

2025 ELECTION CYCLE
RECEIVED
 MAR 25 2025
 CITY OF OCEAN SPRINGS



SECRETARY OF STATE
 DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2025 Municipal Election

BY _____
 Name of Candidate Robert "Bobby" Cox
 Address 2302 Hudson Rd City/State/Zip Ocean Springs, MS 39564
 Telephone (Work) 228-218-7271 (Home) _____ (Fax) _____
 Contact Name Bobby Cox Email Address info@bobbycox4os.com
 Office Sought Mayor Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

- 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 \$	37,650. ⁰⁰	+	\$ 15,282. ⁰⁰	\$ 52,932. ⁰⁰	\$ 52,932. ⁰⁰
Total amount of disbursements \$		+	\$ 27,330. ¹¹	\$ 27,330.11	\$ 27,330.11
Total amount of cash on hand				\$ 27,030. ⁰⁰	(Include \$1439.26 from 2024)

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

Robert "Bobby" Cox 03/25/2025
 Signature of Candidate 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 Robert "Bobby" Cox
 Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 199
Mailing Address	__ / __ / __	\$ 100
City, State, Zip Code	__ / __ / __	\$ 100
Name of Employer (Required)	__ / __ / __	\$ 100
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address	__ / __ / __	\$ 100
City, State, Zip Code	__ / __ / __	\$ 100
Name of Employer (Required)	__ / __ / __	\$ 100
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address	__ / __ / __	\$ 50
City, State, Zip Code	__ / __ / __	\$ 150
Name of Employer (Required)	__ / __ / __	\$ 199
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address	__ / __ / __	\$ 100
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 1698.00

(total pg)

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CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 175
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		
Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 195
Mailing Address _____	__ / __ / __	\$ 150
City, State, Zip Code _____	__ / __ / __	\$ 195
Name of Employer (Required) _____	__ / __ / __	\$ 195
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		
Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 195
Mailing Address _____	__ / __ / __	\$ 150
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 200
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		
Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$ 2455

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(total pg)

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Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 150
Occupation (Required) _____	Aggregate year-to-date	\$
B. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
C. 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>Non Itemized</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 200
Occupation (Required) _____	Aggregate year-to-date	\$ 2450

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A. 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>Non Itemized</u>	__ / __ / __	\$75
Mailing Address _____	__ / __ / __	\$199
City, State, Zip Code _____	__ / __ / __	\$200
Name of Employer (Required) _____	__ / __ / __	\$200
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$200
Mailing Address _____	__ / __ / __	\$200
City, State, Zip Code _____	__ / __ / __	\$100
Name of Employer (Required) _____	__ / __ / __	\$100
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$150
Mailing Address _____	__ / __ / __	\$175
City, State, Zip Code _____	__ / __ / __	\$175
Name of Employer (Required) _____	__ / __ / __	\$50
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$50
Mailing Address _____	__ / __ / __	\$15
City, State, Zip Code _____	__ / __ / __	\$100
Name of Employer (Required) _____	__ / __ / __	\$200
Occupation (Required) _____	Aggregate year-to-date	\$2189

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ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 50
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 40
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 200
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Non Itemized</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 200
Occupation (Required) _____	Aggregate year-to-date	\$ 2190

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Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 125
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
B. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
C. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$ 1725

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CITY OF OCEAN SPRINGS

BY _____

(total pg)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 50
Occupation (Required) _____	Aggregate year-to-date	\$
B. 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>Non Itemized</u>	__ / __ / __	\$ 150
Mailing Address _____	__ / __ / __	\$ 50
City, State, Zip Code _____	__ / __ / __	\$ 50
Name of Employer (Required) _____	__ / __ / __	\$ 25
Occupation (Required) _____	Aggregate year-to-date	\$
C. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$ 1425

(total pg)

