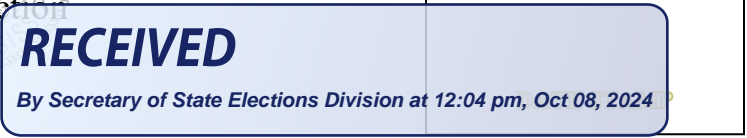


Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Election



Name of Committee Committee To Elect Jennifer Schlegel
Address Post Office Box 1118 City/Zip Biloxi, MS 39533
Telephone 228-861-6467 Fax _____
Treasurer Kimberly Renee Hanks Email Address jackson.kimberlyhanks@gmail.com lmluckey3189@gmail.com
Office Sought Judge Court of Appeals, Dist 5, PI 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				\$ 1,988.18
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE				\$ 1,988.18

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

JAN. 1, 2024 CASH ON HAND BALANCE				\$ 1,988.18
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 14,250.00	\$ 300.00	\$ 14,550.00	\$ 173,669.70
TOTAL AMT OF DISBURSEMENTS	\$ 17,835.13	\$	\$ 17,835.13	\$ 47,064.72
CASH ON HAND BALANCE				\$ 128,593.16
IN-KIND CONTRIBUTIONS				\$ -0-

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

October 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.

Name of Candidate or Committee Committee to Elect Jennifer SchloegelReporting period July 1, 2024 through September 30, 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 Barlow and Goff	07/18/2024	\$ 250.00
Mailing Address 108 Formosa Drive	___/___/___	\$
City, State, Zip Code Brandon, MS 39047	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 250.00
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 Dawn Smith	07/18/2024	\$ 250.00
Mailing Address 326 East Cavers Ave.	___/___/___	\$
City, State, Zip Code Wiggins, MS 39577	___/___/___	\$
Name of Employer (Required) Self	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 250.00
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 Robert Wygul	07/18/2024	\$ 500.00
Mailing Address 334 Lover's Lane	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required) Retired	___/___/___	\$
Occupation (Required) Attorney at Law	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 Haug, Farrar & Franco, PLLC	07/18/2024	\$ 1,000.00
Mailing Address 2336 Government St., Ste. A	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee To Elect Jennifer SchloegelReporting period July 1, 2024 through September 30, 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 Memorial Asset Protection Plan, LLC	<u>07/23/2024</u>	\$ 250.00
Mailing Address P.O. Box 7302	___/___/___	\$
City, State, Zip Code D'Iberville, MS 39540	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) Estate planning and financial services	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 Ozerden Law Firm, PLLC	<u>06/30/2024</u>	\$ 500.00
Mailing Address P.O. Box 351	___/___/___	\$
City, State, Zip Code Gulfport, MS 39502	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 500.00
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 Alwyn and Jeanne Luckey	<u>08.12/2024</u>	\$ 1,000.00
Mailing Address 2111 Bienville Blvd.	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required) Law Offices of Alwyn H. Luckey	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$1,000.00
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 Markham K. Moore	<u>08./12./2024</u>	\$ 1,000.00
Mailing Address 6221 Hermosa Drive	___/___/___	\$
City, State, Zip Code Ocean Springs MS 39564	___/___/___	\$
Name of Employer (Required) Markham K. Moore Law Firm	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee To Elect Jennifer SchloegelReporting period July 1, 2024 through September 30, 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 James K. Wetzel & Associates, P.A.	<u>08</u> / <u>02</u> / <u>2024</u>	\$ 500.00
Mailing Address P.O. Box 1	___/___/___	\$
City, State, Zip Code Gulfport, MS 39502	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) Law Firm	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 Holleman Law Firm	<u>08</u> / <u>02</u> / <u>2024</u>	\$ 500.00
Mailing Address 2004 24th Ave.	___/___/___	\$
City, State, Zip Code Gulfport, MS 39501	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) Law Firm	Aggregate year-to-date	\$ 500.00
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 Michele Biegel	<u>09</u> / <u>19</u> / <u>2024</u>	\$ 500.00
Mailing Address 416 East Amite Street, Jackson, MS 39201	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) Law Office of Michele D. Biegel, PLLC	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 500.00
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 K.C. Hightower	<u>09</u> / <u>03</u> / <u>2024</u>	\$ 250.00
Mailing Address 100 White Blvd, Ocean Springs, MS	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) Balch and Bingham, LLP	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee To Elect Jennifer SchloegelReporting period July 1, 2024 through September 30, 2024

ITEMIZED CONTRIBUTIONS

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 McCabe, Jr.</u>	<u>09./19/2024</u>	\$ 250.00
Mailing Address <u>3 Holly Ct., Gulfport, MS 39503-6211</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) <u>Butler Snow</u>	___/___/___	\$
Occupation (Required) <u>Attorney at Law</u>	Aggregate year-to-date	\$ 250.00
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 <u>Rusty Walker</u>	<u>08 20. 2024</u>	\$ 250.00
Mailing Address <u>18 31st Street, Gulfport, MS 39507</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) <u>City of Gulfport</u>	___/___/___	\$
Occupation (Required) <u>City Council</u>	Aggregate year-to-date	\$ 250.00
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>Brandon Riches</u>	<u>07/22/2024</u>	\$ 250.00
Mailing Address <u>7011 Ute Court, Ocean Springs, MS 39564-3539</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) <u>Riches Law Firm</u>	___/___/___	\$
Occupation (Required) <u>Attorney at Law</u>	Aggregate year-to-date	\$ 250.00
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 <u>Jason Ruiz</u>	<u>07./18./2024</u>	\$ 250.00
Mailing Address <u>110 Heron Park Place Ocean Springs Mississippi 39564</u>	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) <u>Morris Bart, Ltd.</u>	___/___/___	\$
Occupation (Required) <u>Attorney at Law</u>	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee To elect Jennifer SchloegelReporting period July 1, 2024 through September 30, 2024

