Michael Watson SECRETARY OF STATE

Political Committee REPORT OF RECEPTS AND DISBURSEMENTS

RECEIVED

By Secretary of State Elections Division at 9:56 am, Oct 10, 2024

Name of Committee COMMITTEE TO RE-EIG	ect 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
$\square \qquad \text{Check here if above is different from pr}$ \underline{TY}	revious report PE OF REPORT
May 10, 2024 Periodic Report (January 1, 2024 thro	ugh April 30, 2024)Mandatory
June 10, 2024 Periodic Report (May 1, 2024 through	h May 31, 2024)
July 10, 2024 Periodic Report (June 1, 2024 through	June 30, 2024)
October 10, 2024 Periodic Report (July 1, 2024 thro	ough September 30, 2024)
October 29, 2024 Pre-Election Report (October 1, 2	2024 through October 27, 2024)
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)
Termination Report (Committee will no longer acceedance expenditures, has no outstand	pt contributions, make campaign ing 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.
- 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	\$199,040.00	\$2,025.000	\$201,065.00	\$288,502.00
TOTAL AMT OF DISBURSEMENTS	\$142,807.09	\$0.00	\$142,807.09	\$189,674.80
CASH ON HAND BALANCE				\$98,827.20
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

October 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.

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Reporting period July 1, 2024 through September 30, 2024

<u> </u>	1
Date (Mo., Day, Year)	Amount of each receipt this period
07/04/24	\$500.00
//	\$
'	\$
'	\$
Aggregate vear–to-date	\$500.00
Date	Amount of each receipt
	this period
07/16/24	^{\$} 2,500.00
//	\$
''_	S
'	\$
Aggregate year–to-date	\$2,500.00
Date (Mo. Day Vear)	Amount of each receipt
	this period
07/20/24	^{\$} 500.00
''_	\$
	S
''	\$
//	\$
Aggregate ycar-to-date	\$ 500.00 Amount of each
year-to-date	\$ \$500.00
ycar–to-date Date	\$ 500.00 Amount of each receipt
year-to-date Date (Mo., Day, Year)	\$ 500.00 Amount of each receipt this period
year-to-date Date (Mo., Day, Year) 07 / 20 /24	\$ 500.00 Amount of each receipt this period \$500.00
year-to-date Date (Mo., Day, Year) 07 / 20 /24	\$ \$500.00 Amount of each receipt this period \$500.00
	(Mo., Day, Year) 07 / 04 / 24

Reporting period July 1, 2024

through September 30, 2024

A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Lisa Baron	<u>07 / 20 / 24</u>	\$5,000.00
4740 Cochran Chapel Road	''	\$
City, State, Zip Code Dallas, TX 75209	'	\$
Name of Employer (Required) Baron and BLue		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$5,000.00
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Taylor Chaney	07/20/24	^{\$} 250.00
Mailing Address 218 Riverside Drive	//	\$
City, State, Zip Code Arkadelphia, AR 71923	'	\$
Name of Employer (Required) Chaney Law Firm, PA	//	\$
Occupation (Required) Attorreny	Aggregate year–to-date	^{\$} 250.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Mathew Dundon	07/20/24	^{\$} 500.00
Mailing Address 12 Split Tree Road	//	\$
City, State, Zip Code Scarsdale, NY 10583	//	\$
Name of Employer (Required) Dundon Advisors, LLC	//	\$
Occupation (Required) Financial Advisor	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Kathleen Farinas	07, 20,24	\$1,000.00
Mailing Address 6902 Bluffridge Parkway	//	\$
City, State, Zip Code Indianapolis, IN 46278	//	\$
Name of Employer (Required) Dean Omar, Branham, & Shirley, LLP	//	\$
Occupation (Required) Attorney	Aggregate ycar–to-date	^{\$} 1,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Betsy Greene	07,20,24	\$250.00
Mailing Address 2901 South Somerset PL	/	\$
City, State, Zip Code Bloomington, IN 47401		\$
Name of Employer (Required) Greene & Schultz	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Russ Herman	07/20/24	^{\$} 5,000.00
Mailing Address 150 Broadway Street, Suite 502		\$
City, State, Zip Code New Orleans, LA 70118	//	\$
Name of Employer (Required) Herman Herman & Katz	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$5,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Linda Lipsen	07/20/24	^{\$} 500.00
Mailing Address 3033 Ord Way		\$
Washington, DC 20008	//	\$
Name of Employer (Required) American Association for Justice	//	S
Occupation (Required) Chief Executive Officer	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Christopher Nace	07, 20,24	\$500.00
Mailing Address 5 Island Avenue	//	\$
City, State, Zip Code Miami, FL 33139	//	\$
Name of Employer (Required) Paulson & Nace, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Mary Beth Ramey	07 / 20 / 24	\$2,500.00
Mailing Address 6749 Thoroughbred Drive	//	\$
City, State, Zip Code Indianapolis, IN 46278	//	\$
Name of Employer (Required) Ramey & Hailey	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Elise Sanguinetti	07/20/24	^{\$} 1,000.00
Mailing Address 26 Keley Court	'	\$
City, State, Zip Code Walnut Creek, CA 94598	//	\$
Name of Employer (Required) Arias, Sanguinetti, Wang and Team, LLP	//	\$
Occupation (Required) Attorney	Aggregate vear–to-date	§1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Nick Verderame	<u>07,20,24</u>	^{\$} 500.00
Mailing Address 1022 East Palmaire Avenue	//	\$
Phoenix, AZ 85020	//	\$
Name of Employer (Required) Plattner Verderame	//	\$
Occupation (Required) Attorney	Aggregate year-to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
James R. Segars III	07, 21,24	\$2,000.00
Mailing Address 208 Tamworth Lane		\$
City, State, Zip Code Madison, MS 39110	''	\$
Name of Employer (Required) The Diaz Law Firm, PLLC		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 2,500.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Maria Glorioso	<u>07 / 21 / 24</u>	^{\$} 500.00
Mailing Address 2716 Athania Parkway		\$
City, State, Zip Code Metairie, LA 70002	//	\$
Name of Employer (Required) Self	//	S
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Mike Saltaformaggio	07/21/24	^{\$} 2,500.00
Mailing Address 1227 East Fortification Street	'	\$
City, State, Zip Code Jackson, MS 39202	//	\$
Name of Employer (Required) Maggio Law	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 2,500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Michel Arias	07,22,24	\$200.00
Mailing Address 6701 Center Drive West 14th Floor		\$
Los Angeles, CA 90045	//	\$
Name of Employer (Required) Arias, Sanguinetti, Wang and Team, LLP	//	S
Occupation (Required) Attorney	Aggregate year–to-date	\$200.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Kathleen Nastri	07, 21,24	\$500.00
Mailing Address 4474 Whitney Avenue		s
City, State, Zip Code Hamden, CT 06518		\$
Name of Employer (Required) Koskoff, Koskoff & Bieder		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Day	07 / 23 / 24	\$500.00
Mailing Address 1015 Falling Leaf Circle	//	\$
City, State, Zip Code Bentwood, TN 37027	'	S
Name of Employer (Required) Law Offices of John Day	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Maria Diamond	07/23/24	^{\$} 250.00
Mailing Address Post Office Box 98962		\$
City, State, Zip Code Seattle, WA 98128		\$
Name of Employer (Required) Diamond Massong		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	****	receipt this period
	(Mo., Day, Year)	receipt
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209	(Mo., Day, Year)	receipt this period \$1,000.00
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal	(Mo., Day, Year)	receipt this period \$1,000.00
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney	(Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209	(Mo., Day, Year) 07 / 23 / 24 / / / / Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	(Mo., Day, Year) 07 / 23 / 24 / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ 1,000.00 Amount of each receipt this period
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name William Deas	(Mo., Day, Year) 07 / 23 / 24 / / / / Aggregate year-to-date Date	receipt this period \$1,000.00 \$ \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney D. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name William Deas Mailing Address 2659 Lake Circle	(Mo., Day, Year) 07 / 23 / 24 / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period
Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney D. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name William Deas Mailing Address 2659 Lake Circle City, State, Zip Code Jackson. MS 39211	(Mo., Day, Year) 07 / 23 / 24	receipt this period \$1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$5,000.00
Other (please specify) Full name Peter Kraus Mailing Address 4906 Shadywood Lane City, State, Zip Code Dallas, TX 75209 Name of Employer (Required) Water, Kraus, Paul & Siegal Occupation (Required) Attorney D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name William Deas Mailing Address 2659 Lake Circle	(Mo., Day, Year) 07 / 23 / 24 / / / / Aggregate year-to-date (Mo., Day, Year) 07 / 26 /24 / /	receipt this period \$1,000.00 \$ \$ \$ \$ \$ \$ \$ \$1,000.00 Amount of each receipt this period \$5,000.00 \$