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CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 100
Occupation (Required) _____	Aggregate year-to-date	\$
B. 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>Non Itemized</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$ 100
Name of Employer (Required) _____	__ / __ / __	\$ 50
Occupation (Required) _____	Aggregate year-to-date	\$
C. 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>Non Itemized</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 100
City, State, Zip Code _____	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$
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>Non Itemized</u>	__ / __ / __	\$
Mailing Address _____	__ / __ / __	\$
City, State, Zip Code _____	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1150

(total pg)

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MAR 25 2025

BY _____
CITY OF OCEAN SPRINGS

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shawn Senseney</u>	<u>01 / 07 / 25</u>	\$ <u>300</u>
Mailing Address <u>PO Box 7302</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Jackson County</u>	_ / _ / _	\$
Occupation (Required) <u>Retired / Part Time</u>	Aggregate year-to-date	\$ <u>300</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>Doug Roll</u>	<u>01 / 08 / 25</u>	\$ <u>500</u>
Mailing Address <u>105 Holcomb</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self Employed</u>	_ / _ / _	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500</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>Larry and Mickey Ramsey</u>	<u>01 / 08 / 25</u>	\$ <u>250</u>
Mailing Address <u>808 Woodglen Dr</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Ramsey Survey</u>	_ / _ / _	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Apple Holdings LLC</u>	<u>01 / 08 / 25</u>	\$ <u>500</u>
Mailing Address <u>PO Box 7503</u>	_ / _ / _	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

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CITY OF OCEAN SPRINGS

BY _____

(\$1350)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Roy Murrell</u>	<u>01 / 06 / 25</u>	\$ 250
Mailing Address <u>1127 Iberville Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Danco</u>	_ / _ / _	\$
Occupation (Required) <u>Phone Sales</u>	Aggregate year-to-date	\$ 250
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>Paul Stein</u>	<u>1 / 09 / 25</u>	\$ 500
Mailing Address <u>606 Rue Maupesant</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
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>David Allen</u>	<u>01 / 10 / 25</u>	\$ 500
Mailing Address <u>407 General Pershing Ave.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 500
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>David Pilger</u>	<u>01 / 13 / 25</u>	\$ 2500
Mailing Address <u>1406 Bienville Blvd.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Pilger Title Company</u>	_ / _ / _	\$
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ 2500

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CITY OF OCEAN SPRINGS

BY _____

(3750)

Name of Candidate or Committee Robert "Bobby" Cox

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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>Ward Wicht</u>	<u>01</u> / <u>10</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>1206 Beach Blvd.</u>	__/__/__	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>	__/__/__	\$
Name of Employer (Required) <u>Self</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Charles and Amy Wilson</u>	<u>01</u> / <u>10</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>119 Seaside Dr.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>	__/__/__	\$
Name of Employer (Required) <u>ENT</u>	__/__/__	\$
Occupation (Required) <u>Dr.</u>	Aggregate year-to-date	\$ <u>250</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>Vincent and Amy Armata</u>	<u>01</u> / <u>13</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>317 Poplar Dr.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Siren Ainsworth</u>	<u>01</u> / <u>12</u> / <u>25</u>	\$ <u>1000</u>
Mailing Address <u>509 Shadow Lawn lane</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>

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CITY OF OCEAN SPRINGS

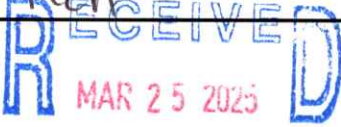
BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Cheryl and Gary Verhoeven</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ 250
Mailing Address <u>13913 Puerto Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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>Chad and Tammy Wade</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ 250
Mailing Address <u>818 Canecrake Rd</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required) <u>Banker</u>	Aggregate year-to-date	\$ 250
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lawas Etc. Inc.</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ 250
Mailing Address <u>202 North St.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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>John Woolsey</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ 250
Mailing Address <u>3313 N 11th St.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required) <u>AT&T tech</u>	Aggregate year-to-date	\$ 250


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 CITY OF OCEAN SPRINGS
 BY _____

(1000)

Name of Candidate or Committee Robert "Bobby" Cox
 Reporting period 01/01/2025 through 03/23/2025

