SECRE	TARY	OF	STA	TE

Name of Candidate Robert (Bobby) Cox	date stamp
Address 2303 Hudson RdCity/State/Zip_Ocean Spring	s, Ms. 39564
Telephone (Work) 228-218-727/ (Home) (Fax)	-
Contact Name Bobby Cox Email Address bobbycox 228 6 g	nail.com
Contact Name Bobby Cox Email Address bobby cox 228 6 gr Office Sought Alderman At Large Political Party (if any) Republicant	
Check here if above information is different from previous report	
TYPE OF REPORT	
Tuesday, March 30, 2021 (January 1, 2021 through March 27, 2021)Pi	rimary Pre-Election Report
Tuesday, April 20, 2021 (March 28, 2021 through April 17, 2021)	Pre-Runoff Election Report
Tuesday, June 1, 2021 (January 1, 2021 through May 29, 2021*)	
Monday, January 31, 2022 (January 1, 2021 through December 31, 2021)	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
<u>IMPORTANT</u>	1 2021 in Mount 29 2021
(1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tues through May 29, 2021.	
(2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. I submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. U required to file Pre-Election Reports.	n such case, the candidate shall Inopposed candidates are not
(3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2021.	ا ودوست در در ا
(4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 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 deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.	p.m. on the reporting day. If the first working day <i>before</i> the

	REPORT	ED C	ONTRIBUTIONS	AND DISBURSEMENTS	
	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	7100	+\$	7048.99	s 14,148.91	5 14,148.99
			0	\$ 12,068.39	5 /2 068, 37
Total amount of cash on hand				\$ 2381.53	

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 chadline 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 unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1971).

Page _	/_ of	4
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Name of Candidate or Committee Robert (Bobby) Cox	Page of
Reporting period January 1 2021 through May 29 2021	
ITEMIZED RÉCEIPTS	

TI DIVIDED RECEII		
A. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Prenier Craneworks	21/61/21	\$100000
Mailing Address P. A. Control 1301	//	\$
P.O. Box 1381 Ocean Springs, Ms. 39568 City, State, Zip Code		\$
Name of Employer (Required)	/ /	\$
Crane Leasing		
Occupation (Required)	Aggregate year–to-date	\$100000
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	2 11 121	\$ 1500 =
Ms. Leadership Pac	2111121	\$
Ms. Leadership Pac Mailing Address 6909 Chafham Place City, State, Zip Code	//	J.
City, State, Zip Code Ocara San as Ms 29564	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$1500 00
C. Source: OCorporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tyler Cox	2/16/21	\$ 500 00
Mailing Address	//	\$
City, State, Zip Code	/ /	\$
Ocean Spring M5, 39564 Name of Employer (Required)		\$
Taylor Cow Film	<u> </u>	0
Occupation (Required)	Aggregate year–to-date	\$ 50000
D. Source: OCorporation OPAC VIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name	2/1/2/	this period
Mr+Mrs Gary Verhoeven Mailing Address	2/16/21	\$ 200
13913 Averto Dr.	511121	\$ 200
City, State, Zip Code OCean Springs Ms. 39564 Name of Employer (Required)	//	\$
Name of Employer (Required) Yates Construction	//	\$
Occupation (Required) Secretary	Aggregate year–to-date	\$ 400°C

Name of Candidate or Committee Robe	(Bobby) Cox
Reporting period January 1 2021	through May 29 2021
ITEMI	ZED RÉCEIPTS