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Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Les Weisbrod	07/23/24	\$5,000.00
Mailing Address 6230 Lavendale Avenue	//	\$
City, State, Zip Code Dallas, TX 75230	'	S
Name of Employer (Required) Weisbrod and Weisbrod	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$5,000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William Liston III	07/26/24	^{\$} 5,000.00
Mailing Address 3838 Redbud	//	S
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Liston & Deas	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$5,000.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name William Reed	07/26/24	\$500.00
Mailing Address Post Office Box 44		\$
City, State, Zip Code		\$
Pascagoula, MS 39568 Name of Employer (Required) Oswald & Reed		S
Oscupation (Required)	//	
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert McDuff	07, 28,24	\$250.00
Mailing Address 767 North Congress Street		\$
City, State, Zip Code Jackson MS 39202		\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Willie Abston	07/29/24	\$1,000.00
Mailing Address 252 Kathrine Drive, Suite C	//	S
City, State, Zip Code Flowood, MS 39232	//	S
Name of Employer (Required) Abston Law Firm		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Stephen J. Herman	07 /29 24	^{\$} 2,500.00
Mailing Address 5346 Chestnut Street		\$
City, State, Zip Code New Orleans, LA 70115	//	\$
Name of Employer (Required) Herman Herman & Katz	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 2,500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Benjamin Piazza, Jr.	07/29/24	\$300.00
Mailing Address Post Office Box 12445		\$
City, State, Zip Code Jackson, MS 39236	'	\$
Name of Employer (Required) Keys Bryson & Piazza	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$300.00
D. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Schwartz	07, 29,24	\$5,000.00
Mailing Address 162 East Amite Street		\$
City, State, Zip Code Jackson, MS 39201	//	\$
Name of Employer (Required) Schwartz & Associates		s
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00

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Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tad Thomas	07 / 29 / 24	\$500.00
Mailing Address 9814 Norton Commons Suite		S
Prospect, KY 40059		\$
Name of Employer (Required) Thomas Law Office	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: Corporation PAC Individual Cloan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gloria C. Willimson	07 /29 24	\$500.00
Mailing Address 521 Holland Avenue	//	\$
City, State, Zip Code Philadelphia, MS 39350		\$
Name of Employer (Required) Retired	//	\$
Occupation (Required) Retired	Aggregate year–to-date	\$500.00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McMaster & Associates, Inc.	07/29/24	^{\$} 500.00
Mailing Address 212 Waterford Sq., Suite 300	//	\$
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Robert Daniels	08, 01,24	s500.00
Mailing Address 61 Brownswood Avenue		\$
City, State, Zip Code Asheville, NC 28806	''	\$
Name of Employer (Required) Metwork		\$
Occupation (Required) Sales	Aggregate year–to-date	^{\$} 500.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name John Giddens	<u>08 / 01 / 24</u>	^{\$} 1,000.00
Mailing Address 226 North President Street	08,08,24	^{\$} 2,000.00
Jackson, MS 39201	<u>09</u> , <u>16</u> , <u>24</u>	\$2,000.00
Name of Employer (Required) Giddens Law Firm	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Brandon Presley	08/01/24	\$5,000.00
Post Office Box 23	//	\$
City, State, Zip Code Water Valley, MS 38965	//	\$
Name of Employer (Required) Save Our State, Inc., PAC	//	\$
Occupation (Required)	Aggregate year–to-date	\$5,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Sean Domnick	08,04,24	\$1,000.00
Mailing Address 2401 PGA Blvd., Ste 140	//	\$
Palm Beach Guardians, FL 33410		\$
Name of Employer (Required) Domnick, Cunningham, & Whalen, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
D. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Singleton, Scheiber, LLP	08, 07,24	\$5,000.00
Mailing Address 591 Camino de la Reina, Suite 1025	''	\$
City, State, Zip Code San Diego, CA 92108	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	^{\$} 5,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Dennis Horn	<u>08</u> , <u>12</u> , <u>24</u>	^{\$} 200.00
Mailing Address Post Office Box 2754		\$
City, State, Zip Code Madison, MS 39130	'	\$
Name of Employer (Required) Horn & Payne, PLLC	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 200.00
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Sharon Payne	08,12,24	^{\$} 200.00
Post Office Box 2754		\$
City, State, Zip Code Madison, MS 39130	//	\$
Name of Employer (Required) Horn & Payne, PLLC		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$200.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Barbara M. Blackmon	08/13/24	^{\$} 1,000.00
Mailing Address 907 Peace Street	//	\$
City, State, Zip Code Canton, MS 39046		\$
Name of Employer (Required) Blackmon & Blackmon, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Jimmy Buchanan	08,13,24	\$300.00
Mailing Address Post Office Box 798	'	\$
City, State, Zip Code Crystal Springs, MS 39059	//	\$
Name of Employer (Required) Copiah County School District	''	\$
Occupation (Required) Asst. Superintendent	Aggregate yearto-date	^{\$} 300.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2024 through September 30, 20 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jacks Griffith Luciano, PA	08/09/24	^{\$} 250.00
Mailing Address Post Office Box 1209	//	S
City, State, Zip Code Cleveland, MS 38732		\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 250.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Blackmon & Blackmon, PLLC	08,13,24	^{\$} 1,000.00
Post Office Box 105		\$
City, State, Zip Code Canton, MS 39046	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$1,000.00
C. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name George W. Neville	08/08/24	\$500.00
Mailing Address 403 Garden Park Cove	//	S
City, State, Zip Code Brandon, MS 39047	'	S
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Robert F. Wilkins	08,13,24	\$1,000.00
Mailing Address 2217 Heritage Hills Drive		\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Morgan & Morgan		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Lampa Discort	08/14/24	\$500.00
Mailing Address 707 Por Land	30/14/24	\$
767 Dunham Street	_'_'_	
City, State, Zip Code Charleston, SC 29492		\$
Name of Employer (Required) Morgan & Morgan	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Gerald Blessey	<u>08</u> / <u>14</u> / <u>24</u>	^s 500.00
Mailing Address 2577 Chatham Ct.		\$
City, State, Zip Code Biloxi, MS 39531	'	\$
Name of Employer (Required) Gerald Blessey Law Firm	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Sunrui Wu	08/14/24	\$200.00
Mailing Address 360 Towne Street	//	S
City, State, Zip Code Brandon, MS 39042		\$
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00
D. Source: Corporation OPAC Individual CLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Clancy Boylan	08,14,24	\$1,000.00
Mailing Address 3000 Midvale Avenue		\$
City, State, Zip Code Pennsylvania, PA 19129		\$
Name of Employer (Required) Morgan & Morgan		s
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00

Ā.

