

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS

20

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By Secretary of State Elections Division at 8:02 am, Jul 09, 2024

Name of Committee Committee to Elect Justice Dawn Bean
 Address PO Drawer 15099 City/Zip Hattiesburg, MS 39404
 Telephone 601-264-3519 Fax 601-264-3642
 Treasurer Richard Topp Email Address richard@tmhcapas.com
 Office Sought Supreme Court Justice Party Affiliation NA

☐ 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 23-15-821, 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	\$			
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$	\$
CASH ON HAND BALANCE	\$			

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

JAN. 1, 2024 CASH ON HAND BALANCE	\$			
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 27,608.00	\$	\$ 27,608.00	\$ 63,958.00
TOTAL AMT OF DISBURSEMENTS	\$ 12,360.44	\$ 16.30	\$ 12,376.94	\$ 28,595.05
CASH ON HAND BALANCE	\$ 35,362.95			
IN-KIND CONTRIBUTIONS	\$			

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

7/8/2024
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 Elect Justice Dawn BeamReporting period 6-1-24 through 6-30-24

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>W.E. Whitfield & Anita Whitfield</u>		<u>6/1/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1002</u>		<u> / / </u>	\$
City, State, Zip Code <u>Gulfport MS 39501</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Dr. Patricia Vanderloo</u>		<u>6/3/24</u>	\$ <u>25.00</u>
Mailing Address <u>5. Beaver Rd</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>25.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Donald L + Lisa G. Doleac</u>		<u>6/3/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1936</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39401</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 type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Allen Anderson</u>		<u>6/3/24</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Box 17632</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>100.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-1-24 through 6-30-24

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>Terry M + Pamela W. Carney</u>	<u>6/3/24</u>	\$ <u>50.00</u>
Mailing Address <u>42 Pirate Dr</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>50.00</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>David M. Allison</u>	<u>6/2/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 362</u>	<u> / / </u>	\$
City, State, Zip Code <u>CARRIERE MS 39426</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>Smiles Ahead, PC</u>	<u>6/1/24</u>	\$ <u>100.00</u>
Mailing Address <u>7117 US Hwy 98 W</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>100.00</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>Kim S + Erin P. Bradley</u>	<u>6/3/24</u>	\$ <u>100.00</u>
Mailing Address <u>130 Mandatay Dr</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402-2034</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-1-24 through 6-30-24

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>MPA - PAC MS Poultry Assn</u>	<u>6/4/24</u>	\$ <u>5000.00</u>
Mailing Address <u>110 Airport Rd Ste - C</u>	<u> / / </u>	\$
City, State, Zip Code <u>Pearl MS 39208</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>5,000.00</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>Sam L + Debra P Herlein</u>	<u>6/4/24</u>	\$ <u>20.00</u>
Mailing Address <u>180 Jeffcoats Rd</u>	<u> / / </u>	\$
City, State, Zip Code <u>Petal MS 39465</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>20.00</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>Ben + Denise P. Galloway</u>	<u>6/5/24</u>	\$ <u>100.00</u>
Mailing Address <u>7 Bayou Oaks Ln</u>	<u> / / </u>	\$
City, State, Zip Code <u>Gulfport MS 39503</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>100.00</u>
D. Source: <input checked="" 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>S. Christopher Farris, Atty at Law</u>	<u>6/7/24</u>	\$ <u>500.00</u>
Mailing Address <u>6645 US Hwy 98 W Ste-3</u>	<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee Elect Justice Dawn Beam

Reporting period 6-1-24 through 6-30-24

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>MR + MRS Joseph R. Meadows</u>	<u>6/11/24</u>	\$ <u>250.00</u>
Mailing Address <u>15029 Laurelwood DR</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>GULFPORT MS 39503</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	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) _____		
Full name <u>DAVID OR Charlotte Conner</u>	<u>6/12/24</u>	\$ <u>50.00</u>
Mailing Address <u>14102 Hwy 613</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Lucedale MS 39452</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>50.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Michael Fondren</u>	<u>6/12/24</u>	\$ <u>250.00</u>
Mailing Address <u>906 Convent AVE</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pascagoula MS 39567</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Hattiesburg Clinic Healthcare Policy</u>	<u>6/17/24</u>	\$ <u>5000.00</u>
Mailing Address <u>P.O. Box 17739</u> Comm.	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39404</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>5,000.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-1-24 through 6-30-24