A. Source: Corporation PAC I Individual Loan		Amount of sock
A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	प्राच्या री	\$ 35000
Mr. Jerry Munro		41220
Mailing Address		\$
2701 13th Ave.		T 1
City, State, Zip Code		\$
Gulfport, Ms. 39501 Name of Employer (Required)	· · · · · · · · · · · · · · · · · · ·	T
Name of Employer (Required)		\$
Southern Fasteners Occupation (Required)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Aggregate	\$ 35000
Owner	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
	5 120121	\$ 35000
Mr. Douglas Types Ir. Mailing Address 2300 Turning Leafe City, State, Zip Code		
Material Actions	<u> </u>	\$
2300 Turning Leafe		
		\$
Name of Employer (Required)		*
Name of Employer (Required)		\$
Occupation (Required)	Aggragata	
	Aggregate	\$ 3000
$1 - \Lambda i t_{res}$	vearto-date	1 550
Attorney Compartion PAC Individual Loan L	yearto-date	1. 330.
C. Source Corporation PAC Individual Loan	Date	Amount of each
C. Source Corporation PAC Individual Loan		Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
Other (please specify) Full name Fifteen D. Enterprises	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Fiften D. Enterprises Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bc:stol Blud.	Date (Mo., Day, Year)	Amount of each receipt this period \$\int SOU^{\infty}\$
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \sumset 5000000000000000000000000000000000000
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Regulired)	Date (Mo., Day, Year)	Amount of each receipt this period \$\int SOU^{\infty}\$
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Fiften D. Enterprises	Date (Mo., Day, Year) 5 20 2	Amount of each receipt this period \$ \sumset 500^{overline{overl
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) Theater	Date (Mo., Day, Year) 5 20 2	Amount of each receipt this period \$ \sumset 5000000000000000000000000000000000000
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Fiften D. Enterprises	Date (Mo., Day, Year) 5/20/2/ ///// //// Aggregate year-to-date	Amount of each receipt this period \$ \[\square 000000000000000000000000000000000000
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) Theater D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 5/20/2/ //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \[\square 000000000000000000000000000000000000
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) Theater	Date (Mo., Day, Year) 5/20/2/ ///// //// Aggregate year-to-date	Amount of each receipt this period \$ \[\square 000000000000000000000000000000000000
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) Theater D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 5/20/2/ //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \sumset SOO^\ightarrow{\ight
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fifteen D. Enterprises Occupation (Required) Theater D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mc. Gree Desher	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\square 000000000000000000000000000000000000
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fifteen D. Enterprises Occupation (Required) Theater D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ \sumset SOO^\ightarrow{\ight
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fifteen D. Enterprises Occupation (Required) Thater D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address 3919 Bienville Blud.	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\sum_{\infty} \su
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Spring, Ms. 39564 Name of Employer (Required) Fifteen D. Enterprises Occupation (Required) Thatter D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address 3919 Bienville Blud. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\square 000000000000000000000000000000000000
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fifteen D. Enterprises Occupation (Required) Theater D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address 3919 Bienville Blud. City, State, Zip Code Other State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\sum_{\infty} \su
Other (please specify) Full name Fifteen D. Enterprises Mailing Address 1/05 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Thater D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address 3919 Bienville Blud. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Reduired)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\sum_{\infty} \su
Other (please specify) Full name Fiften D. Enterprises Mailing Address 1/05 Bristol Blud. City, State, Zip Code Ocean Spring, Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) The ter D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mc. Greg Desher Mailing Address 3919 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Stelf Employed	Date (Mo., Day, Year)	Amount of each receipt this period \$ SOO SOO \$ SOO SOO Amount of each receipt this period \$ SOO SOO Amount of each receipt SOO SOO
Other (please specify) Full name Fiften D. Enterprises Mailling Address I 105 Bristol Blud. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Fiften D. Enterprises Occupation (Required) The ter D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. Greg Desker Mailing Address 3919 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required)	Date (Mo., Day, Year) S	Amount of each receipt this period \$ SOO SOO \$ SOO SOO Amount of each receipt this period \$ SOO SOO Amount of each receipt SOO SO

Name of Candidate or Comm	iittee	Rober	+ (Bol	bby) Cox	- -
Reporting period Januar	v I	2021	through	May 29 202	<u>/</u>
		LMI 2	(ED	RÉCEIP	15