Reporting period July 1, 2024 through September 30, 2024

Date (Mo., Day, Year)	Amount of each receipt this period
08/14/24	\$500.00
	\$
	\$
	\$
Aggregate year-to-date	^{\$} 500.00
Date (Mo., Day, Year)	Amount of each receipt this period
08 / 14 / 24	\$500.00
	\$
''_	\$
//	\$
Aggregate year–to-date	\$500.00
Date (Mo., Day, Year)	Amount of each receipt
08,14,24	\$1,000.00
	\$
/	\$
//_	\$
Aggregate vear-to-date	^{\$} 1,000.00
Date	Amount of each receipt
	this period
<u>08</u> , <u>14</u> , <u>24</u>	\$1,000.00
	\$
	\$
'	\$
Aggregate year-to-date	^{\$} 1,000.00
	(Mo., Day, Year) 08 / 14 / 24

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Jason Kimmel	<u>08</u> , <u>14</u> , <u>24</u>	^{\$} 1,000.00
Mailing Address 2051 Versailles Avenue		\$
City, State, Zip Code Winter Park, FL 32789	//	\$
Name of Employer (Required) Morgan & Morgan	//	S
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
B. Source: Corporation PAC Individual CLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Blake Lange	08 / 14 / 24	\$1,000.00
Mailing Address 6854 Wellington Drive		\$
City, State, Zip Code Naples, FL 34109		\$
Name of Employer (Required) Morgan & Morgan	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Daniel Morgan	08/14/24	\$5,000.00
Mailing Address 905 Greentree Drive		\$
City, State, Zip Code Winter Park, FL 32789	//	\$
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Matt Morgan	08,14,24	\$5,000.00
Mailing Address 20 North Orange Avenue		\$
City, State, Zip Code Orlando, FL 32801	//	S
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name T. Michael Morgan	08,14,24	\$5,000.00
Mailing Address 1888 Bridgewater Drive		\$
City, State, Zip Code Lake Mary, FL 32746	//	\$
Name of Employer (Required) Morgan & Morgan		s
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jonathan Rainowitz	08 / 14 / 24	^{\$} 500.00
Mailing Address 240 Rose Hill Avenue	//	\$
City, State, Zip Code Versailles, KY 40383	//	\$
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Jody Wade	<u>08,14,24</u>	^{\$} 500.00
Mailing Address 6 Frampton Court	'	\$
City, State, Zip Code Pooler, GA 31322		\$
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Michael Smith	08,14,24	\$1,000.00
Mailing Address 1233 Lake Whitney Drive		\$
City, State, Zip Code Windermere, FL 34786	//	\$
Name of Employer (Required) Morgan & Morgan		s

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Willie Bozeman	08/14/24	\$500.00
Mailing Address 121 North State Street	//	\$
City, State, Zip Code Jackson, MS 39201	//	\$
Name of Employer (Required) State of Mississippi	//	\$
Occupation (Required) House Representative	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William Lewis	<u>08 / 15 / 24</u>	^{\$} 500.00
1700 Palm Beach Lakes Blvd., Ste 500	'	\$
City, State, Zip Code West Palm Beach, FL 33401	//	S
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Jason Miller	<u>08, 15, 24</u>	^{\$} 500.00
Mailing Address 1857 Beach Avenue	//	\$
Atlantic Beach, FL 32233	//	\$
Name of Employer (Required) Morgan & Morgan	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Robert R. Bailess	<u>08</u> , <u>15</u> , <u>24</u>	\$1,000.00
Mailing Address Post Office Box 991	_'_'_	\$
City, State, Zip Code Vicksburg, MS 39191	'	S
Name of Employer (Required) Bailess & Rector	//	S
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Doug Abrams	08 / 16 / 24	\$750.00
Mailing Address		\$
1526 Glenwood Avenue	_'_'_	s
Raleigh, NC 27608	_'_'_	
Name of Employer (Required) Abrams & Abrams, PA	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 750.00
B. Source: OCorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Rught Bernstein	<u>08 / 16 / 24</u>	^{\$} 500.00
450 Seventh Avenue, Ste 2205	_'_'_	\$
City, State, Zip Code New York, NY 10123		\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Ross Franco	<u>08</u> / <u>19</u> / <u>24</u>	^{\$} 1,000.00
Mailing Address 2336 Government Sgtreet	//	\$
Ocean Springs, MS 39564	//	\$
Name of Employer (Required) Haug, Farrar, & Franco, PLLC	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$1,000.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Bart Adams	<u>08, 15, 24</u>	\$250.00
Mailing Address 108 East Jefferson Street	//	s
City, State, Zip Code Ripley, MS 38663	'	\$
Name of Employer (Required) Adkins & Adams, PA	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Raynetra Gustavis	08/21/24	\$350.00
Mailing Address 107 Turnberry Cove	09,21,24	^{\$} 500.00
City, State, Zip Code Clinton, MS 39056	//	S
Name of Employer (Required) Chhabra & Gibbs, PA	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 850.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Robert Hamilton	08 / 21 / 24	^{\$} 500.00
Mailing Address 106 Crane Cove	//	\$
City, State, Zip Code Brandon, MS 39047	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Entrepreneur	Aggregate year-to-date	\$500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	(Mo., Day, Year)	receipt this period
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade		receipt
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	(Mo., Day, Year)	receipt this period
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401	(Mo., Day, Year)	receipt this period \$250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401	(Mo., Day, Year)	receipt this period \$250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code	(Mo., Day, Year) //////	receipt this period \$250.00 \$ \$
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required)	(Mo., Day, Year) ////	receipt this period \$250.00 \$ \$ \$ \$ \$ Amount of each
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required) Attorney D. Source: Ocorporation OPAC Individual OLoan Other (please specify)	(Mo., Day, Year) ////	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ 1,000.00
Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required) Attorney D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Robert Lawson Holladay, Sr.	(Mo., Day, Year) ////	receipt this period \$250.00 \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required) Attorney D. Source: Ocorporation OPAC Individual OLoan Other (please specify) Full name Robert Lawson Holladay, Sr. Mailing Address Post Office Box 288	(Mo., Day, Year) ////	receipt this period \$250.00 \$ \$ \$ \$ \$ \$ \$ 1,000.00 Amount of each receipt this period
Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required) Attorney D. Source: Ocorporation PAC Individual OLoan Other (please specify) Full name Robert Lawson Holladay, Sr. Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737	(Mo., Day, Year) ////	receipt this period \$250.00 \$ \$ \$ \$ \$ \$ \$ 1,000.00 Amount of each receipt this period \$500.00
Other (please specify) Full name Daniel Wade Mailing Address 1300 Hardy Street City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Johnson, Ratliff & Waide, PLLC Occupation (Required) Attorney D. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Robert Lawson Holladay, Sr.	(Mo., Day, Year) ////	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ 1,000.00 Amount of each receipt this period \$ 500.00 \$

