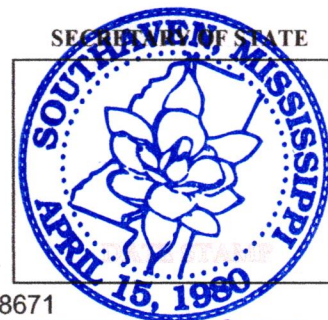


325.25

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

SECRETARY OF STATE

Name of Candidate George PayneAddress 2536 Dickens Place Dr.City/State/Zip Southaven, MS 38671Telephone (Work) 901-626-7103

(Home) _____

(Fax) _____

Contact Name George PayneEmail Address gpayne38671@gmail.comOffice Sought Alderman at LargePolitical Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

X Tuesday, March 25, 2025 (January 1, 2025 through March 23, 2025)..... Primary Pre-Election Report

_____ Tuesday, April 15, 2025 (March 24, 2025 through April 13, 2025)..... Primary Pre-Runoff Election Report

_____ Tuesday, May 27, 2025 (January 1, 2025 through May 25, 2025)..... General Pre-Election Report

_____ Friday, January 30, 2026 (January 1, 2025 through December 31, 2025)..... Annual Report

_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

IMPORTANT

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the General Pre-Election Report due Tuesday May 27, 2025 is March 24, 2025 through May 25, 2025.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ <u>500.00</u>	+	\$	<u>500.00</u>	\$ <u>500.00</u>
Total amount of disbursements \$	+	\$ <u>66.50</u>	\$ <u>66.50</u>	\$ <u>66.50</u>
Total amount of cash on hand			\$ <u>560.82</u>	

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 Candidate

03/24/2025

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee Friends of George PayneReporting period 1/1/2025 through 3/25/2025

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Barry Bouchillon</u>		<u>01/30/2025</u>	\$ <u>250</u>
Mailing Address <u>40 Stateline Rd</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Southaven MS 38671</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Insurance Agent</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Ryan England</u>		<u>03/24/2025</u>	\$ <u>250</u>
Mailing Address <u>1055 Church Rd. East</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Southaven, MS 38671</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Insurance Agent</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		___ / ___ / ___	\$
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$