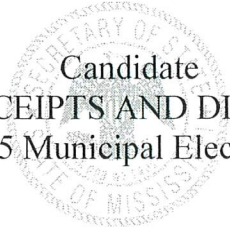


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MAR 25 2025



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2025 Municipal Election

DATE STAMP

BY W CITY OF OCEAN SPRINGS

Name of Candidate Jennifer Burgess

Address 4006 Dunsinane St. City/State/Zip Ocean Springs, MS 39564

Telephone (Work) 228-282-5482 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Contact Name Jennifer Burgess Email Address jenniferburgess111@gmail.com

Office Sought Alderman Ward 1 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 \$	4300.00	+	\$ 1675.00	\$ 5975.00	\$ 5925.00
Total amount of disbursements \$	5195.75	+	\$ 743.80	\$ 5939.55	\$ 5939.55
Total amount of cash on hand				\$ 35.45	

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

Jennifer Burgess  
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 Jennifer Burgess

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
<b>Jen and Chuck Photography</b>	1 / 6 / 25	\$ 850.00
Mailing Address		
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 850.00
<b>Goodgames Printing</b>	1 / 29 / 25	\$ 1230.47
Mailing Address		
City, State, Zip Code	2 / 18 / 21	\$ 1658.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2888.97
<b>Jennifer Burgess</b>	1 / 31 / 25	\$ 820.00
Mailing Address		
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 820.00
<b>Office Depot</b>	3 / 24 / 25	\$ 120.38
Mailing Address		
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>Robbie Burgess</b>	2 / 24 / 25	\$ 206.10
Mailing Address		
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 206.10
<b>Office Depot</b>	2 / 3 / 25	\$ 154.08
Mailing Address		
City, State, Zip Code	2 / 27 / 25	\$ 156.22
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 430.68

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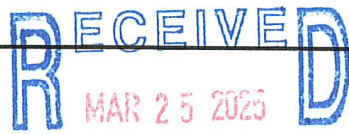
CITY OF OCEAN SPRINGS  
BY \_\_\_\_\_



Name of Candidate or Committee Jennifer Burgess  
 Reporting period January 1, 2025 through March 22, 2025

## ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input checked="" type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Jennifer Burgess</b>	1 / 31 / 25	\$4000.00
Mailing Address <b>4006 Dunsinane St.</b>	_ / _ / _	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	_ / _ / _	\$
Name of Employer (Required) <b>Deaconess Hospice</b>	_ / _ / _	\$
Occupation (Required) <b>Account Executive</b>	Aggregate year-to-date	\$4000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>James Little</b>	2 / 28 / 25	\$300.00
Mailing Address <b>3905 Queen Elizabeth</b>	_ / _ / _	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$300.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
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) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$



CITY OF OCEAN SPRINGS  
 BY \_\_\_\_\_