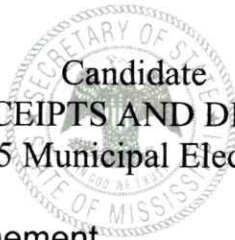


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SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

BY W CITY OF OCEAN SPRINGS

DATE STAMP

Name of Candidate Richard "Rickey" Authement
Address 1111 Iberville Drive City/State/Zip Ocean Springs, MS 39564
Telephone (Work) 228-875-3699 (Home) 228-366-0414 (Fax) N/A
Contact Name Rickey Authement Email Address rickey@hibsonline.com
Office Sought Alderman Ward 2 Political Party (if any) Republican

Check here if above information is different from previous report

TYPE OF REPORT

- XX 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 \$	1500	+	900.00	\$ 2400.00	\$ 2400.00
Total amount of disbursements \$	3237.71	+	—	\$ 3237.71	\$ 3237.71
Total amount of cash on hand				\$ 408.29	

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

[Signature]
Signature of Candidate

3-25-25
Date

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

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

Name of Candidate or Committee Richard "Rickey" Authement

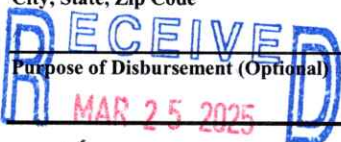
Reporting period January 1, 2025 through March 22, 2025

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
Dunaway Signs	01 / 29 / 25	\$ 781.10
Mailing Address 12224 Parker Creek Road		\$
City, State, Zip Code Biloxi, MS 39532	_ / _ / _	\$
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$ 781.10
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wayne Lees	03 / 07 / 25	\$ 384.96
Mailing Address 1317 Telephone Road		\$
City, State, Zip Code Pascagoula, MS 39567	_ / _ / _	\$
Purpose of Disbursement (Optional) Food (Villa Maria and Samaritan House - Cookout)	Aggregate Year-to-date	\$ 384.96
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sams Club	_ / _ / _	\$ 374.40
Mailing Address 10431 Old Hwy 49		\$
City, State, Zip Code Gulfport, MS 39503	_ / _ / _	\$
Purpose of Disbursement (Optional) Food (Villa Maria and Samaritan House - Cookout)	Aggregate Year-to-date	\$ 374.40
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Knight Abbey	03 / 11 / 25	\$ 246.10
Mailing Address 2650 Beach Blvd, #50		\$
City, State, Zip Code Biloxi, MS 39531	03 / 14 / 25	\$ 420.10
Purpose of Disbursement (Optional) Postage - Presort Standard	Aggregate Year-to-date	\$ 666.20
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Connies Impressions	03 / 17 / 25	\$ 1031.05
Mailing Address 45624 Univeristy Park Drive		\$
City, State, Zip Code Hammond, Louisiana 70401	_ / _ / _	\$
Purpose of Disbursement (Optional) Shirts, huggers	Aggregate Year-to-date	\$ 1031.05
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	_ / _ / _	\$
Mailing Address		\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

3237.71



BY [Signature] CITY OF OCEAN SPRINGS

Name of Candidate or Committee Richard "Rickey" Authement

Reporting period January 1, 2025 through March 22, 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 Mobley</u>	<u>02 / 15 / 25</u>	\$ <u>500.00</u>
Mailing Address <u>527 Front Beach Drive</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
<hr/>		
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>Rickey Authement</u>	<u>03 / 01 / 25</u>	\$ <u>1000.00</u>
Mailing Address <u>1111 Iberville Drive</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>HIBS, Inc</u>	__ / __ / __	\$
Occupation (Required) <u>Owner</u>	Aggregate year-to-date	\$ <u>1000.00</u>
<hr/>		
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	\$
<hr/>		
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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BY [Signature] CITY OF OCEAN SPRINGS