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC Olndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	08/21/24	\$ 500.00
Gadow & Tyler Mailing Address	1 00/21/24	\$500.00
3935 Roxbury Road	_'_'	3
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
Dorsey Carson	08,22,24	^{\$} 1,000.00
Mailing Address 2431 Lake Circle	_'_'_	S
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Carson Law Group, PLLC	'	\$
Occupation (Required) Attorney	Aggregate year-to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Thomas Dempsey	08/24/24	^{\$} 350.00
Mailing Address 7836 West 80th Street		\$
City, State, Zip Code Playa Del Rey, CA 90293		\$
Name of Employer (Required) Dempsey Law Firm		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 350.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Laurel Li Harris	08/25/24	\$100.00
Mailing Address 2885 Davis Road	'	s
City, State, Zip Code Terry, MS 39170	_'_'_	\$
Name of Employer (Required) Bossier & Associates	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$200.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Lunsford, Baskin, & Priebe, PLLC	<u>08</u> / <u>26</u> / <u>24</u>	^{\$} 1,000.00
Mailing Address 317 East Capitol Street, Ste 600		\$
City, State, Zip Code Jackson, MS 39201	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Scott Schwartz	08,27,24	^{\$} 250.00
Mailing Address 711 Hardy Street	//	\$
City, State, Zip Code Hattiesburg, MS 39401	/	\$
Name of Employer (Required)	//	S
Occupation (Required)	Aggregate year–to-date	^{\$} 250.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Ruth Wilkinson	08/27/24	^{\$} 500.00
Mailing Address 107 Rosewood Lane	//	\$
City, State, Zip Code Brandon, MS 39042	//	\$
Name of Employer (Required) Nucor Steel Jackson	//	\$
Occupation (Required) Payroll & Benefits Administrator	Aggregate year–to-date	\$500.00
D. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name TC Soultions, LLC	09/03/24	\$300.00
Mailing Address 1001 Hutchings Lane		s
City, State, Zip Code Wesson, MS 39191	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$300.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2024 through September 30. 2 through September 30, 2024

A. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Berry Electrical Services, LLC	<u>09</u> / <u>03</u> / <u>24</u>	^{\$} 500.00
Mailing Address Post Office Box 882		\$
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Marshall Bennett	09/04/24	\$500.00
Mailing Address 1803 Howard Street	//	\$
City, State, Zip Code Jackson, MS 39202	'	S
Name of Employer (Required) Wolf Popper	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wesley Broadhead	09,04,24	\$250.00
Mailing Address Post Office Box 446	//	\$
City, State, Zip Code Mendenhall, MS 39114	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name George Marx	<u>09</u> , <u>04</u> , <u>24</u>	\$750.00
Mailing Address 1059 Perrett Road	'	\$
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Name of Employer (Required) Retired	'	\$
Occupation (Required) Retired	Aggregate year–to-date	^{\$} 750.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Reuben V. Anderson	<u>09</u> , <u>05</u> , <u>24</u>	^{\$} 500.00
Post Office Box 290	'	\$
Jackson, MS 39205		\$
Name of Employer (Required) Phelps Dunbar		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wynn Clark	09,05,24	\$500.00
Mailing Address 14397 Creosote Road		\$
City, State, Zip Code Gulfport, MS 39503		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Jonathan Barrett	09,05,24	\$500.00
Mailing Address 121 Colony Crossing, Suite D	'	\$
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required) Barrett Law PLLC		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Olndividual Ol.oan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Brehm Bell	09/05/24	\$250.00
Mailing Address 544 Main Street	_'_'_	\$
City, State, Zip Code Bay Saint Lewis, MS 39520		\$
Name of Employer (Required) Brehm T. Bell, PLLC		s
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	D. r.	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Sharon Arkin	09/06/24	\$250.00
Mailing Address 1720 Winchuck River Road		\$
City, State, Zip Code Brookings, OR 97415		S
Name of Employer (Required) The Arkin Law Firm	'	S
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Steve Bozeman	09/06/24	^{\$} 1,000.00
Mailing Address 12015 Monticello Road	'	\$
City, State, Zip Code Hazlehurst, MS 39083		\$
Name of Employer (Required) Copiah Bank	'	\$
Occupation (Required) Banker	Aggregate year–to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Susan T. Dowdy	<u>09,06,24</u>	^{\$} 500.00
Mailing Address 301 Cherokee Drive	'	\$
City, State, Zip Code McComb, MS 39648	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Gerald A. Mumford	<u>09,06,24</u>	\$200.00
Mailing Address 820 North Street	//	\$
City, State, Zip Code Jackson, MS 39202		\$
Name of Employer (Required) Gerald A. Mumford, PLLC	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$200.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2024 through September 30. 2 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Harris Law Firm, PLLC	<u>09</u> / <u>06</u> / <u>24</u>	^{\$} 500.00
Mailing Address Post Office Box 266	09,24,24	^{\$} 250.00
City, State, Zip Code Greenville, MS 38701	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 750.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
A. Scott Cumbest	<u>09 / 06 / 24</u>	\$2,000.00
Mailing Address Post Office Drawer 1287	//	\$
City, State, Zip Code Pascagoula, MS 39568	//	\$
Name of Employer (Required) Cumbest Cumbest Hunter & McCormick	//	S
Occupation (Required) Attorney	Aggregate year–to-date	\$2,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Kimberly Garmer	<u>09,07,24</u>	^{\$} 1,000.00
Mailing Address 1513 Lakewood Drive	//	S
City, State, Zip Code Lexington, KY 40502		\$
Name of Employer (Required) Garmer & Prother, PLLC	//	S
Occupation (Required) Paralegal	Aggregate year–to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
James A. Koerber	<u>09,07,24</u>	\$250.00
Post Office Box 18170	'	\$
City, State, Zip Code Hattiesburg, MS 39404	//	\$
Name of Employer (Required) EAG Gulf Coast, LLC		S
Occupation (Required) CPA	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