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>TRUCK - PAC</u>	<u>6/19/24</u>	\$ <u>1000.00</u>
Mailing Address <u>825 North President St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON MS 39202</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>Paul T Benton</u>	<u>6/20/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1341</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Biloxi MS 39533</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) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Island View Casino Resort</u>	<u>6/20/24</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1600</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>GULFPORT MS 39502-1600</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
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>Maggie Clark Media Svcs</u>	<u>6/26/24</u>	\$ <u>500.00</u>
Mailing Address <u>139 Bent Creek DR</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Brandon MS 39047</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-1-24 through 6-30-24

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>Byron J Stockstill</u>	<u>6/27/24</u>	\$ <u>200.00</u>
Mailing Address <u>PO Drawer 1076</u>	___/___/___	\$
City, State, Zip Code <u>Picayune MS 39466-1076</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
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) _____		
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Eject Justice Dawn Beam
 Reporting period 6-12-24 through 6-25-24

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>Sally Burchfield Doty</u>	<u>6/12/24</u>	\$ <u>100.00</u>
Mailing Address <u>183 Oak Hill Dr NE</u>	___/___/___	\$
City, State, Zip Code <u>Brookhaven MS 39601-3600</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>100.00</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>Kirby Mills Anderson</u>	<u>6/14/24</u>	\$ <u>175.00</u>
Mailing Address <u>8 Bay Landing</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>175.00</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>Dannie J. Kibodeaux</u>	<u>6/17/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2152</u>	___/___/___	\$
City, State, Zip Code <u>Hattiesburg MS 39403</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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>Naldon J. Kittrell</u>	<u>6/18/24</u>	\$ <u>200.00</u>
Mailing Address <u>1214 Church St</u>	___/___/___	\$
City, State, Zip Code <u>Columbia MS 39429</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-12-24 through 6-25-24

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>MS MEDICAL P.A.C.</u>		<u>6/18/24</u>	\$ <u>5000.00</u>
Mailing Address <u>P.O. Box 2548</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland MS 39158-2548</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>5,000.00</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>Alerta A. Fitch</u>		<u>6/19/24</u>	\$ <u>500.00</u>
Mailing Address <u>77 Shady Lane</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</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>MS Petroleum Marketers +</u>		<u>6/20/24</u>	\$ <u>1000.00</u>
Mailing Address <u>Convenience Store Assoc. P.A.C.</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>P.O. DRAWER 3859</u>		<u>—/—/—</u>	\$
Name of Employer (Required) <u>JACKSON MS 39207</u>		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</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>MS Hospitality + Restaurant Assn.</u>		<u>6/20/24</u>	\$ <u>500.00</u>
Mailing Address <u>11 Northtown DR, Ste-125</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON MS 39211</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Elect Justice Dawn Beam
 Reporting period 6-12-24 through 6-25-24

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>JACKS GRIFFITH LUCIANO, P.A.</u>	<u>6/21/24</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1209</u>	___/___/___	\$
City, State, Zip Code <u>Cleveland MS 38732</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dawn Beam</u>	<u>6/01/24</u>	\$ <u>3,388.00</u>
Mailing Address <u>5 Columbia Ave.</u>	___/___/___	\$
City, State, Zip Code <u>Sumrall, MS 39482</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>3,388.00</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>Charles Elliott</u>	<u>06/11/24</u>	\$ <u>250.00</u>
Mailing Address <u>213 Sunset Circle</u>	___/___/___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
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 Justice Dawn Beam
 Reporting period 6/1/24 through 6/30/24

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>Frontier Strategies</u>	<u>6/2/24</u>	\$ <u>6,947.64</u>
Mailing Address <u>PO Box 13292</u>		
City, State, Zip Code <u>JACKSON, MS 39236 - 3292</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Consulting, FANS, Adv., Stickers</u>	Aggregate Year-to-date	\$ <u>14,632.02</u>
B. Full name <u>Various (Post office handouts)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u> </u>	<u>6/1/24</u>	\$ <u>1,388.00</u>
City, State, Zip Code <u> </u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,388.00</u>
C. Full name <u>Ryan Clanton</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 463</u>	<u>6/1/24</u>	\$ <u>2,000.00</u>
City, State, Zip Code <u>Meadville, MS 39653</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,000.00</u>
D. Full name <u>Frontier Strategies - Vision</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>740 Avignon Dr. Ste. A</u>	<u>6/28/24</u>	\$ <u>2,025.00</u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16,657.02</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$