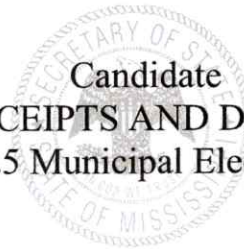


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CITY OF OCEAN SPRINGS



SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

DATE STAMP

Name of Candidate Dennis McGrevey
Address 104 Tandy Ct. City/State/Zip Ocean Springs, MS. 39564
Telephone (Work) 228-219-0128 (Home) _____ (Fax) _____
Contact Name Dennis McGrevey Email Address dmtherenegade@aol.com
Office Sought Mayor 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 \$	3,960.99	+	\$ 0	\$ 3,960.99	\$ 3,960.99
Total amount of disbursements \$	3,960.99	+	\$ 0	\$ 3,960.99	\$ 3,960.99
Total amount of cash on hand	0			\$ 0	

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

Dennis McGrevey
Signature of Candidate

3-23-2025
Date

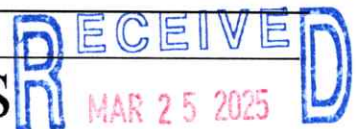
Authority: Miss. Code Ann. §23-15-801, et. seq.

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 Dennis McCrevey

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)	BY <u>AC</u> Amount of each disbursement this period
Magnets on the Cheap	<u>1</u> / <u>28</u> / <u>25</u>	\$ 38.20
Mailing Address Purchased Online		
City, State, Zip Code	<u>1</u> / <u>31</u> / <u>25</u>	\$ 234.22
Purpose of Disbursement (Optional) Magnets	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Signs on the Cheap	<u>1</u> / <u>26</u> / <u>25</u>	\$ 774.85
Mailing Address Purchased Online		
City, State, Zip Code	<u>1</u> / <u>31</u> / <u>25</u>	\$ 2,473.19
Purpose of Disbursement (Optional) Signs/Door hangers	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wristband Bros	<u>2</u> / <u>12</u> / <u>25</u>	\$ 165.00
Mailing Address Purchased Online		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Wristbands	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
UPrinting	<u>2</u> / <u>17</u> / <u>25</u>	\$ 146.96
Mailing Address Purchased Online		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
QR Code Creator	<u>1</u> / <u>31</u> / <u>25</u>	\$ 128.57
Mailing Address Purchased Online		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) QR Code	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Dennis McGrevey
 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 BY <u>10</u> (Mo., Day, Year)	CITY OF OCEAN SPRINGS Amount of each receipt this period
Full name <u>Dennis McGrevey</u>	<u>01</u> / <u>01</u> / <u>25</u>	\$ <u>3,960.99</u>
Mailing Address <u>104 Tandy Ct.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS. 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$
Occupation (Required) <u>Repair man -- Fixer</u>	Aggregate year-to-date	\$ <u>3,960.99</u>
B. 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 <u>Self-Funded</u>	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$
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 <u>Self-Funded</u>	___ / ___ / ___	\$
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Self-Funded</u>	___ / ___ / ___	\$
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required)	Aggregate year-to-date	\$