Other (please specify) Full name Paul N. Davis Mailing Address 1040 North Hennington Lane City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Butler Snow Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road Other (please specify) Mailing Address 136 Ingleside Road Other (please specify) Source: Ocorporation OPAC Other (please specify)	Amount of each receipt this period 900.00 900.00 Amount of each receipt this period 500.00
Full name Paul N. Davis Mailing Address 1040 North Hennington Lane City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Butler Snow Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road Oglobaria Section Mailing Address Oglobaria Section Oglobaria	900.00 Amount of each receipt this period
Mailing Address 1040 North Hennington Lane City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Butler Snow Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road -/-/- S -/-/- \$ 09/09/24 \$ 50 -/-/- \$ 136 Ingleside Road	900.00 Amount of each receipt this period
City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Butler Snow Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road -/_/_ \$	Amount of each receipt this period
Name of Employer (Required) Butler Snow Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road —//_ \$	Amount of each receipt this period
Occupation (Required) Attorney B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road Aggregate year-to-date Source: Ocorporation OPAC OIndividual OLoan Other (Mo., Day, Year) Source: Ocorporation OPAC OINDividual OLoan Other (Mo., Day, Year) Aggregate year-to-date A Monday Year Source: Ocorporation OPAC OINDividual OLoan Other (please specify) Source: Ocorporation OPAC OINDividual OLoan Oth	Amount of each receipt this period
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Full name Richard Courtney Mailing Address 136 Ingleside Road Date (Mo., Day, Year) A 29 / 09 / 24	receipt this period
Richard Courtney Mailing Address 136 Ingleside Road —'—'— *	500.00
Mailing Address 136 Ingleside Road'' \$	
City, State, Zip Code Madison, MS 39110	
Name of Employer (Required) Courtney Elder Law/ \$	
Occupation (Required) Attorney Aggregate year-to-date \$5	500.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify) Other (please specify)	Amount of each receipt this period
	1,000.00
Mailing Address 4914 43rd Street NW// \$.,
City, State, Zip Code Washington, DC 20016'' \$	
Name of Employer (Required) Cascade Strategy	
Occupation (Required) Consultant Aggregate year-to-date \$ 1	1,000.00
	Amount of each receipt
Full name	this period
Malling Address	4,000.00
136 Seashore Trial // \$ City, State, Zip Code // \$ Gulfport, MS 39503 // \$	
Name of Employer (Required)	
	4,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Thomas Fortner	09/09/24	\$1,000.00
Mailing Address 525 Corinne Street	//	\$
City, State, Zip Code Hattiesburg, MS 39401	'	s
Name of Employer (Required) Lowrey & Fortner, PA	//	\$
Occupation (Required) Attorney	Aggregate yearto-date	\$1,000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Keleinpeter Schwartzberg Boutwell, LLC	09/09/24	^{\$} 500.00
Mailing Address 6655 Jefferson Highway	//	\$
City, State, Zip Code Baton Rouge, LA 70806	//	\$
Name of Employer (Required)	_/_/_	S
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Patrick Malone	09,10,24	^{\$} 500.00
Mailing Address 4901 Essex Avenue		\$
City, State, Zip Code Chevy Chase, MD 20815	//	\$
Name of Employer (Required) Patrick Malone & Associates	//_	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Christopher Smith	<u>09</u> , <u>10</u> , <u>24</u>	\$1,000.00
Mailing Address 1720 22nd Avenue	'	\$
City, State, Zip Code Gulfport, MS 39501	//	\$
Name of Employer (Required) Smith & Holder, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Ma Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
John Raymond Tullos	<u>09</u> , <u>10</u> , <u>24</u>	^{\$} 1,000.00
Mailing Address Post Office Box 757	//	\$
City, State, Zip Code Raleigh, MS 39153	//	S
Name of Employer (Required) Tullos & Tullos, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$1,000.00
B. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Charlene Priester	<u>09 / 10 / 24</u>	^{\$} 500.00
Mailing Address 5375 Executive Place	'	S
City, State, Zip Code Jackson, MS 39206	'	S
Name of Employer (Required) Priester Law Firm, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Thomas L. Tullos	<u>09</u> , <u>10</u> , <u>24</u>	\$2,000.00
Mailing Address Post Office Drawer 567	//	\$
City, State, Zip Code Bay Springs, MS 39422	//	\$
Name of Employer (Required) Thomas L. Tullos Attorney at Law	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name John Hester	09,10,24	\$500.00
Mailing Address Posit Office Box 1826		s
City, State, Zip Code Gulfport, MS 39502	//	\$
Name of Employer (Required) Self	//	s
Occupation (Required) Attorney	Aggregate year–to-date	\$1,000.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tim Farris	09/11/24	\$5,000.00
Mailing Address 6645 US Highway 98	''	\$
City, State, Zip Code Hattiesburg, MS 39402	//	\$
Name of Employer (Required) Tim Farris Law Firm, PLLC	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$5,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chuck McRae	<u>09</u> / <u>11</u> / <u>24</u>	^{\$} 1,000.00
Mailing Address 5416 East Amite Street	//	\$
City, State, Zip Code Jackson, MS 39201	//	\$
Name of Employer (Required) McRae Law Firm	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Chuck Mullins	<u>09</u> , <u>11</u> , <u>24</u>	^{\$} 1,000.00
Mailing Address 500 North State Street	'	\$
Jackson, MS 39201	//	\$
Name of Employer (Required) Coxwell & Associates	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
James and Kathy Young	<u>09</u> , <u>11</u> , <u>24</u>	\$250.00
Mailing Address 112 Coachman's Road		\$
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required) Retired	//	s
Occupation (Required) Retired		•
Retired	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Merrida Coxwell	<u>09</u> / <u>11</u> / <u>24</u>	\$2,000.00
Mailing Address 505 Heatherstone Court	//	\$
City, State, Zip Code Ridgeland, MS 39157		\$
Name of Employer (Required) Coxwell & Associates	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anthony Farese	09 / 11 / 24	\$2,500.00
Mailing Address Post Office Box 98	//	\$
City, State, Zip Code Ashland, MS 38603	//	S
Name of Employer (Required) Farese, Farese, & Farese	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,500.00
C. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Courtney McDonnell Snodgrass	<u>09</u> , <u>11</u> , <u>24</u>	^{\$} 250.00
Mailing Address 1015 Howard Avenue, Suite B	//	\$
City, State, Zip Code Biloxi, MS 39533	//	\$
Name of Employer (Required) The McDonnell Law Firm	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$250.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name David Sullivan	<u>09</u> , <u>11</u> , <u>24</u>	\$1,950.00
Mailing Address Post Office Box 4413	'	\$
City, State, Zip Code Laurel, MS 39441	//	s
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,950.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		\$ 000 00
Full name Thomas U. Reynolds Mailing Address Day 1 Office Day 2000	09/11/24	\$200.00
Post Office Box 280	_'_'_	3
City, State, Zip Code Charleston, MS 38921		\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 200.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name William Andy Sumrall	09 / 11 / 24	^{\$} 200.00
Post Office Box 1068	//	\$
City, State, Zip Code Jackson, MS 39215	//	S
Name of Employer (Required) William Andy Sumrall Law Office	'	S
Occupation (Required) Attorney	Aggregate year–to-date	\$200.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Harry Simmons	<u>09,12,24</u>	^{\$} 1,000.00
Mailing Address 2628 Erikson Road		\$
Yazoo City, MS 39194	//	\$
Name of Employer (Required) Simmons Farm Raised Catfish	//_	\$
Occupation (Required) Catfish Farmer	Aggregate year–to-date	^{\$} 1,000.00
D. Source: Corporation OPAC Individual CLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Minor F. Buchanan	09,12,24	\$500.00
Mailing Address 401 East Capitol Street, Suite 100	//	\$
City, State, Zip Code Jackson, MS 39201	'	S
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00

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Reporting period July 1, 2024 through September 30, 2024