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	5120121	\$ 50000
Mr. Adam Dial Mailing Address		
	<u> </u>	\$
9880 Briacrest Lane City, State, Zip Code		
14 de la 297 (<u> </u>	\$
Name of Employer (Required)		
Soil = Fr Olived	<u> </u>	\$
Seif - Employed Occupation (Required)	Aggregate	
Engineer	year-to-date	\$ 50000
B. Source: Corporation PAC Individual Loan	D-4-	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(ino., Day, real)	this period
Full name	5/20/21	\$ 75000
Mr John Boothby	<u> </u>	+1250
Mailing Address		\$
763 Destiny Plantation Blud City, State, Zip Code	<u> </u>	
City, State, Zip Code		\$
Biloxi, Ms. 39532	\ <u>\</u>	•
Name of Employer (Required)		\$
Spif-Employed	<u> </u>	* !
Seif-Employed Occupation (Required)	Aggregate	\$ [25000
Contractor	year-to-date	1/230
C. Source Corporation PAC Individual Loan		Amount of each
	Date	
	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	
Other (please specify)		receipt this period
Other (please specify) Full name Pilger Title Company	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Pilger Title Company Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd.	(Mo., Day, Year)	s Sou
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code	(Mo., Day, Year)	receipt this period \$\sumsets 5000000000000000000000000000000000000
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required)	(Mo., Day, Year)	s Sou
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger	(Mo., Day, Year)	receipt this period \$\sumsets 500^{\infty} \$ \$ \$
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required)	(Mo., Day, Year) S 20 21 I I I I I I	receipt this period \$\sumsets 5000000000000000000000000000000000000
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date	s Souce \$ 500000 \$ Amount of each
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date	s Souce \$ 500000 \$ 500000 Amount of each receipt
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date	s Souce \$ 500000 \$ Amount of each
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC I Individual Loan Other (please specify)	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	s Soo
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC I Individual Loan Other (please specify) Full name Mr. George Slingn	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date	s Souce \$ 500000 \$ 500000 Amount of each receipt
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC I Individual Loan Other (please specify) Full name Mr. George Slingn Mailing Address	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	s Soo
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. George Sliman Mailing Address 797 Iberville Dr.	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	s source \$ \sumset \text{SOU} \times \text{SOU}
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. George Slingn Mailing Address 797 Iberville Dr.	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	s solution speriod \$ \int 500^{\infty} \$ \int 500^{\infty} Amount of each receipt this period \$ \int 250^{\infty}
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. George Slingn Mailing Address 797 Iberville Dr.	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ \sumset 500^{\infty} \$ \sumset 500^{\infty} Amount of each receipt this period \$ \sumset 250^{\infty} \$ \sumset 100^{\infty}
Other (please specify) Full name Pilger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) Ounce D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. George Sliman Mailing Address 797 Iberville Dr. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required)	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year)	s source \$ \sumset \text{SOU} \times \text{SOU}
Other (please specify) Full name Piger Title Company Mailing Address 1405 Bienville Blvd. City, State, Zip Code Otean Springs, Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Other (please specify) Full name Mr. George Sliman Mailing Address 797 Iberville Dr. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required) Sliman Enterprises	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date (Mo., Day, Year) CIZUIZI Aggregate IIII Aggregate	receipt this period \$ \sumset 500000 \$ \sumset 500000 \$ \sumset 500000 Amount of each receipt this period \$ \sumset 250000 \$ \sumset 5000000 \$ \sumset 5000000000000000000000000000000000000
Other (please specify) Full name Piger Title Company Mailing Address I 405 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Name of Employer (Required) David Pilger Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mr. George Sliman Mailing Address 797 Ibeville Dr. City, State, Zip Code Ocean Springs, Ms. 39564 Name of Employer (Required)	(Mo., Day, Year) SIZUIZI IIII IIII Aggregate year-to-date Date (Mo., Day, Year) IIII IIII IIII IIII IIII IIII IIII	receipt this period \$ \sumset 500000 \$ \sumset 500000 Amount of each receipt this period \$ \sumset 250000 \$ \sumset 25000000000000000000000000000000000000

Name of Candidate	e or Committee	Rober	7 (Bol	uby)	Cox	
Reporting period	January 1	2021	through	May	29 202	<u> </u>
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	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Dogan + Wilkinson Plic	5120121	\$ 35000
Mailing Address		
P.O Box 1618	<u> </u>	\$
City, State, Zip Code		
1 1 1 1 26078	<u> </u>	\$
Pascagoula Ms. 39578 Name of Employer (Required)		
A COLL PILC	<u> </u>	\$
Obsert Wilkinson Pilc Occupation (Required)	Aggregato	
	Aggregate year–to-date	\$ 35000
B. Source: Corporation PAC Individual Loan	your to tate	Amount of each
B. Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
	5128121	\$ 40000
Mr. Douglas Loper Mailing Address		700
		\$
3819 Chaumont Cir.		*
City, State, Zip Code		\$
Ocean Spring Ms. 39564	<u></u>	• •
Name of Employer (Regulired)		\$
Hancock Whitney Bank	<u> </u>	4
Occupation (Required)	Aggregate	\$ 40000
	year-to-date	4 400
ISCARU	year-to-date	, ,,,,,
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///////	Amount of each receipt this period \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) ////// //// //// Aggregate	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date	Amount of each receipt this period \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///// //// //// Aggregate year-to-date Date (Mo., Day, Year) ///// //// //// ///// ///// ////// ////	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) ///// //// //// //// Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Page	1	of	3
B-			