ITEMIZED CONTRIBUTIONS

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>John Bamban</u>	<u>07 / 10 / 2024</u>	\$ <u>250.00</u>
Mailing Address <u>14605 antiqua ct, Biloxi, MS 39532</u>	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required) <u>Advanced Chiropractic and Wellness</u>	___ / ___ / ___	\$
Occupation (Required) <u>Chiropractor</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>Christopher Van Cleave</u>	<u>07 / 08 / 2024</u>	\$ <u>250.00</u>
Mailing Address <u>146 Porter Avenue, Biloxi, MS 39530</u>	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required) <u>Van Cleave Law, PA</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney at Law</u>	Aggregate year-to-date	\$ <u>250.00</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>Pavlov Law</u>	<u>07 / 16 / 2024</u>	\$ <u>250.00</u>
Mailing Address <u>130 Booth Cir, Ocean Springs, MS</u>	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required) <u>The Pavlov Law Firm, PLLC</u>	___ / ___ / ___	\$
Occupation (Required) <u>Law Firm</u>	Aggregate year-to-date	\$ <u>250.00</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>Richard B. Schwartz</u>	<u>09 / 16 / 2024</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 3949, Jackson MS 39207</u>	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required) <u>Law Office of Richard Schwartz</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney at Law</u>	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Committee To Elect Jennifer Schloegel
 Reporting period July 1, 2024 through September 30, 2024

ITEMIZED CONTRIBUTIONS

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 Henry F. Laird	<u>09/16./2024</u>	\$ 500.00
Mailing Address 521 East Second St., Pass Christian, MS 39571	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) Wise Carter Child & Caraway, P.A.	___/___/___	\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 500.00
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 Richard P. Salloum	<u>09/18./2024</u>	\$ 500.00
Mailing Address 10071 Lorraine Rd., Gulfport, MS 39503	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) Franke & Salloum, PLLC	___/___/___	\$
Occupation (Required) Attorney at Law	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 Committee To Elect Jennifer Schloegel

Reporting period July 1, 2024 through September 30, 2024

ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS

A. 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 NONE	___ / ___ / ___
Mailing Address	Estimated Amount of In-Kind Contribution*
City, State, Zip Code	
Name of Employer (Required)	\$
Occupation (Required)	

In-Kind Description:

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.

Name of Candidate or Committee Committee to Elect Jennifer Schloegel

Reporting period July 1, 2024 through September 30, 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
<u>Anedot</u>	<u>09/27/2024</u>	\$ <u>115.90</u>
Mailing Address <u>1340 Poydras Street</u>	<u>09/27/2024</u>	\$
City, State, Zip Code <u>New Orleans, Louisiana</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Online Donation Processing Fees</u>	Aggregate Year-to-date	\$
B. Full name <u>Coastal Concepts, LLC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>10900 East Taylor Road, Apt 112</u>	<u>08/10/2024</u>	\$ <u>4,500.00</u>
City, State, Zip Code <u>Gulfport, MS 39503</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Campaign Consulting August - October, 2024</u>	Aggregate Year-to-date	\$
C. Full name <u>Lamar Advertising</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>10571 Outdoor Way</u>	<u>09/26/2024</u>	\$ <u>\$3,437.00</u>
City, State, Zip Code <u>Gulfport, MS 39503</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Advertising</u>	Aggregate Year-to-date	\$
D. Full name <u>Laurel Luckey</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2111 Bienville Blvd. Ocean Springs MS</u>	<u>09/20/2024</u>	\$ <u>205.43</u>
City, State, Zip Code <u>07/01/2024</u>	<u>07/01/2024</u>	\$ <u>805.98</u>
Purpose of Disbursement (Optional) <u>Reimbursement for mileage and postage</u>	Aggregate Year-to-date	\$
E. Full name <u>Dunaway Signs</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>12224 Parker Creek Rd Biloxi, MS 39532</u>	<u>07/26/2024</u>	\$ <u>722.25</u>
City, State, Zip Code <u>___/___/___</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Signage</u>	Aggregate Year-to-date	\$
F. Full name <u>Illustrative Ink</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>18444 Blaylock Rd Saucier, MS 39574</u>	<u>___/___/___</u>	\$ <u>3,723.60</u>
City, State, Zip Code <u>___/___/___</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Bus Signage</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee To Elect Jennifer Schloegel

Reporting period July 1, 2024 through September 30, 2024

ITEMIZED DISBURSEMENTS

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

A. Full name	Date	Amount of each
Coast Transit Authority	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
333 Debuys Road, Gulfport, MS 39507	__ / __ / __	4,325.00
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
Bus Advertising	Year-to-date	
B. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	__ / __ / __	
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
C. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	__ / __ / __	
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
D. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	__ / __ / __	
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	__ / __ / __	
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address		\$
	__ / __ / __	
City, State, Zip Code		\$
	__ / __ / __	
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	