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Locarlo D. Manachatta	09/12/24	\$4,000,00
Joseph P. Moschetta Mailing Address	03/12/24	\$1,000.00
5 Redstone Lane	_'_'_	3
City, State, Zip Code Washington, PA 15301	_'_'_	\$
Name of Employer (Required) Moschetta Law	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Stevens Law Firm	<u>09</u> / <u>12</u> / <u>24</u>	\$1,000.00
Post Office Box 16570	'	\$
City, State, Zip Code Jackson, MS 39236	'	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1,000.00
C. Source: Ocorporation OPAC Olndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name J. Kane Ditto	09,12,24	\$300.00
Mailing Address Post Office Box 13925	//	\$
Jackson, MS 39236	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$300.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Fred L. Banks	09,12,24	\$250.00
Mailing Address 25 Saint Andrews Drive	'	\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Phelps Dunbar	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00

through September 30, 2024

	· -	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		\$4.050.00
Jonathan B Compretta	<u>09</u> , <u>13</u> , <u>24</u>	\$1,250.00
Mailing Address 4254 Berlin Drive	_'_'_	\$
City, State, Zip Code Jackson MS 39211		S
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,250.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Danny E. Cupit	09 / 13 / 24	\$2,500.00
Mailing Address Post Office Box 22929	//_	\$
City, State, Zip Code Jackson, MS 39225		\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,500.00
C. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name Richard S. Kuebler	09/14/24	^{\$} 1,000.00
Mailing Address 108 Bradford Gree	//	\$
City, State, Zip Code Madison, MS 39110	//	\$
Name of Employer (Required) Merit Health	'	\$
Occupation (Required) Physician	Aggregate year–to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name John Booth Farese	09,15,24	\$2,500.00
Mailing Address 112 Westministers Drive	//	S
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required) Farese, Farese & Farese	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 2,500.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date (Mr. Day Vara)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
James Wicker	<u>09</u> / <u>16</u> / <u>24</u>	^{\$} 290.00
Mailing Address 3085 Old Highway 24	_'_'_	\$
McComb, MS 39648	_'_'_	\$
Name of Employer (Required) Pike County National Bank	//	\$
Occupation (Required) Banker	Aggregate year-to-date	^{\$} 290.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mel Coxwell	09 / 17 / 24	\$500.00
Mailing Address 20 Eastgate Drive, Suite E	'	\$
City, State, Zip Code Brandon, MS 39042	'	\$
Name of Employer (Required) Mel Coxwell PA	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
James Hawkins	<u>09</u> , <u>17</u> , <u>24</u>	^{\$} 500.00
Mailing Address Post Office Box 266	//	\$
City, State, Zip Code Houston, MS 38851	'	\$
Name of Employer (Required) Retired	//	\$
Occupation (Required) Retired	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Darryl Gibbs	<u>09</u> , <u>18</u> , <u>24</u>	\$3,500.00
Mailing Address 128 Livingston Drive	//_	\$
City, State, Zip Code Madison, MS 39110	'	\$
Name of Employer (Required) Chhabra & Gibbs		\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 5,000.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2024 through September 30. 20 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Michele D. Biegel	<u>09</u> / <u>19</u> / <u>24</u>	^{\$} 500.00
Mailing Address 416 East Amite Street		\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Required) Law Office of Michele D. Biegel, PLLC	''	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clyde Muse	09 / 19 / 24	^{\$} 200.00
Post Office Box 1177		\$
City, State, Zip Code Raymond, MS 39154		\$
Name of Employer (Required) Hinds Community College	//	\$
Occupation (Required) President Emertius	Aggregate year–to-date	\$200.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Thomas D. Penfield	<u>09</u> , <u>19</u> , <u>24</u>	^{\$} 250.00
Mailing Address 2127 Manchester Avenue	'	\$
City, State, Zip Code Cardiff by the Sea, CA 92007	//	\$
Name of Employer (Required) Casey, Gerry, Reed & Schenk	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
D. Source: Corporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Donald Beskind	09/19/24	\$300.00
Mailing Address 110 North Corcoran Street, Unit 2005	'	\$
City, State, Zip Code Durham, NC 27701	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 300.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Steven E. Farese	<u>09</u> , <u>20</u> , <u>24</u>	^{\$} 2,500.00
Post Office Box 98	'	\$
City, State, Zip Code Ashland, MS 38603	//	\$
Name of Employer (Required) Farese, Farese, & Farese	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$2,500.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Rance N. Ulmer	09/20/24	^{\$} 1,000.00
Post Office Box 1	//	\$
City, State, Zip Code Bay Springs, MS 39422	//	\$
Name of Employer (Required) Ulmer Law Office	'	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Dudley F. Lampton	<u>09,21,24</u>	\$200.00
Mailing Address 502 Natchez Avenue	//	\$
City, State, Zip Code Brookhaven, MS 39601	//	\$
Name of Employer (Required) Armstrong Berry Falcon & Lampton	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 200.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Stephen Shackelford	<u>09</u> / <u>23</u> / <u>24</u>	\$1,000.00
Mailing Address 5 Old River Place, Sutie 204	//	s
City, State, Zip Code Jackson, MS 39202	//	s
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Perinatal Services, PLLC	09/20/24	^{\$} 500.00
Mailing Address 109 Inez Owens Drive	//	\$
City, State, Zip Code Jackson, MS 39212	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Michael V. Ratliff	09/23/24	^{\$} 1,500.00
Post Office Box 17738	'	\$
City, State, Zip Code Hattiesburg, MS 39404	'	\$
Name of Employer (Required) Johnson Ratliff & Waide	//	S
Occupation (Required) Attorney	Aggregate year–to-date	\$1,500.00
C. Source: Ocorporation OPAC Individual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Brandi Gatewood	<u>09</u> , <u>24</u> , <u>24</u>	^{\$} 5,000.00
Mailing Address 1949 East Third Street	'	\$
City, State, Zip Code Forest, MS 39074	//	\$
Name of Employer (Required) MS Office of Capital Post-Conviction Counsel	//	\$
Occupation (Required) Attorney	Aggregate vear–to-date	\$5,000.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Gregory Cusimano	<u>09,24,24</u>	\$500.00
Mailing Address 211 Wildwood Road	'	\$
City, State, Zip Code Gadsden, AL 35901	//	\$
Name of Employer (Required) Cusimano, Roberts, Mills & Knowlton LLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2024 through September 30. 26 through September 30, 2024

