

RECEIVED
MAR 25 2025

SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

BY CITY OF OCEAN SPRINGS

Name of Candidate Ron Chambers

Address 104 Pine Villas Road City/State/Zip Ocean Springs MS 39564

Telephone (Work) 662-832-8882 (Home) (Fax)

Contact Name Howie Morgan Email Address coach@votecoachron.com

Office Sought Alderman at Large 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 \$	7866.16	+	\$ 1718.24	\$ 9584.40	\$ 9584.40
Total amount of disbursements \$	9402.53	+	\$ 157.60	\$ 9560.13	\$ 9560.13
Total amount of cash on hand				\$ 24.27	

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 Candidate

03/25/25

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 Coach Ron Chambers for Ocean Springs
 Reporting period January 1, 2023 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 Trey O'Bryant	<u>01/01/25</u>	\$ 3000.00
Mailing Address 111 Spanish Point Road	___/___/___	\$
City, State, Zip Code Ocean Springs MS 39564	___/___/___	\$
Name of Employer (Required) Global Fabrication LLC	___/___/___	\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 3000.00
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 Steve Gregory	<u>01/06/25</u>	\$ 521.15
Mailing Address 614 Camellia Pointe Blvd	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 521.15
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 David Pilger	<u>01/11/25</u>	\$ \$1,041.98
Mailing Address 102 Doswell Ct	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ \$1,041.98
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 Jan Goff	<u>01/14/25</u>	\$ \$521.15
Mailing Address 275 Holcomb Blvd	___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ \$521.15



CITY OF OCEAN SPRINGS

BY _____

Name of Candidate or Committee Coach Ron Chambers for Ocean SpringsReporting period January 1, 2025 through March 23, 2025

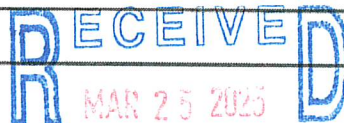
ITEMIZED CONTRIBUTIONS

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 Charles Winters		<u>01/20/25</u>	\$ \$260.73
Mailing Address 160 Pittman Road		___/___/___	\$
City, State, Zip Code Ocean Springs MS 39564		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 260.73
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 Nicole McClendon		<u>01/22/25</u>	\$ 521.15
Mailing Address 116 Halstead Road		___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 521.15
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 Patricia Carter		<u>01/01/25</u>	\$ \$500.00
Mailing Address 227 Front Beach Dr		___/___/___	\$
City, State, Zip Code Ocean Springs, MS 39564		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
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 Luke Bartkiewicz		<u>01/14/25</u>	\$ \$500.00
Mailing Address 12233 Seaman Road		___/___/___	\$
City, State, Zip Code Vancleave MS 39565		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ \$500.00

Name of Candidate or Committee Coach Ron Chambers for Ocean Springs
 Reporting period January 1, 2025 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>Alwyn Luckey</u>	<u>02/03/25</u>	\$ <u>500.00</u>
Mailing Address <u>160 Pittman Road</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	\$ <u>500.00</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>Cay T Wisner</u>	<u>02/13/25</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1349</u>	___/___/___	\$
City, State, Zip Code <u>Biloxi MS 39533</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	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	___/___/___	\$
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 checked="" 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	\$



CITY OF OCEAN SPRINGS
 BY _____

Name of Candidate or Committee Coach Ron Chambers for Ocean Springs
 Reporting period January 1, 2025 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
Election Impact Group	01/01/25	\$ 3000.00
Mailing Address 18 31st Street	01/01/25	\$ 257.75
City, State, Zip Code Gulfport MS 39507		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name same	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/01/25	\$ 500.00
City, State, Zip Code	01/12/25	\$ 860.88
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name same	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	01/31/25	\$ 993.90
City, State, Zip Code	02/01/25	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name same	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	02/04/25	\$ 1440.00
City, State, Zip Code	02/10/25	\$ 1350.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name same	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	03/01/25	\$ 500.00
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9402.53
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	\$

RECEIVED

MAR 25 2025

CITY OF OCEAN SPRINGS

BY _____