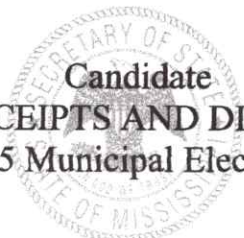


RECEIVED
MAR 25 2025



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

DATE STAMP

BY AC CITY OF OCEAN SPRINGS

Name of Candidate Daniel Mobley
Address 527 Front Beach Dr. #9 City/State/Zip Ocean Springs, MS 39564
Telephone (Work) 225-229-6086 (Home) _____ (Fax) _____
Contact Name Daniel Mobley Email Address dmobley@consultant.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 \$ | | + | \$ | \$ | \$ |
| Total amount of disbursements \$ | | + | \$ | \$ | \$ |
| Total amount of cash on hand | \$6,530.03 | | | \$ | |

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

Daniel Mobley
Signature of Candidate

03/25/2025
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).

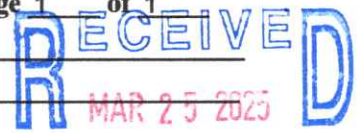
Name of Candidate or Committee Daniel Mobley
 Reporting period 1/01/2025 through 03/25/2025

ITEMIZED DISBURSEMENTS

CITY OF OCEAN SPRINGS

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 |
|--|---------------------------|--|
| Natalie Hutchinson | 02/23/2025 | \$ 400.00 |
| Mailing Address 420 Bedford Street | ___ / ___ / ___ | \$ |
| City, State, Zip Code Baton Rouge, LA 70806 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Graphic Design | Aggregate Year-to-date | \$ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mele Printing | 02/28/2025 | \$ 708.15 |
| Mailing Address 619 North Tyler Street | ___ / ___ / ___ | \$ |
| City, State, Zip Code Covington, LA 70433 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Printing | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Storey Wilson | 02/08/2025 | \$ 400.00 |
| Mailing Address 1623 Linden Street | 09/20/202 | \$ 400.00 |
| City, State, Zip Code Oakland, CA 90607 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Graphic Design | Aggregate Year-to-date | \$ 800.00 |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Michael Davis | 02/23/2025 | \$ 175.19 |
| Mailing Address 106 Linwood Cove | ___ / ___ / ___ | \$ |
| City, State, Zip Code Ocean Springs, MS 39564 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Printing reimbursement | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Darienne Mobley | 03/23/2025 | \$ 750.00 |
| Mailing Address 527 Front Beach Dr. #9 | ___ / ___ / ___ | \$ |
| City, State, Zip Code Ocean Springs, MS 39564 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Daniel Mobley | 03/24/2025 | \$ 186.82 |
| Mailing Address 527 Front Beach Dr. #9 | ___ / ___ / ___ | \$ |
| City, State, Zip Code Ocean Springs, MS 39564 | ___ / ___ / ___ | \$ |
| Purpose of Disbursement (Optional) Reimbursement for lunch/meetings | Aggregate Year-to-date | \$ |



Name of Candidate or Committee Daniel Mobley

Reporting period 1/1/25 through 3/25/25

ITEMIZED CONTRIBUTIONS

CITY OF OCEAN SPRINGS

| A. Source: <input checked="" 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>C.H. Fennstermaker</u> | | <u>03/07/2025</u> | \$ <u>750</u> |
| Mailing Address <u>P.O. Box 52106</u> | | ___/___/___ | \$ |
| City, State, Zip Code <u>Lafayette, LA 70505</u> | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| 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>Mary Alma Taylor</u> | | <u>02/21/2025</u> | \$ <u>1000</u> |
| Mailing Address <u>650 N. Wilderness Rd</u> | | ___/___/___ | \$ |
| City, State, Zip Code <u>Port Barre, LA 70577</u> | | ___/___/___ | \$ |
| 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 checked="" type="radio"/> Loan Other (please specify) _____ | | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>Daniel Mobley</u> | | <u>02/15/2025</u> | \$ <u>5000</u> |
| Mailing Address <u>527 Front Beach Drive #9</u> | | ___/___/___ | \$ |
| City, State, Zip Code <u>Ocean Springs, MS 39564</u> | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |
| D. Source: <input checked="" 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 | | ___/___/___ | \$ |
| Mailing Address | | ___/___/___ | \$ |
| City, State, Zip Code | | ___/___/___ | \$ |
| Name of Employer (Required) | | ___/___/___ | \$ |
| Occupation (Required) | | Aggregate year-to-date | \$ |

Name of Candidate or Committee Daniel Mobley
 Reporting period 1/1/25 through 3/25/25

CITY OF OCEAN SPRINGS

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>Francis Wilkerson</u> | <u>02/19/2025</u> | \$ <u>75.00</u> |
| Mailing Address <u>15 Oaklawn Drive</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Ocean Springs, MS 39564</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| 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>Terrie Price and Gary Benson</u> | <u>02/26/2025</u> | \$ <u>500</u> |
| Mailing Address <u>5608 Via Pointe</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Ocean Springs, MS 39564</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| 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 <u>Robert J. Wilson</u> | <u>02/14/2025</u> | \$ <u>250</u> |
| Mailing Address <u>710 General Pershing</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Ocean Springs, MS 39564</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| D. Source: <input checked="" 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>Harold Taylor</u> | <u>02/16/2025</u> | \$ <u>1000</u> |
| Mailing Address <u>650 N. Wilderness Road</u> | ___ / ___ / ___ | \$ |
| City, State, Zip Code <u>Port Barre, LA 70577</u> | ___ / ___ / ___ | \$ |
| Name of Employer (Required) | ___ / ___ / ___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |