

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election



Name of Candidate Kevin Tackett
 Address 2281 Baird Drive City/State/Zip Southaven MS, 38672
 Telephone (Work) 662-510-5690 (Home) 901-270-1802 (Fax) _____
 Contact Name Kevin Tackett Email Address ktackett@alderman.com
 Office Sought Alderman Ward 6 Political 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>0</u>	+	\$	<u>0</u>	\$ <u>0</u>
Total amount of disbursements \$	<u>340.19</u>	+	\$	<u>340.19</u>	\$ <u>340.19</u>
Total amount of cash on hand	<u>0</u>		\$	<u>0</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Kevin Tackett
Signature of Candidate

3/25/25
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 Kevin TackettReporting period 1/1/25 - 3/23/25 through 3/23/25

ITEMIZED DISBURSEMENTS

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

A. Full name <u>City of Southaven City Clerk</u>	Date (Mo., Day, Year) <u>1/31/25</u>	Amount of each disbursement this period \$ <u>10.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>VistaPrint</u>	Date (Mo., Day, Year) <u>28/23/25</u>	Amount of each disbursement this period \$ <u>64.19</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Cards</u>	Aggregate Year-to-date	\$
C. Full name <u>Juno AVENT</u>	Date (Mo., Day, Year) <u>3/6/25</u>	Amount of each disbursement this period \$ <u>266.00</u>
Mailing Address <u>4339 Vineyard Dr W</u>		
City, State, Zip Code <u>Southaven MS 38672</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>T shirts</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$