Name of Candidate or Committee Robert (Bobby) Cox through_ May 29 2021 Reporting period January 1 2021 ITEMIZED DISBURSEMENTS Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018 Amount of each Date Coast Transit Authority (Mo., Day, Year) disbursement this period Mailing Address \$ 498,88 2/10/21 333 Debuys RL.
City, State, Zip Code 4/27/21 143,50 Culfport Ms. 39507 Purpose of Disbursement (Optional) Aggregate Advertisement Year-to-date B. Full name Date Amount of each Yald Signs Amazon Marketplace Mailing Addréss (Mo., Day, Year) disbursement this period 74 89 1124121 City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Purchase of Yard sign Stakes Year-to-date Date Amount of each Images Galore Signs
Mailing Address (Mo., Day, Year) disbursement this period 445-80 2/20/21 3002 Bienville Blvd. Suite A. City, State, Zip Code \$ 256.80 3 125/21 Ocean Springs Ms. 39564 Purpose of Disbursement (Optional) 702,60 Aggregate Year-to-date Signs D. Full name Amount of each Date (Mo., Day, Year) disbursement this period Jackson County Circuit Cleck Mailing Address 3104 Magnolia St. City, State, Zip Code Purpose of Disbursement (Optional) Aggregate Voter Rolls Year-to-date E. Full name Date Amount of each WPMO (Mo., Day, Year) disbursement this period Mailing Address 3 1 251 21 P.D. Box 1369 City, State, Zip Code Pascagoula Ms. 39568
Purpose of Disbursement (Optional) Aggregate 250 Advertisement Year-to-date F. Full name Date Amount of each Images Eglore Signs disbursement this period (Mo., Day, Year) 4,26,21 3002 Bienville Blud. Suite X. City, State, Zip Code 517121 Ocean Springs Ms. 39564
Purpose of Disbursement (Optional) Aggregate Year-to-date Signs