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Charles Merkel	09/25/24	^{\$} 200.00
Mailing Address 501 Fazio Drive Extended		\$
City, State, Zip Code Oxford, MS 38655	_'_'_	\$
Name of Employer (Required) Merkel & Cocke	'	S
Occupation (Required) Attorney	Aggregate year–to-date	\$200.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William May	09,25,24	^{\$} 250.00
Mailing Address 30 Delta Avenue	'	\$
City, State, Zip Code Clarksdale, MS 38614	'	\$
Name of Employer (Required) Merkel & Cocke	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Edward Connell	<u>09</u> , <u>25</u> , <u>24</u>	^{\$} 200.00
Mailing Address Post Office Box 1388		\$
City, State, Zip Code Clarksdale, MS 38614	'	\$
Name of Employer (Required) Merkel & Cocke	//	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$200.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Robert Carson	09/25/24	\$300.00
Mailing Address 30 Delta Avneue	//_	\$
City, State, Zip Code Clarksdale, MS 38614		\$
Name of Employer (Required) Merkel & Cocke		S
Occupation (Required) Attorney	Aggregate year–to-date	\$300.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: Corporation OPAC OIndividual OLoan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Davidson Bowie, PLLC	<u>09</u> / <u>25</u> / <u>24</u>	^{\$} 2500.00
Mailing Address 1062 Highland Colony Parkway, Ste 275		\$
City, State, Zip Code Ridgeland, MS 39157	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$2,500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Joe Tatum	09 / 25 / 24	\$1,000.00
Post Office Box 22688	//	\$
City, State, Zip Code Jackson, MS 39225	//	\$
Name of Employer (Required) Tatum & Wade, PLLC	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 1,000.00
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
John C. Henegan	<u>09</u> / <u>26</u> / <u>24</u>	^{\$} 500.00
Mailing Address 2306 Eastover Drive	//	\$
City, State, Zip Code Jackson, MS 39211		\$
Name of Employer (Required) Butler Snow	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 500.00
D. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name D. Stephen Holland	09,27,24	\$200.00
Mailing Address 5281 Cliff Gookin Blvd	//	\$
City, State, Zip Code Tupelo, MS 38801	//	\$
Name of Employer (Required) State of Mississippi	//	S
Occupation (Required) House Representative	Aggregate year-to-date	^{\$} 200.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: (Corporation PAC Individual Loan	l	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Terry Channell, Sr.	09/27/24	^{\$} 500.00
Mailing Address Post Office Box 842	//	\$
City, State, Zip Code Hazlehurst, MS 39083	'	S
Name of Employer (Required) Retired	//	\$
Occupation (Required) Retired	Aggregate year–to-date	^{\$} 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jan C. Collins	09/28/24	^{\$} 200.00
Mailing Address 416 Woodland Hills Court	//	\$
City, State, Zip Code Madison, MS 39110	'	\$
Name of Employer (Required) MCBL&F	'	\$
Occupation (Required) Executive Director	Aggregate year–to-date	\$200.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Omar Nelson	09/27/24	^{\$} 250.00
Mailing Address 100 Yvonne Nelson Street	//	\$
City, State, Zip Code Vicksburg, MS 39180	//	S
Name of Employer (Required) Gibbs Travis	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$250.00
D. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Lomio Trovio	09/30/24	this period
Mailing Address 4.40 Qual 1994		\$250.00
140 Cedar Woods Cove	''	\$
City, State, Zip Code Madison, MS 39110	''	\$
Name of Employer (Required) Gibbs Travis	''	\$
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00

Reporting period July 1, 2024 through September 30, 2024

A. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Charles M. Merkel, Jr.	09,27,24	\$3,000.00
Mailing Address Post Office Box 1388		\$
City, State, Zip Code Clarksdale, MS 38614		\$
Name of Employer (Required) Merkel & Cocke		S
Occupation (Required) Attorney	Aggregate year–to-date	\$3,000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert L. Gibbs	09 / 27 / 24	^{\$} 250.00
Mailing Address 1223 Hallmark Drive	//	S
City, State, Zip Code Jackson, MS 39206	//	S
Name of Employer (Required) Gibbs Travis	//	S
Occupation (Required) Attorney	Aggregate year–to-date	^{\$} 250.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike Espy for Senate Campaign Committee	09/17/24	\$1,000.00
Mailing Address 4450 Old Canton Road, Suite 205	//	\$
City, State, Zip Code Jackson, MS 39211	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1,000.00
D. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris Winter	09, 26, 24	\$500.00
Mailing Address 30 Delta Avenue	//	\$
City, State, Zip Code Clarksdale, MS 38614	''	\$
Name of Employer (Required) Merkel & Cocke		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$500.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1, 2024 through September 30, 2024 Reporting period July 1, 2024

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name T and a second B A a NA Silicana a Second B A a	08/22/24	\$ 000 00
Townsend McWilliams & Holladay, LLP	00/22/24	\$200.00
Post Office Box 288	_'_'_	3
City, State, Zip Code Drew, MS 38737	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	^{\$} 200.00
B. Source: OCorporation OPAC OIndividual OLoan	Date (Ma. Par Veer)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Daniel W. Kitchens	<u>09</u> , <u>30</u> , <u>24</u>	^{\$} 5,000.00
Post Office Box 799		\$
Crystal Springs, MS 39059		\$
Name of Employer (Required) Kitchens Law Firm, P.A.		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
C. Source: Ocorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name John W. Kitchens	09, 30, 24	^{\$} 5,000.00
Mailing Address Post Office Box 799		\$
City, State, Zip Code Crystal Springs, MS 39059		\$
Name of Employer (Required) Kitchens Law Firm, P.A.		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
D. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	//	s
Mailing Address		s
City, State, Zip Code		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$

Reporting period 07-01-2024

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Jefferson Stevens, LLC / Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u>	\$
5907 Baxter Drive	07,12,24	7,000.00
City, State, Zip Code Jackson, MS 39211	08,05,24	\$ 7,890.11
Purpose of Disbursement (Optional)		
Salary and expense reimbursement	Aggregate Year-to-date	\$ see next
B. Full name	Date	Amount of each
Jefferson Stevens, LLC / Jared Turner	(Mo., Day, Year)	disbursement this period
Mailing Address 5907 Baxter Drive	<u>09, 09,24</u>	7,000.00
City, State, Zip Code	00 11 01	\$
Jackson, MS 39211	<u>09</u> / <u>11</u> / <u>24</u>	1,000.00
Purpose of Disbursement (Optional)	Aggregate	\$
Salary and expense reimbursement	Year-to-date	47,865.11
C. Full name USPS	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
301 East Marion Avenue	07,12,24	\$ 21.76
City, State, Zip Code	, ,	\$
Crystal Springs, MS 39059	_'_'_	
Purpose of Disbursement (Optional)	Aggregate	\$
Postage Stamps	Year-to-date	287.76
D. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
Post Office Box 902	07, 11, 24	882.75
City, State, Zip Code Jackson, MS 39205	07,17,24	\$ 449.40
Purpose of Disbursement (Optional)		
Letterhead, envelopes, and push cards	Aggregate Year-to-date	\$ see next
E. Full name	Date	Amount of each
Dallas Printing	(Mo., Day, Year)	disbursement this period
Mailing Address Post Office Box 902	09 / 04 / 24	\$ 704.06
City, State, Zip Code	00 40 04	\$
Jackson, MS 39205	<u>09</u> , <u>16</u> , <u>24</u>	882.75
Purpose of Disbursement (Optional)	Aggregate	\$
Letterhead, envelopes, and push cards	Year-to-date	4,384.86
F. Full name	Date	Amount of each
PayPal	(Mo., Day, Year)	disbursement this period
Mailing Address 221 North First Street	<u>09 / 30 / 24</u>	\$ 3,026.54
City, State, Zip Code		\$
San Jose, CA 95131	'	.
Purpose of Disbursement (Optional)	Aggregate	\$
PayPal Fees	Year-to-date	3,230.84

