Candidate EPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF STATE

2025 Municipal Election

CLTX	OF	OCEAN	SPR	INGS
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Name of Candidate Matthew Hinton	DATE STAMP
Address 507 Forest Hill Dr	City/State/Zip_Ocean Springs, MS 39564
Telephone (Work) 228-235-7439 (Home	
Contact Name Matthew Hinton	Email Address contact@votehintonos.com
Office Sought Alderman at Large	Political Party (if any) Republican
	n March 23, 2025)
	April 13, 2025)Primary Pre-Runoff Election Report
Tuesday, May 27, 2025 (January 1, 2025 through)	May 25, 2025)
Friday, January 30, 2026 (January 1, 2025 through	h December 31, 2025)
Termination Report (Candidate will no longer acc expenditures and has no ou	repet contributions or make campaign testanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- *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.
- 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.
- Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- 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 \$	8838°C	+\$	9530.00	\$	18,368.00	\$ 18,368,00
Total amount of disbursements \$	15.461.23	+ \$	A SECULAR SECURITIES SECURI	\$	15,461,23	\$ 15,461.23
Total amount of cash on hand				\$	2906.77	
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 03/25/2025						
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Signature of Candidate 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).

Date

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Name of	Candidate or	Committee	Matthew Hinton
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Reporting period 01/01/2025

through <u>03/23/2025</u>

ITEMIZED CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Non Itemized	//	\$8,838
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$8,838
B. Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OAU LLC	_01,_06,_25	^{\$} 1000
Mailing Address PO BOX 1408	//	\$
City, State, Zip Code Ocean Springs, MS 39566	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
C. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phillip Harvey	01, 13, 25	\$500
Mailing Address 1202 Lancelot Ln	02, 19, 25	\$ 250
Ocean Springs, MS 39564	//	\$
Name of Employer (Required) Contractor	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 750
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ben Cheney	01, 16, 2!	\$250
Mailing Address 147 Reynoir St	//	\$
City, State, Zip Code Biloxi, MS 39530	//	\$
Name of Employer (Required)	//	\$
Occupation (Required) MD Internist	Aggregate year–to-date	\$250
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Reporting period 01/01/2025

_____through _03/23/2025

ITEMIZED CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Burton	03, 05, 25	^{\$} 500
Mailing Address PO Box 7605	//	\$
City, State, Zip Code Gulfport, MS 39506	//	\$
Name of Employer (Required)	///	\$
Occupation (Required) CPA	Aggregate year–to-date	\$500
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jim Reeves	03, 05, 25	^{\$} 500
Mailing Address 160 Main St.	//	\$
City, State, Zip Code Biloxi, MS 39530	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$500
C. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Dan Magruder	03/10/25	\$280
Mailing Address 605 Rue Dauphine	//	\$
City, State, Zip Code Ocean Springs, MS 39564	//	\$
Name of Employer (Required) Retired	//	\$
Occupation (Required)	Aggregate year–to-date	\$280
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify) LOAN TO CAMPAIGN	Date (Mo., Day, Year)	Amount of each receipt this period
^{Full name} Matthew Hinton (Loan to campaign)	03, 10, 25	\$5000
Mailing Address 507 Forest Hill Dr.	/	\$
City, State, Zip Code Ocean Springs, MS 39564	//	\$
Name of Employer (Required) Hinton Paint	/	\$
Occupation (Required) Owner	Aggregate year–to-date	\$5000

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Name of Candidate or Committee Matthew Hinton Reporting period 01/01/2025 through 03/23/2025		
ITEMIZED CONTRIBUT	ΓΙΟΝS	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Julia Weaver	03, 20, 25	^{\$} 250
Mailing Address 334 Lovers Lane	//	\$
City, State, Zip Code Ocean Springs, MS 39564	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required) Grant Writer	Aggregate year–to-date	\$250
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Douglas White	03, 23, 25	^{\$} 1000
Mailing Address 191 Johnstone Dr.	//	\$
City, State, Zip Code Madison MS 39110	//	\$
Name of Employer (Required) Self	//	\$
Occupation (Required)	Aggregate year–to-date	^{\$} 1000
C. Source: OCorporation OPAC OIndividual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	<u>'</u> ///	\$
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	//	\$
Mailing Address	1 1	6



City, State, Zip Code

Name of Employer (Required)

\$

\$

\$

Aggregate year–to-date

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018			
A. Full name Images Galore	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 3002A Bienville Bvd	01, 23, 25	\$ 784.68	
City, State, Zip Code Ocean Springs, MS 39564	02, 05, 25	\$ 784.68	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	
B. Full name Images Galore	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 3002A Bienville Blvd	_02, _17 , _25	\$ 784.68	
City, State, Zip Code Ocean Springs, MS 39564	_03, 01, 25	\$ 784.68	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3138.72	
C. Full name Premium Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 18237 Hwy 53	_02, 04, 25	\$ 1340.05	
City, State, Zip Code Gulfport, MS 39503	03,07,25	\$ 1000	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	
D. Full name Premium Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 18237 Hwy 53	03, 20, 25	\$ 8074.22	
City, State, Zip Code Gulfport, MS 39503	/	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,414,27	
E. Full name Sams Club	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Old Hwy 49	02, 12, 25	\$ 30.61	
City, State, Zip Code Gulfport, MS	/	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 30.61	
F. Full name Winn Dixie	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address hwy 90	02, 19, 25	\$ 200	
City, State, Zip Code ocean Springs, WIS 39564	/	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200	

Name of Candidate or Committee Matthew Hinton

Reporting period 01/01/2025

__through ____03/23/2025

ITEMIZED DISBURSEMENTS

TIEMIZED DISBURSEMENTS		
Disbursements from contributions accumulated Prior to January 1, 2018 of	r 🔲 On or After Ja	anuary 1, 2018
A. Full name UPS Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2953 Bienville Blvd	02, 27, 25	\$ 200.63
City, State, Zip Code Ocean Springs, MS 39564	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.63
B. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1581 Bienville BLVD	02, 27, 25	\$ 183
City, State, Zip Code Ocean Springs, MS 39564		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 183
C. Full name Ocean Springs Yacht Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 Front Beach Dr.	_03, _10 , _25	\$ 350
City, State, Zip Code Ocean Springs, MS 39564	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 350
D. Full name FACEBOOK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address ONLINE	//	\$
City, State, Zip Code ONLINE	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 944
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
Mailing Address	//	\$
O ECEIVED	//	\$
Purpose of Disbursement (Optional) MAR 2 5 2025	Aggregate Year-to-date	\$