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>Homer Martin</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>412 Holly St.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>self</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>David Baggett</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>3124 Eagle Point Rd</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>JCS D</u>	__/__/__	\$
Occupation (Required) <u>Superintendent</u>	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Michael Nall</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>120 Sea Salt Lane</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Jeffrey and Kimberly Ryan</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>13 Gulfview Dr.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

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CITY OF OCEAN SPRINGS
 BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>MS Gulf Coast Billfish Classic</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>PO Box 231</u>	__/__/__	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Christie Fountain Advertising Inc.</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>1117 Bienville Blvd.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Douglas Tynes</u>	<u>01</u> / <u>15</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>1206 Iola Rd</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JT Martin Enterprises LLC</u>	<u>01</u> / <u>16</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>5312 A Gautier Vanleave Rd.</u>	__/__/__	\$
City, State, Zip Code <u>Gautier MS 39553</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

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CITY OF OCEAN SPRINGS

BY _____

(1750)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Dan Magruder</u>	<u>01/16/25</u>	\$ <u>500</u>
Mailing Address <u>605 Rue Dauphine</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Retired</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Premier Fitness LLC</u>	<u>01/16/25</u>	\$ <u>500</u>
Mailing Address <u>PO Box 1381</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>David Michael Harvey</u>	<u>01/16/25</u>	\$ <u>1000</u>
Mailing Address <u>130 Seaside Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>self</u>	___/___/___	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Randall Development</u>	<u>01/16/25</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 930</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>

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CITY OF OCEAN SPRINGS

BY _____

(3000)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>LMS Inc.</u>	<u>01/14/25</u>	\$ 1000
Mailing Address <u>806 Waashington Ave.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Brian and Stacey Todd</u>	<u>01/17/25</u>	\$ 500
Mailing Address <u>1600 Beachview Dr.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>MDE & Chevron</u>	___/___/___	\$
Occupation (Required) <u>contractor</u>	Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Douglas and Mona Loper</u>	<u>01/17/25</u>	\$ 1000
Mailing Address <u>300 Ward Ave.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Hancock</u>	___/___/___	\$
Occupation (Required) <u>Banker</u>	Aggregate year-to-date	\$ 1000
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Andrew and Michelle Gilich</u>	<u>01/12/25</u>	\$ 500
Mailing Address <u>517 Rue Chateaugay</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

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CITY OF OCEAN SPRINGS

BY _____

(3000)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Gregory & Meredith Descher</u>	<u>01</u> / <u>08</u> / <u>25</u>	\$ 250
Mailing Address <u>1312 Fort Ave.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>\$ Self</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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>Earl Blessy Jr.</u>	<u>01</u> / <u>29</u> / <u>25</u>	\$ 250
Mailing Address <u>110 Shearwater Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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>Francis White Blessey</u>	<u>01</u> / <u>29</u> / <u>25</u>	\$ 250
Mailing Address <u>110 Shearwater Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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>Lanis Noble</u>	<u>01</u> / <u>24</u> / <u>25</u>	\$ 250
Mailing Address <u>411 Bechtal Blvd</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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CITY OF OCEAN SPRINGS

BY _____

(1000)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>S & J Mini Storage</u>	<u>01</u> / <u>27</u> / <u>25</u>	\$ 250
Mailing Address <u>PO Box 905</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Spring, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250
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>Johnny & Roberta Hughes</u>	<u>02</u> / <u>06</u> / <u>25</u>	\$ 1000
Mailing Address <u>10008 Froguois Ave.</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>Retired</u>	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
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>Marc Foster & Cynthia Henderson</u>	<u>02</u> / <u>07</u> / <u>25</u>	\$ 500
Mailing Address <u>4003 Dunsinane St.</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>Self</u>	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500
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>Richard & Mary Sawyer</u>	<u>02</u> / <u>02</u> / <u>25</u>	\$ 250
Mailing Address <u>105 White Blvd</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>Retired</u>	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250

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MAR 25 2025

(2000)