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Reporting period 07-01-2024

Disbursements from contributions accumulated Prior to January	y 1, 2018 or 🔳 On or After Ja	nnuary 1, 2018
A. Full name	Date	Amount of each
James Warren	(Mo., Day, Year)	disbursement this period
Mailing Address 695 Luckney Road	07,02,24	\$ 5,180.00
City, State, Zip Code Brandon, MS 39042	07, 31, 24	\$ 7,065.72
Purpose of Disbursement (Optional) Salary and Expense Reimbursement	Aggregate Year-to-date	\$ see next
B. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	08,27,24	\$ 6,790.85
City, State, Zip Code Brandon, MS 39042	<u>09</u> , <u>05</u> , <u>24</u>	\$ 1,170.00
Purpose of Disbursement (Optional) Salary and Expense Reimbursement	Aggregate Year-to-date	\$ see next
C. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	09 / 12 /24	\$ 972.00
City, State, Zip Code Brandon, MS 39042	09 / 17 /24	\$ 702.00
Purpose of Disbursement (Optional) Salary and Expense Reimbursement	Aggregate Year-to-date	\$ see next
D. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	09, 24,24	\$ 1,436.00
City, State, Zip Code Brandon, MS 39042	09,25,24	\$ 4,800.00
Purpose of Disbursement (Optional) Salary and Expense Reimbursement	Aggregate Year-to-date	\$ 42,969.85
E. Full name Ableson Enterprises / Pam Ableson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	07 / 11 /24	\$ 1,500.00
City, State, Zip Code Brandon, MS 39047	08,05,24	\$ 1,600.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$ see next
F. Full name Ableson Enterprises / Pam Ableson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	09 / 17 /24	\$ 1,100.00
City, State, Zip Code Brandon, MS 39047		\$
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$ 8,200.00

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Reporting period 07-01-2024

Disbursements from contributions accumulated	Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Earl Clower / Clower Enterprises, LLC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1299 Lemons Road		07/08/24	\$ 2500.00
City, State, Zip Code Bolton, MS 39041		<u>07, 29, 24</u>	\$ 513.42
Purpose of Disbursement (Optional) Campaign Signs		Aggregate Year-to-date	\$ see next
B. Full name Earl Clower / Clower Enterprises		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1299 Lemons Road		08 07 24	\$ 2500.00
City, State, Zip Code Bolton, MS 39041		08 26 24	\$ 3500.00
Purpose of Disbursement (Optional) Campaign Signs		Aggregate Year-to-date	\$ see next
C. Full name Earl Clower / Clower Enterprises, LLC		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1299 Lemons Road		09,25,24	\$ 3500.00
City, State, Zip Code Bolton, MS 39041		_'_'_	\$
Purpose of Disbursement (Optional) Campaign Signs		Aggregate Year-to-date	\$ 12,513.42
D. Full name 1 Vision		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 Telge Road		07,30,24	\$ 1,890.00
City, State, Zip Code Houston, TX 77095		08,07,24	\$ 4,365.90
Purpose of Disbursement (Optional) Campaign Bumper Stickers / Signs		Aggregate Year-to-date	\$ see next
E. Full name 1 Vision		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9346 Telge Road		<u>09, 20, 24</u>	\$ 1,755.00
City, State, Zip Code Houston, TX 77095		//	\$
Purpose of Disbursement (Optional) Campaign Bumper Stickers / Signs		Aggregate Year-to-date	\$ 8221.50
F. Full name Copiah Bank, N.A.		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31		09, 30, 24	\$ 0.14
City, State, Zip Code Hazlehurst, MS 39083-0031		//	\$
Purpose of Disbursement (Optional) Service Charge		Aggregate Year-to-date	\$ 0.14

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Reporting period 07-01-2024

Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Rankin County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u>	
Post Office Box 107	07, 08, 24	\$ 100.00
City, State, Zip Code Brandon, MS 39043		\$
Purpose of Disbursement (Optional)	Aggregate	\$
Advertisement	Year-to-date	100.00
B. Full name GMBSC of MS, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3160 John R. Lynch Street	07 , 12 ,24	\$ 1,500,00
City, State, Zip Code		1,500.00
Jackson, MS 39209	'	\$
Purpose of Disbursement (Optional)	Aggregate	\$
Sponsorship - Board meeting luncheon	Year-to-date	1,500.00
C. Full name Jackson City Branch of NAACP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07,12,24	\$
Post Office Box 23816 City, State, Zip Code		650.00
Jackson, MS 39225	'	\$
Purpose of Disbursement (Optional)	Aggregate	\$
Advertisement	Year-to-date	650.00
D. Full name The Scott County Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 89	07,24,24	\$ 500.00
City, State, Zip Code Forest, MS 39074	//	S
Purpose of Disbursement (Optional)	Aggregate	s
Advertisement	Year-to-date	500.00
E. Full name The Jackson Advocate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 25 / 24	\$
Post Office Box 3708	07/23/24	2,500.00
City, State, Zip Code Jackson, MS 39207	09,24,24	\$ 2,500.00
Purpose of Disbursement (Optional)	Aggregata	\$
Advertisement	Aggregate Year-to-date	5,000.00
F. Full name WHOC FM Radio	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
Post Office Box 26	07,30,24	\$ 100.00
City, State, Zip Code	, ,	\$
Philadelphia, MS 39350		
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	100.00

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Reporting period 07-01-2024

through 09-30-2024

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to Ja	nuary 1, 2018 or 🔳 On or After Ja	nuary 1, 2018
A. Full name Mississippi Association for Justice	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 1992	08,07,24	\$ 814.08
City, State, Zip Code Jackson, MS 39215		\$
Purpose of Disbursement (Optional) Food for Reception at Annual Meeting	Aggregate Year-to-date	\$ 814.08
B. Full name Copiah Academy Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 125	<u>08, 09, 24</u>	\$ 150.00
City, State, Zip Code Gallman, MS 39077	<u>09, 27, 24</u>	\$ 150.00
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 300.00
C. Full name Ashley Floyd	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 910 Morningside Street, Apt. B	<u>08, 13, 24</u>	\$ 4,500.00
City, State, Zip Code Jakson, MS 39202	09,04,24	5,000.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$ 14,500.00
D. Full name Rebecca Thornton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 118 Mathis Rd	<u>08, 15, 24</u>	\$ 658.48
City, State, Zip Code Crystal Springs, MS 39059	'	\$
Purpose of Disbursement (Optional) Reimbursement for T-Shirts	Aggregate Year-to-date	\$ 658.48
E. Full name Douglas Kelly	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 702 Davis Street	08,28,24	\$ 2,000.00
City, State, Zip Code Rosedale, MS 38769		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
F. Full name WMPR FM Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Park Circle	<u>09, 05, 24</u>	\$ 1,000.00
City, State, Zip Code Jackson, MS 39209	'	\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 1,000.00

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Reporting period 07-01-2024

Disbursements from contributions accumulated	Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name 100 Black Men of Jackson		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 9154		<u>09, 05, 24</u>	300.00
City, State, Zip Code Jackson, MS 39286		_'_'_	\$
Purpose of Disbursement (Optional) Advertisement		Aggregate Year-to-date	\$ 300.00
B. Full name David Browne Media		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2541 North Vermont Street		09,27,24	\$ 25,387.50
City, State, Zip Code Arlington, VA 22207		09 / 27 / 24	\$ 1,771.00
Purpose of Disbursement (Optional) Media		Aggregate Year-to-date	\$ 27,158.50
C. Full name Trustmark National Bank		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 143		07,02,24	\$ 1,500.00
City, State, Zip Code Jackson, MS 39205		07,17,24	\$ 2,500.00
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$ see next
D. Full name Trustmark National Bank		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 143		07/30/24	\$ 2,500.00
City, State, Zip Code Jackson, MS 39205		08,26,24	\$ 4,180.37
Purpose of Disbursement (Optional) Credit Card	. <u> </u>	Aggregate Year-to-date	\$ see next
E. Full name Trustmark National Bank		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 143		09,11,24	\$ 847.26
City, State, Zip Code Jackson, MS 39205		'	\$
Purpose of Disbursement (Optional) Credit Card		Aggregate Year-to-date	\$ 11,827.63
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		//	S
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$