

  
 Political Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 Initiative Monthly Report

SECRETARY OF STATE



Name of Committee Friends of Tim Pierce  
 Address P.O. Box 1093 City/State/Zip Long Beach, MS 39560  
 Telephone 228-860-0081 Fax \_\_\_\_\_ Email Address jomarie.leblanc@gmail.com  
 Director \_\_\_\_\_ Treasurer JoMarie LeBlanc

Check here if above is different from previous report

**TYPE OF REPORT**

March 25 2025 Monthly Report (due on or before the 10<sup>th</sup> day of following month) .....Mandatory  
 (Month)

\_\_\_\_\_ Termination Report (Committee will no longer accept contributions or make campaign expenditures and has no outstanding debt obligation.) Required to terminate reporting obligations

**IMPORTANT**

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the report by 5:00 p.m. on the first working day *before* the deadline. Reports may be 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](mailto:CampaignFinance@sos.ms.gov).

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$21,000.00	\$2,700.00	\$23,700.00	\$23,700.00
TOTAL AMT OF DISBURSEMENTS	\$11,758.64	\$100.06	\$11858.70	\$11,858.70
CASH ON HAND BALANCE				\$11,841.30

*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

March 24, 2025

Date

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

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ann Gatin</u>	<u>01 / 15 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>5061 S Mitchell Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Retired</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Timothy Dulaney</u>	<u>01 / 15 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>5023 Beatline Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Retired</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Oil Plus Inc</u>	<u>01 / 15 / 25</u>	\$ <u>1,000.00</u>
Mailing Address <u>19006 Pineville Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Oil Plus Inc</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Car repairs</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Seal</u>	<u>01 / 15 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 756</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>LBPD</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Chief of Police</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Friends of Tim Pierce  
 Reporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lenny and Earline Sawyer</u>	<u>01</u> / <u>15</u> / <u>25</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Drawer 490</u>	_ / _ / _	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	_ / _ / _	\$
Name of Employer (Required) <u>Sawyer Real Estate</u>	_ / _ / _	\$
Occupation (Required) <u>Broker/owner</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lenwood and Heather Sawyer</u>	<u>01</u> / <u>15</u> / <u>25</u>	\$ <u>500.00</u>
Mailing Address <u>5027 Beatline Rd</u>	_ / _ / _	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	_ / _ / _	\$
Name of Employer (Required) <u>Sawyer Real Estate</u>	_ / _ / _	\$
Occupation (Required) <u>Broker/ owner</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald and Linda Schauer</u>	<u>01</u> / <u>15</u> / <u>25</u>	\$ <u>200.00</u>
Mailing Address <u>194 McGuire Dr</u>	_ / _ / _	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Schloegel, Jr</u>	<u>01</u> / <u>15</u> / <u>24</u>	\$ <u>200.00</u>
Mailing Address <u>1175 Bilbo Rd</u>	_ / _ / _	\$
City, State, Zip Code <u>Lumberton, MS 39455</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert and Rebecca Bass</u>		<u>01 / 15 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 533</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Harbor View</u>		___ / ___ / ___	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Fairbank</u>		<u>01 / 23 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>1360 E 2nd St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Pass Christian, MS 39571</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carolyn J Anderson</u>		<u>01 / 23 / 25</u>	\$ <u>250.00</u>
Mailing Address <u>6016 Harvest Lane</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DAP Properties, LLC</u>		<u>01 / 23 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>2915 Quiet Oak PI</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Schriever, LA 70395</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>DAP Properties</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Gant and Brown Premier Home Builders</b>	<u>01</u> / <u>27</u> / <u>25</u>	\$ <b>1,500.00</b>
Mailing Address <b>14397 Creosote Rd</b>	___/___/___	\$
City, State, Zip Code <b>Gulfport, MS 39503</b>	___/___/___	\$
Name of Employer (Required) <b>Gant and Brown Premier Home Builders</b>	___/___/___	\$
Occupation (Required) <b>Home Builders</b>	Aggregate year-to-date	\$ <b>1,500.00</b>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Steven Delahousey</b>	<u>02</u> / <u>03</u> / <u>25</u>	\$ <b>200.00</b>
Mailing Address <b>2580 Rue Palafox</b>	___/___/___	\$
City, State, Zip Code <b>Biloxi, MS 39531</b>	___/___/___	\$
Name of Employer (Required) <b>AMR</b>	___/___/___	\$
Occupation (Required) <b>Vice President</b>	Aggregate year-to-date	\$ <b>200.00</b>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>David and Elise Fayard</b>	<u>02</u> / <u>03</u> / <u>25</u>	\$ <b>500.00</b>
Mailing Address <b>12 Copper Ct</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>Ace Moving and Storage</b>	___/___/___	\$
Occupation (Required) <b>Owner</b>	Aggregate year-to-date	\$ <b>500.00</b>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Hancock Auto Annex, Inc</b>	<u>02</u> / <u>05</u> / <u>25</u>	\$ <b>300.00</b>
Mailing Address <b>312 E Railroad St</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>Auto Sales</b>	___/___/___	\$
Occupation (Required) <b>Auto Sales</b>	Aggregate year-to-date	\$ <b>300.00</b>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025**ITEMIZED CONTRIBUTIONS**