CITY OF OCEAN SPRINGS
BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>KC Hightower</u>	<u>02</u> / <u>01</u> / <u>25</u>	\$ 500
Mailing Address <u>100 White Blvd.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) <u>Self Atty</u>	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zayad Realty LLC</u>	<u>02</u> / <u>08</u> / <u>25</u>	\$ 2000
Mailing Address <u>3704 Bienville Blvd.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) _____	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 2000
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>Hayden Dent</u>	<u>01</u> / <u>23</u> / <u>25</u>	\$ 500
Mailing Address _____	_ / _ / _	\$
City, State, Zip Code <u>120 Knapp Rd.</u>	_ / _ / _	\$
Name of Employer (Required) <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ 500
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>Sylvia Bosco</u>	<u>02</u> / <u>17</u> / <u>25</u>	\$ 500
Mailing Address <u>509 Front Beach Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500

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(3500)

CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Mike & Virginia Montgomery</u>	<u>02</u> / <u>17</u> / <u>25</u>	\$ 250
Mailing Address <u>6352 Malory Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Michael Williams</u>	<u>02</u> / <u>17</u> / <u>25</u>	\$ 500
Mailing Address <u>1811 Ray St.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Retired</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Cody Waters</u>	<u>02</u> / <u>19</u> / <u>25</u>	\$ 500
Mailing Address <u>PO BOX 376</u>	_ / _ / _	\$
City, State, Zip Code <u>Gautier MS 39553</u>	_ / _ / _	\$
Name of Employer (Required) <u>(scribble)</u>	_ / _ / _	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 500
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Rose & George Slimon</u>	<u>02</u> / <u>16</u> / <u>25</u>	\$ 250
Mailing Address <u>797 Iberville Dr.</u>	_ / _ / _	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	_ / _ / _	\$
Name of Employer (Required) <u>Self</u>	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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MAR 25 2025

(1500)

CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>John Drake</u>	<u>03</u> / <u>05</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>1220 Sunset Dr.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>James R. Reeves Jr.</u>	<u>03</u> / <u>02</u> / <u>25</u>	\$ <u>1000</u>
Mailing Address <u>160 Main Street</u>	__/__/__	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>	__/__/__	\$
Name of Employer (Required) <u>self</u>	__/__/__	\$
Occupation (Required) <u>Atty</u>	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="radio"/> Corporation <input checked="" 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>Acadian Ambulance Employee PAC - MS</u>	<u>02</u> / <u>19</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>PO BOX 98000</u>	__/__/__	\$
City, State, Zip Code <u>Lafayette, LA 70509- 8000</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Clark Gordin</u>	<u>03</u> / <u>13</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>1902 Kensington Ave</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

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CITY OF OCEAN SPRINGS
BY _____

(2250)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>George G Conwill</u>	<u>03/20/25</u>	\$ <u>250</u>
Mailing Address <u>107 Ashley Place</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Palace Casino</u>	___/___/___	\$
Occupation (Required) <u>CFO</u>	Aggregate year-to-date	\$ <u>250</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>Laura A Tasan</u>	<u>03/20/25</u>	\$ <u>250</u>
Mailing Address <u>204 Halstead Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>N/A</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Mr & Mrs. Daniel Guice</u>	<u>03/19/25</u>	\$ <u>300</u>
Mailing Address <u>13825 Daraiso Rd</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>Retired</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bay Marine</u>	<u>03/20/25</u>	\$ <u>300</u>
Mailing Address <u>6005 Washington Ave.</u>	___/___/___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300</u>

