

## REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES 2025 Municipal Election

Check one of the following:  The independent expenditure disc								
☐ The independent expenditure disc	losed <u>was i</u>	made in opp	osition to	o the candidate identi	fied.			
Name of the Candidate of whom the ex	penditure v	was in suppor	t or in o	pposition.				
Full Name of Individual or Entity Mak.	ing Indeper	ndent Expend	liture(s).					
Please check the appropriate box:	0 1	1						
□ Corporation □	□ Political ( □ Other (Sp			)				
Contact Person								
Contact Ferson								
Mailing Address			City	S	State		Zip Code	
Phone	Fax				Email (optional)			
Please check one of the following dat	tes:							
Tuesday, May 27, 2025 (ApFriday, January 30, 2025 (ApFri	January 1,	2025 through	gh Dece	•				-
		temized	+	Non-itemized =		This Period	Calen Year-To	
Total amount of contributions	\$		+ \$		\$		\$	
Total amount of disbursements	\$		+ \$		\$		\$	
Attach itemized receipt and itemized d \$200 in the aggregate and each recipi							(s) received in ex	cess of
Under penalty of perjury, I hereby cert the request or suggestion of, any candid							ultation or concert	with, or at
Authorized Signa	iture					Date		
AUTHORITY: Miss. Code Ann. §§ SEND TO: 1. Independent expenditures n		-		singleffice should be filed	1	a Municipal Clark of the		

REV 7/2024