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Covington Civil &amp; Enviromental</u>	<u>02 / 05 / 25</u>	\$ <u>2500.00</u>
Mailing Address <u>2300 14th St</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Covington Civil &amp; Enviromental</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Civil engineering</u>	Aggregate year-to-date	\$ <u>2500.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Two Maries, LLC</u>	<u>02 / 13 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>169 Moorewood Dr</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>West Monroe, LA</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Two Maries, LLC</u>	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jason and Anna Overstreet</u>	<u>02 / 21 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>53 Walton Rd</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Wiggins, MS 39577</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pelican Waste &amp; Debris, LLC</u>	<u>02 21 25</u>	\$ <u>1,000.00</u>
Mailing Address <u>172 N LaCarpe Cir</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Houma, LA 70360</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Pelican Waste &amp; Debris, LLC</u>	<u>  /  /  </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025**ITEMIZED CONTRIBUTIONS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anna Claire Perronne</u>	<u>02/21/25</u>	\$ <u>200.00</u>
Mailing Address <u>210 W Second St</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Pass Christian, MS 39571</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Chamber of Commerce</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Pass Christian Long Beach Director</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hunter Lipscomb</u>	<u>02/21/25</u>	\$ <u>250.00</u>
Mailing Address <u>605 Arbour Ct</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Anderson Contractors</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coldwell Banker Alfonso Realty</u>	<u>02/24/25</u>	\$ <u>500.00</u>
Mailing Address <u>9153 Lorraine Rd</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Coldwell Banker Alfonso Realty</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Real Estate sales and leasing</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>IGA PAC</u>	<u>02/25/25</u>	\$ <u>1000.00</u>
Mailing Address <u>1775 Moriah Woods Blvd Ste 1</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Memphis, TN 38117</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>IGA PAC</u>	<u>___/___/___</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Sherlin</u>		<u>03 / 05 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>548 W Beach Blvd Unit 139</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Retire</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry and Cindy Levens</u>		<u>03 / 05 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>20059 Pineville Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Retired</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Schloegel, Jr</u>		<u>03 / 05 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>1175 Bilbo Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Lumberton, MS 39455</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Retired</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Heather Satchel</u>		<u>03 / 05 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>7296 Camellia Ct</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Pass Christian, MS 39571</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Del Mar Mortgage</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Mortgage Originator</u>		Aggregate year-to-date	\$ <u>200.00</u>



Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Bull's LLC</b>	<u>03/05/25</u>	\$ <b>200.00</b>
Mailing Address <b>132 Pirate Ave</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>Bulls LLC</b>	___/___/___	\$
Occupation (Required) <b>Resturant</b>	Aggregate year-to-date	\$ <b>200.00</b>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Ronald and Gay Irby</b>	<u>03/05/25</u>	\$ <b>250.00</b>
Mailing Address <b>252 E Fouth St</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>Retired</b>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>250.00</b>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Joe and Rebecca Culpepper</b>	<u>03/05/25</u>	\$ <b>500.00</b>
Mailing Address <b>14333 Beulah Church Rd</b>	___/___/___	\$
City, State, Zip Code <b>Gulfport, MS 39503</b>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <b>500.00</b>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>David and Elisa Fayard</b>	<u>03/05/25</u>	\$ <b>500.00</b>
Mailing Address <b>12 Copper Ct</b>	___/___/___	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	___/___/___	\$
Name of Employer (Required) <b>Ace Moving and Storage</b>	___/___/___	\$
Occupation (Required) <b>Owner</b>	Aggregate year-to-date	\$ <b>1,000.00</b>

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2023

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas and Janis McCormick</u>		<u>03 / 05 / 25</u>	\$ <u>1,000.00</u>
Mailing Address <u>239 Walter Dr</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>RiverRidge, LA 70123</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Retired</u>		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shawn and Lynette Montella</u>		<u>03 / 17 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>256 S Lang Ave</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Coast Roast</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Don Gaddy</u>		<u>03 / 17 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>18062 1/2 Commission Rd</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Memorial Gulfport OBGYN Clinic</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>OBGYN</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coast Roast Coffee</u>		<u>03 / 17 / 25</u>	\$ <u>200.00</u>
Mailing Address <u>126 Jeff Davis Ave</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Long Beach, MS 39560</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Coast Roast Coffee</u>		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Friends of Tim Pierce  
 Reporting period January 1 through March 23, 2023