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CITY OF OCEAN SPRINGS

BY _____

1160

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Douglas & Carol White</u>	<u>03</u> / <u>21</u> / <u>25</u>	\$ 1000
Mailing Address <u>191 Madison, MS 39110</u>	__ / __ / __	\$
City, State, Zip Code _____	__ / __ / __	\$
Name of Employer (Required) <u>Retired</u>	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		
Full name <u>CH Fentemaker & Associates</u>	<u>03</u> / <u>07</u> / <u>25</u>	\$ 1000
Mailing Address <u>PO Box 52106</u>	__ / __ / __	\$
City, State, Zip Code <u>Lafayette LA 70505</u>	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Neal Schaffer</u>	<u>03</u> / <u>11</u> / <u>25</u>	\$ 1000
Mailing Address <u>PO Box 22625</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 1000
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Jacob Sauers</u>	<u>01</u> / <u>18</u> / <u>21</u>	\$ 250
Mailing Address <u>1913 Jillian Terrace</u>	__ / __ / __	\$
City, State, Zip Code <u>Friendswood, TX 77546</u>	__ / __ / __	\$
Name of Employer (Required) <u>Chevron</u>	__ / __ / __	\$
Occupation (Required) <u>Engineer.</u>	Aggregate year-to-date	\$ 250

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MAR 25 2025

(3250)

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Andrea Procreva</u>	<u>01</u> / <u>04</u> / <u>25</u>	\$ 500
Mailing Address <u>2530 Faulkner St.</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>None</u>	__ / __ / __	\$
Occupation (Required) <u>Housewife</u>	Aggregate year-to-date	\$ 500
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>Lynn Marsh</u>	<u>01</u> / <u>10</u> / <u>25</u>	\$ 1500
Mailing Address <u>6110 St Charles Ave</u>	__ / __ / __	\$
City, State, Zip Code <u>New Orleans, LA</u>	__ / __ / __	\$
Name of Employer (Required) <u>Retired</u>	__ / __ / __	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ 1500
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>Jane and Bill Moore</u>	<u>01</u> / <u>31</u> / <u>25</u>	\$ 500
Mailing Address <u>257 Holcomb Blvd</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>None</u>	__ / __ / __	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ 500
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>Sati Adlakha</u>	<u>02</u> / <u>07</u> / <u>25</u>	\$ 500
Mailing Address <u>419 E Beach Dr</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>Gulf Coast Heart Institute</u>	__ / __ / __	\$
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ 500

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(3000)

CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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 Kevin Ramage	02/ 11 / 25	\$ 250
Mailing Address 5925 Oak Bayou Lane	__ / __ / __	\$
City, State, Zip Code Ocean Springs, MS 39564	__ / __ / __	\$
Name of Employer (Required) Gil's Fish Camp	__ / __ / __	\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 250
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Tom Stennis	02/ 17 / 25	\$ 1000
Mailing Address 6300 Shore Drive	__ / __ / __	\$
City, State, Zip Code Ocean Springs, MS 39564	__ / __ / __	\$
Name of Employer (Required) Retired	__ / __ / __	\$
Occupation (Required) Self	Aggregate year-to-date	\$ 1000
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Bruno Milanese	02/ 18 / 25	\$ 500
Mailing Address 6820 Washington Ave.	__ / __ / __	\$
City, State, Zip Code Ocean Springs, MS 39564	__ / __ / __	\$
Name of Employer (Required) Bay Pest Control	__ / __ / __	\$
Occupation (Required) Bay Pest Control	Aggregate year-to-date	\$ 500
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name Bradley Sams	02/ 18 / 25	\$ 500
Mailing Address 1001 N Halstead	__ / __ / __	\$
City, State, Zip Code Ocean Springs, MS 39564	__ / __ / __	\$
Name of Employer (Required) Self	__ / __ / __	\$
Occupation (Required) Physician	Aggregate year-to-date	\$ 500

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(2250)

CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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>Fred Moran</u>	<u>03</u> / <u>10</u> / <u>25</u>	\$ <u>500</u>
Mailing Address <u>712 Washington Ave.</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Moran Realty</u>	__/__/__	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ <u>500</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>Julia Weaver</u>	<u>03</u> / <u>20</u> / <u>25</u>	\$ <u>250</u>
Mailing Address <u>334 Lovers Lane</u>	__/__/__	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__/__/__	\$
Name of Employer (Required) <u>Self</u>	__/__/__	\$
Occupation (Required) <u>Grant Writer</u>	Aggregate year-to-date	\$ <u>250</u>
C. 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	\$
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	\$

