LAW FIRM Occupation ATTORNEY				X	7/17/2024	250.00	250.00
Name CHUCK MCRAE Mailing Address 416 EAST AMITE STREET City, State, Zip Code JACKSON, MS 39225 Employer RETIRED Occupation RETIRED JUDGE				X	7/17/2024	500.00	500.00
Name SAMUEL MCCARROLL Mailing Address 11955 RIVER ESTATES COVE City, State, Zip Code BILOXI, MS 39532 Employer SELF EMPLOYED Occupation INDEPENDENT SALES REPRESENTATIVE				X	7/24/2024	250.00	250.00
Name JACQUELINE WILSON Mailing Address 11540 HOLLY BLUFF CIRCLE City, State, Zip Code BILOXI, MS 39532 Employer BILOXI BEACH RESORT RENTALS Occupation GENERAL MANAGER				X	7/25/2024	1,000.00	1,000.00
Name ROBERT WILLIAMS Mailing Address 6819 WASHINGTON AVENUE City, State, Zip Code OCEAN SPRINGS, MS 39564 Employer SELF-EMPLOYED Occupation DENTIST				X	7/25/2024	250.00	250.00
Name RICHARD HUCKABY Mailing Address 4406 BRIAR GLEN CIRCLE City, State, Zip Code MOUNTAIN BROOK, AL 35243 Employer WARREN AVERETT Occupation CPA				X	7/25/2024	250.00	250.00

Name	PAT FORE, III				X	8/18/2024	1,000.00	
Mailing Address	10686 CHANNELSIDE DRIVE							
City, State, Zip Code	GULFPORT, MS 39503							
Employer	PRE CAST CONCRETE PRODUCTS							
Occupation	EXECUTIVE						1,000.00	
Name	AARON CARLISLE				X	8/20/2024	300.00	
Mailing Address	63 BAYOU CIRCLE							
City, State, Zip Code	GULFPORT, MS 39507							
Employer	NORTHROP GRUMMAN							
Occupation	ENGINEER						550.00	
Name	IRBY BROTHERS			X		8/20/2024	250.00	
Mailing Address	P.O. BOX 7334							
City, State, Zip Code	D'IBERVILLE, MS 39540							
Employer							250.00	
Occupation								
Name	JUST LIKE NEW OVERSPRAY REMOVAL INC.			X		8/18/2024	250.00	
Mailing Address	P.O. BOX 4200							
City, State, Zip Code	BILOXI, MS 39535							
Employer							250.00	
Occupation								
Name	DONALD J. RAFFERTY				X	8/18/2024	1,000.00	
Mailing Address	P.O. BOX 4252							
City, State, Zip Code	GULFPORT, MS 39503							
Employer	SELF EMPLOYED							
Occupation	ATTORNEY						1,000.00	
Name	R.A. PAYNE				X	8/20/2024	250.00	
Mailing Address	63 BAYOU CIRCLE							
City, State, Zip Code	GULFPORT, MS 39507							
Employer	SELF-EMPLOYED							
Occupation	ATTORNEY						250.00	
Name	JOHN REA				X	8/20/2024	250.00	
Mailing Address	P.O. BOX 2116							
City, State, Zip Code	GULFPORT, MS 39505							
Employer	GULF COAST BUSINESS SUPPLY, INC.							
Occupation	PRESIDENT						250.00	
Name	R.L. EDWARDS				X	8/27/2024	250.00	
Mailing Address	P.O. BOX 277							
City, State, Zip Code	PASS CHRISTIAN, MS 39571							
Employer	SELF-EMPLOYED							
Occupation	ATTORNEY						250.00	
Name	RENAUD JAMES RAFFERTY				X	8/27/2024	100.00	
Mailing Address	722 EAST SECOND STREET							
City, State, Zip Code	PASS CHRISTIAN, MS 39571							
Employer	CITY OF PASS CHRISTIAN							
Occupation	MAYOR						750.00	
Name	DAWN BRADY				X	8/27/2024	500.00	
Mailing Address	25 HIGHLAND PARK VILLAGE, SUITE 100-759							
City, State, Zip Code	DALLAS, TX 75205							
Employer	RETIRED							
Occupation	RETIRED						500.00	
Name	WILLIAM ECKERT				X	9/4/2024	250.00	
Mailing Address	1317 - 26TH AVENUE							
City, State, Zip Code	GULFPORT, MS 39501							
Employer	ECKERT & TARLETON, LLC							
Occupation	ATTORNEY						250.00	
Name	HEATH SULLIVAN				X	9/5/2024	300.00	
Mailing Address	1423 - 24TH AVENUE							
City, State, Zip Code	GULFPORT, MS 39501							
Employer	GULF SOUTH LAW FIRM PLLC							
Occupation	ATTORNEY						250.00	
Name	STEVEN WARREN				X	9/11/2024	1,000.00	
Mailing Address	10907 WATERSIDE DRIVE							
City, State, Zip Code	GULFPORT, MS 39503							
Employer	WARREN PAVING COMPANY, INC.							
Occupation	EXECUTIVE						2,000.00	
Name	CATHERINE SULLIVAN				X	9/13/2024	500.00	
Mailing Address	725 SENECA AVENUE							
City, State, Zip Code	JACKSON, MS 39216							
Employer	RETIRED							
Occupation	RETIRED						500.00	
Name	J. MICHAEL CASSADY				X	9/19/2024	250.00	
Mailing Address	626 SECOND STREET							
City, State, Zip Code	GULFPORT, MS 39501							
Employer	SELF-EMPLOYED							
Occupation	PROFESSIONAL SURVEYOR						250.00	