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>James E Levens III</b>	<u>03</u> / <u>17</u> / <u>25</u>	\$ <b>1,000.00</b>
Mailing Address <b>P.O. Box 779</b>	__ / __ / __	\$
City, State, Zip Code <b>Long Beach, MS 39560</b>	__ / __ / __	\$
Name of Employer (Required) <b>JLB Contractors</b>	__ / __ / __	\$
Occupation (Required) <b>Contractor</b>	Aggregate year-to-date	\$ <b>1,000.00</b>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>David and Frances Campbell</b>	<u>03</u> / <u>18</u> / <u>25</u>	\$ <b>250.00</b>
Mailing Address <b>5 Sago</b>	__ / __ / __	\$
City, State, Zip Code <b>Kenner, LA 70065-6194</b>	__ / __ / __	\$
Name of Employer (Required) <b>New Era Information Technologies</b>	__ / __ / __	\$
Occupation (Required) <b>President</b>	Aggregate year-to-date	\$ <b>250.00</b>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Robert and Rhonda Knesal</b>	<u>03</u> / <u>18</u> / <u>25</u>	\$ <b>1000.00</b>
Mailing Address <b>111 Lundgren Lane</b>	__ / __ / __	\$
City, State, Zip Code <b>Gulfport, MS 39507-4421</b>	__ / __ / __	\$
Name of Employer (Required) <b>Knesal Engineering Services</b>	__ / __ / __	\$
Occupation (Required) <b>Engineering and Technical</b>	Aggregate year-to-date	\$ <b>1000.00</b>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tim Pierce		
Mailing Address 805 Magnolia Dr	<u>01</u> / <u>16</u> / <u>25</u>	\$ 4,857.80
City, State, Zip Code Long Beach, MS 39560	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Campaign Signs	Aggregate Year-to-date	\$ 4,857.80
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Printing		
Mailing Address 230 Davis Ave	<u>01</u> / <u>16</u> / <u>25</u>	\$ 280.88
City, State, Zip Code Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Invoice 250116 Lapel Stickers/ 50 Campaign Signs	Aggregate Year-to-date	\$ 280.88
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tim Pierce		
Mailing Address 805 Magnolia	<u>01</u> / <u>31</u> / <u>25</u>	\$ 50.00
City, State, Zip Code Long Beach, MS 39560	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Advertising Carnival Association of Long Beach	Aggregate Year-to-date	\$ 4907.80
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Printing		
Mailing Address 230 Davis Ave	<u>02</u> / <u>03</u> / <u>25</u>	\$ 191.32
City, State, Zip Code Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Invoice 250277/ Printing Push cards	Aggregate Year-to-date	\$ 472.20
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Printing		
Mailing Address 230 Davis Ave	<u>02</u> / <u>05</u> / <u>25</u>	\$ 1,768.92
City, State, Zip Code Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Invoice 250193 & 250195 Signs and Push cards	Aggregate Year-to-date	\$ 2,241.12
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern Printing		
Mailing Address 230 Davis Ave	<u>02</u> / <u>13</u> / <u>25</u>	\$ 237.54
City, State, Zip Code Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Invoice 250361 Push cards	Aggregate Year-to-date	\$ 2478.66

Name of Candidate or Committee Friends of Tim PierceReporting period January 1 through March 23, 2025**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

<b>A. Full name</b> Tim Pierce	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 805 Magnolia Dr	<u>02</u> / <u>24</u> / <u>25</u>	\$ 197.10
<b>City, State, Zip Code</b> Long Beach, MS 39560	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Postage Reimbursement	<b>Aggregate</b> <b>Year-to-date</b>	\$ 5104.90
<b>B. Full name</b> Southern Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 230 Davis Ave	<u>02</u> / <u>21</u> / <u>25</u>	\$ 781.10
<b>City, State, Zip Code</b> Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Invoice 250439 Large signs and stakes	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3259.76
<b>C. Full name</b> Tim Pierce	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 805 Magnolia Dr	<u>03</u> / <u>04</u> / <u>25</u>	\$ 800.00
<b>City, State, Zip Code</b> Long Beach, MS 39560	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Fund raising event Harbor View	<b>Aggregate</b> <b>Year-to-date</b>	\$ 5,904.90
<b>D. Full name</b> Southern Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 230 Davis Ave	<u>03</u> / <u>14</u> / <u>25</u>	\$ 237.54
<b>City, State, Zip Code</b> Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Invoice 250534 Push Cards	<b>Aggregate</b> <b>Year-to-date</b>	\$ 3,497.360
<b>E. Full name</b> Southern Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 230 Davis Ave	<u>03</u> / <u>17</u> / <u>25</u>	\$ 652.70
<b>City, State, Zip Code</b> Pass Christian, MS 39571	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Invoice 250587 Lapel Stickers	<b>Aggregate</b> <b>Year-to-date</b>	\$ 4,150.00
<b>F. Full name</b> Tim Pierce	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 805 Magnolia Dr	<u>03</u> / <u>17</u> / <u>25</u>	\$ 1703.74
<b>City, State, Zip Code</b> Long Beach, MS 39560	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Supplies and print advertising	<b>Aggregate</b> <b>Year-to-date</b>	\$ 7,608.64