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CITY OF OCEAN SPRINGS

BY _____

(750)

Name of Candidate or Committee Robert "Bobby" CoxReporting period 01/01/2025 through 03/23/2025**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name Macedonia MLK Celebration	Date (Mo., Day, Year) 01 / 20 / 25	Amount of each disbursement this period \$ 100
Mailing Address MLK Dr		\$
City, State, Zip Code Ocean Springs, MS 39564	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100
B. Full name Images Galore	Date (Mo., Day, Year) 01 / 24 / 25	Amount of each disbursement this period \$ 2547.59
Mailing Address 3002 Bienville Blvd.		\$
City, State, Zip Code Ocean Springs MS 39564	01 / 30 / 25	\$ 1126.32
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3673.91
C. Full name Lori Cox	Date (Mo., Day, Year) 01 / 20 / 25	Amount of each disbursement this period \$ 354.97
Mailing Address 2303 Hudson Rd.		\$
City, State, Zip Code Ocean Springs, MS 39564	03 / 24 / 25	\$ 673.64
Purpose of Disbursement (Optional) Reimbursements (Events, Supplies etc...)	Aggregate Year-to-date	\$ 1028.61
D. Full name Premium Consulting Group	Date (Mo., Day, Year) 02 / 01 / 25	Amount of each disbursement this period \$ 4687.00
Mailing Address 18237 Hwy 53		\$
City, State, Zip Code Gulfport, MS 39503	02 / 21 / 25	\$ 2475.00
Purpose of Disbursement (Optional) Campaign Consulting, Marketing, Etc.	Aggregate Year-to-date	\$
E. Full name Premium Consulting Group	Date (Mo., Day, Year) 03 / 03 / 25	Amount of each disbursement this period \$ 2500
Mailing Address Same as above		\$
City, State, Zip Code	03 / 08 / 25	\$ 7169
Purpose of Disbursement (Optional) Campaign Consulting, Marketing, Etc.	Aggregate Year-to-date	\$ 16831.00
F. Full name Joel Stiles	Date (Mo., Day, Year) 02 / 26 / 25	Amount of each disbursement this period \$ 750
Mailing Address Richmond St		\$
City, State, Zip Code Ocean Springs, MS 39564	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Mardi Gras Float Rental	Aggregate Year-to-date	\$ 750

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CITY OF OCEAN SPRINGS

BY _____

SS04-06

Name of Candidate or Committee Robert "Bobby" Cox

Reporting period 01/01/2025 through 03/23/2025

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
Coast Mardi Gras Outlet	<u>02</u> / <u>24</u> / <u>25</u>	\$ 1577.84
Mailing Address 7200 Washington Ave.		\$
City, State, Zip Code Ocean Springs, MS 39564	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) OS Mardi Gras Float	Aggregate Year-to-date	\$ 1577.84
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tato Nut	<u>02</u> / <u>12</u> / <u>25</u>	\$ 143.88
Mailing Address 1114 Government St		\$
City, State, Zip Code Ocean Springs, MS 39564	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Villa Event	Aggregate Year-to-date	\$ 143.88
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
East Beach Specialties	<u>02</u> / <u>27</u> / <u>25</u>	\$ 1476.90
Mailing Address 108 LaBranche		\$
City, State, Zip Code Ocean Springs, MS 39564	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) T Shirts	Aggregate Year-to-date	\$ 1476.90
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Crawfish House	<u>03</u> / <u>20</u> / <u>25</u>	\$ 1603.95
Mailing Address 1801 Government St.		\$
City, State, Zip Code Ocean Springs, MS 39564	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Campaign Event	Aggregate Year-to-date	\$ 1603.95
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pam Ferrill	<u>03</u> / <u>22</u> / <u>25</u>	\$ 144.02
Mailing Address 2375 Davidson Rd		\$
City, State, Zip Code Ocean Springs, MS 39564	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	\$ 144.02
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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CITY OF OCEAN SPRINGS
BY _____