Name	RICHARD B. SCHWARTZ				X	9/19/2024	5,000.00
Mailing Address	P.O. BOX 3949						
City, State, Zip Code	JACKSON, MS 39207						
Employer	S & S CONSULTING, LLC						5,000.00
Occupation	ATTORNEY						
Name	THE DIAZ LAW FIRM PLLC			X		9/20/2024	500.00
Mailing Address	208 WATERFORD SQUARE, SUITE 300						
City, State, Zip Code	MADISON, MS 39110						
Employer							750.00
Occupation							
Name	BURR & FORMAN LLP				X	9/20/2024	500.00
Mailing Address	420 NORTH 20TH STREET, SUITE 3400						
City, State, Zip Code	BIRMINGHAM, AL 35203						
Employer							500.00
Occupation							
Name	MICHAEL MCCABE, JR.				X	9/23/2024	250.00
Mailing Address	3 HOLLY COURT						
City, State, Zip Code	GULFPORT, MS 39503						
Employer	BUTLER SNOW LAW FIRM						250.00
Occupation	ATTORNEY						
Name	PATRICIA MYRICK				X	9/19/2024	2,500.00
Mailing Address	104 KENSINGTON DRIVE						
City, State, Zip Code	MADISON, MS 39110						
Employer	CLYDE I, LLC						2,500.00
Occupation	MANAGER						
Name	KEOTH BARTON				X	9/30/2024	1,500.00
Mailing Address	613 CRESCENT CIRCLE						
City, State, Zip Code	RIDGELAND, MS 39157						
Employer	SELF-EMPLOYED						1,500.00
Occupation	ATTORNEY						
Name	CORBIN CADIGAN				X	9/30/2024	250.00
Mailing Address	145 JUMPER LANE						
City, State, Zip Code	CORINTH, MS 38834						
Employer	NORTHROP GRUMMAN						250.00
Occupation	ENGINEER						
Name	ALADDIN CONSTRUCTION, INC.				X	9/30/2024	1,000.00
Mailing Address	12273B - SHRINERS BOULEVARD						
City, State, Zip Code	BILOXI, MS 39532						
Employer							250.00
Occupation							

Total of receipts itemized	32,700.00
Non-Itemized receipts	<u>4,700.00</u>
Total receipts July 1, 2024, thru September 30, 2024	<u>37,400.00</u>

Committee to Elect David Sullivan
Itemized Disbursements
Reporting Period: July 1, 2024, thru September 30, 2024