Name of Candidate or Committee Robert (Bubby) Cox

Reporting period January 1 2021 through May 29 2021

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4130121	\$ 185-27
3/64 Pienville R/Vd. City, State, Zip Code	4130121	\$ 21728
Ocean Springs Ms. 39564 Purpose of Distrusement (Optional) Crawfish Buil Fundraiser	Aggregate Year-to-date	\$ 403 76
B. Full name Dollar Tree	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2957 Bienville BlVd.	5 120 1 21	\$ 321 <u>0</u>
City, State, Zip Code	5128121	\$ 2354
Ocean Springs Ms. 35564 Purpose of Disbursement (Optional) Decorations	Aggregate Year-to-date	\$5564
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tragges Calore Mailing Address SOUZ Bienville Blud: Suite Ar City, State, Zip Code	5114121	\$ 17206
City, State, Zip Code Ocean Socias Ms. 39569	5124121	7 (0
Ocean Springs, Ms. 39564 Purpose of Disbursement (Optional) Signs + Advir	Aggregate Year-to-date	\$ 350 25
	Date (Mo., Day, Year)	Amount of each disbursement this period
Propagion Consulting Cloup / 1	(Mo., Day, Tour)	
Premium Consulting Group / Nathan Barrett Malling Address 10117 Skuhawk Ct.	51/0121	\$ 1295 19
10117 Skyhawk Ct. City, State, Zip Code		\$ 1295-19
City, State, Zip Code Biloxi, MS. 39532	51/0121	\$ 1295-19
City, State, Zip Code Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcards / Flyers and Postage/Door Hangers + Test E. Full name	5 <u>/</u> 0 <u>2</u> 5 <u>2</u> <u>2</u> Aggregate	\$ 1295 19 \$ 3901 78
City, State, Zip Gode Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcaids / Flyers and Postase/Door Hanglas + Test E. Full name Woody's Roads, de Mailing Address	5 10 21 5 21 21 Aggregate Year-to-date Date (Mo., Day, Year) 5 6 21	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 00
City, State, Zip Code Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcards / Flyers and Postase/Door Hanglas + Tess E. Full name Woody's Roads, de Mailing Address 3008 Bienville Blvd. City, State, Zip Code	5 10 21 5 21 21 Aggregate Year-to-date Date (Mo., Day, Year) 5 6 21	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 99 \$ 602 80
City, State, Zip Gode Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcards / Flyers and Postase/Door Hangles + Tess E. Full name Woody's Rogds, de Mailing Address 3008 Bienville Blvd. City, State, Zip Gode Ocean Springs Ms. 39564 Purpose of Disbursement (Optional)	5 10 21 5 21 21 Aggregate Year-to-date Date (Mo., Day, Year) 5 6 21	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 00
City, State, Zip Gode Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcards / Flyers and Postase/Door Hangers + Test E. Full name Woody's Roads, de Mailing Address 3008 Bienville Blvd. City, State, Zip Gode Ocean Springs Ms. 39564 Purpose of Disbursement (Optional) Fundraiser E. Full name	5 10 21 5 21 21 Aggregate Year-to-date Date (Mo., Day, Year) 5 6 21 5 20 21 Aggregate	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 9 \$ 602 90 \$ 702 86 Amount of each disbursement this period
City, State, Zip Gode Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcaids / Flyers and Postase/Door Hanglas + Tess E. Full name Woody's Roads, de Mailing Address 3008 Bienville Blvd. City, State, Zip Code Ocean Springs Ms. 39564 Purpose of Disbursement (Optional) Fundraiser F. Full name Family Frozen Foods	S 2	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 \$ 602 80 \$ 702 80 Amount of each disbursement this period
City, State, Zip Gode Biloxi, Ms. 39532 Purpose of Disbursement (Optional) Postcards / Flyers and Postase/Door Hangers + Test E. Full name Woody's Roads, de Mailing Address 3008 Bienville Blvd. City, State, Zip Gode Ocean Springs Ms. 39564 Purpose of Disbursement (Optional) Fundraiser E. Full name	5 10 21 5 21 21 Aggregate Year-to-date Date (Mo., Day, Year) 5 6 21 £ 20 21 Aggregate Year-to-date Date (Mo., Day, Year)	\$ 1295 19 \$ 3901 78 \$ 5,252 61 Amount of each disbursement this period \$ 100 9 \$ 602 90 \$ 702 86 Amount of each disbursement this period

Name of Candidate or Committee	Robert (Bo	bby) Cox			
Marile of Cartaldate of Committee		,			
Reporting period Invary / 702/	th	rough <i>May</i>	29	2021	

ITEMIZED DISBURSEMENTS

. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Uinn Divie	5/20/21	\$ 58 22	
/S/S Bienville Blvd ity, State, Zip Code	5131121	\$ 35-00	
Ocean Spines Ms. 79564 urpose of Disbursement (Optional)			
urpose of Disbursement (Optional)	Aggregate Year-to-date	s 93 29	
Fish Fry for Villa	Date (Mo., Day, Year)	Amount of each disbursement this period	
Dollar Tree Mailing Address	5/31/21	\$ 1605	
2957 Bienville Blvd. City, State, Zip Code	/ /	\$	
Ocean Soins Ms. 39564 Purpose of Disbursement (Optional)	Aggregate	s 16 05	
Fish Fry For Villa Full name	Year-to-date		
Best Seller LLC	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	5/31/21	\$ 75000	
313 Red Eagle Circle City, State, Zip Code	/	S	
Ridge/gad, Ms. 39/57 Purpose of Disbursement (Optional)	Aggregate	\$ 75000	
Political Text Message	Year-to-date Date	Amount of each	
D. Full name	(Mo., Day, Year)	disbursement this period	
Mike Zuber Mailing Address	6/1/21	\$ 2000 °	
2902 Pimlico Dr. City, State, Zip Code	/	\$	
Ocean Springs Ms. 39564	Aggregate Year-to-date	\$ 2000 00	
Purpose of Disbursement (Optional) Campaign Consultant / Walkers / Workers E. 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	\$	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Malling Address		\$	
City, State, Zip Code		\$	
	Aggregate	s	