NAME	DATE Mo.,Day.Yr.	Amount of disbursement this period	Aggregate year to date
Name Mailing Address City, State, Zip Purpose of Disbursement	ANEDOT 1340 POYDRAS STREET, SUITE 1770 NEW ORLEANS, LA 70112 CREDIT CARD PROCESSING FEES FOR JULY, AUGUST, AND SEPTEMBER 2024	7/31/24 126.70 8/31/24 30.90 9/30/24 470.30	907.30
Name Mailing Address City, State, Zip Purpose of Disbursement	DAVID SULLIVAN 741 CLOVER PLACE BILOXI, MS 39532 REIMBURSEMENT FOR EVENT COST FOR MARY MAHONEY'S CAMPAIGN FUND RAISER..	8/12/24 564.39 8/12/24 56.86 8/12/24 40.56	661.81
Name Mailing Address City, State, Zip Purpose of Disbursement	STEPHANY SULLIVAN 741 CLOVER PLACE BILOXI, MS 39532 REIMBURSEMENT FOR CAMPAIGN SUPPLIES, MILEAGE EXPENSE REIMBURSEMENT, AND OTHER CAMPAIGN RELATED EXPENES	8/9/24 167.11 9/12/24 183.58 9/20/24 200.00	793.26
Name Mailing Address City, State, Zip Purpose of Disbursement	MARY PAXTON HEISKILL 611 PARK DRIVE OXFORD, MS 38655 CAMPAIGN RELATED TRAVEL EXPENSE REIMBURSEMENT FOR JULY AND AUGUST 2024	8/7/24 438.86	438.86
Name Mailing Address City, State, Zip Purpose of Disbursement	JOHN EDWARD BATES PHOTOGRAPHY P.O. BOX 2818 GULFPORT, MS 39505 PROFESSIONAL PHOTOGRAPHY SERVICES AT CAMPAIGN EVENT	8/7/24 187.25	374.50
Total of itemized disbursements			2,466.51
Non-itemized disbursements			<u>16.00</u>
Total disbursements July 1, 2024, thru September 30, 2024			<u>2,482.51</u>

Name of Candidate or Committee Committee to Elect David P. Sullivan
 Reporting period July 1, 2024 through Septemeber 30, 2024

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name <u>F.E.B. Distributing Co. Inc</u>		<u>07/23/2024</u>
Mailing Address <u>P.O. Box 10140</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Gulfport, MS 39505</u>		
Name of Employer (Required)		\$ 376.64 <input checked="" type="checkbox"/>
Occupation (Required)		

In-Kind Description:
 Miller, Miller Lite, Coors, Coors Lite, Truly Seltzers for campaign receptions.

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>Restaurant</u>		Date (Mo., Day, Year)
Full name <u>Dan B's Restaurant & Bar</u>		<u>08/21/2024</u>
Mailing Address <u>109 S Beach Blvd</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Bay St. Louis, MS 39520</u>		
Name of Employer (Required)		\$ 1000.00 <input checked="" type="checkbox"/>
Occupation (Required)		

In-Kind Description:
 Provided boiled shrimp (\$700.00) and bar tab (\$300.00) for Campaign Meet and Greet for David P. Sullivan.

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Name of Candidate or Committee Committee to Elect David P. Sullivan
 Reporting period July 1, 2024 through September 30, 2024

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name <u>Magnolia Smoke Cooking, LLC</u>		<u>08/17/2024</u>
Mailing Address <u>784 Ivy Hill Drive</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Biloxi, MS 39532</u>		
Name of Employer (Required)		\$ 1250.00
Occupation (Required)		

In-Kind Description:
 Provided food and service for campaign reception.

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name <u>Flash Printing USA, LLC</u>		<u>08/05/2024</u>
Mailing Address <u>P.O. Box 6914</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Gulfport, MS 39507</u>		
Name of Employer (Required)		\$84.26
Occupation (Required)		

In-Kind Description:
 Printed campaign banners (2)

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Name of Candidate or Committee Committee to Elect David P. Sullivan
 Reporting period July 1, 2024 through Septemeber 30, 2024

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name <u>Bronco Life LLC DBA Shirt Shack</u>		<u>07/03/2024</u>
Mailing Address <u>15208 Lemoyne Blvd</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Biloxi, MS 39532</u>		
Name of Employer (Required)		\$ 653.48
Occupation (Required)		

In-Kind Description:
 Provided t-shirts, hats, koozies with printed and embroidered campaign logo.
 David P. Sullivan for Supreme Court
 Paid for by the Committee to Elect David P. Sullivan

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name <u>Quality Bakery, Wiggins</u>		<u>09/21/2024</u>
Mailing Address <u>390 W. Flora Gene Ave</u>		Estimated Amount of In-Kind Contribution*
City, State, Zip Code <u>Wiggins, MS 39577</u>		
Name of Employer (Required) <u>Gordon and Danielle White</u>		\$ 100.00
Occupation (Required) <u>Owners</u>		

In-Kind Description:
 Provided location space and donuts for Campaign Meet and Greet.

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Name of Candidate or Committee Committee to Elect David P. Sullivan
 Reporting period July 1, 2024 through September 30, 2024

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name Sadie Jane's Fresh Flowers		08/17/2024
Mailing Address 500 D Courthouse Road		Estimated Amount of In-Kind Contribution*
City, State, Zip Code Gulfport, MS 39507		
Name of Employer (Required) Jeannie Brackin		\$ 120.00
Occupation (Required)		

In-Kind Description:
 Provided 6 small table floral arrangements for campaign reception fundraiser.

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name		__ / __ / __
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.