

RECEIVED  
MAR 25 2025  
BY CITY OF OCEAN SPRINGS



SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2025 Municipal Election

DATE STAMP

Name of Candidate Jerry Munro  
Address 118 Siowan Ave City/State/Zip Ocean Springs, MS 39564  
Telephone (Work) 228-861-1111 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Contact Name Jerry Munro Email Address jerrytmunro@gmail.com  
Office Sought Alderman Ward 4 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 \$	5000	+	\$ 2150	\$ 7150	\$ 7150
Total amount of disbursements \$	3603.96	+		\$ 3603.96	\$ 3603.96
Total amount of cash on hand				\$	\$3546.04

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

03/25/2025

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 Jerry Munro

Reporting period 01/01/2025 through 03/23/2025

## ITEMIZED CONTRIBUTIONS

A. 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>Non Itemized Contributions</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 200
Occupation (Required) _____	Aggregate year-to-date	\$
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>Non Itemized Contributions</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$ 50
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 100
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>Non Itemized Contributions</u>	__ / __ / __	\$ 200
Mailing Address _____	__ / __ / __	\$ 200
City, State, Zip Code _____	__ / __ / __	\$ 200
Name of Employer (Required) _____	__ / __ / __	\$ 200
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>Non Itemized Contributions</u>	__ / __ / __	\$ 100
Mailing Address _____	__ / __ / __	\$
City, State, Zip Code _____	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 2150

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A. 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>Scott and Barbara Lemon</u>	<u>01</u> / <u>27</u> / <u>25</u>	\$ 500
Mailing Address <u>126 Holcomb Blvd</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, Ms 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>LMI</u>	__ / __ / __	\$
Occupation (Required) <u>Self Employed</u>	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Cam Roberds</u>	<u>02</u> / <u>06</u> / <u>25</u>	\$ 500
Mailing Address <u>2211 Government St</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required) <u>C Roberds GC</u>	__ / __ / __	\$
Occupation (Required) <u>Self</u>	Aggregate year-to-date	\$ 500
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Harold Coulter</u>	<u>02</u> / <u>13</u> / <u>25</u>	\$ 250
Mailing Address <u>1009 Byrd Dr</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) <u>LLC</u>		
Full name <u>Randall Development</u>	<u>02</u> / <u>13</u> / <u>25</u>	\$ 500
Mailing Address <u>P.O. Box 930</u>	__ / __ / __	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

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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 <b>Bruno Milanese</b>	<u>02 / 13 / 25</u>	\$ 250
Mailing Address <b>6820 Washington Ave.</b>	__ / __ / __	\$
City, State, Zip Code <b>Ocean Springs, Ms 39564</b>	__ / __ / __	\$
Name of Employer (Required) <b>Bay Pest Control</b>	__ / __ / __	\$
Occupation (Required) <b>Bay Pest Control</b>	Aggregate year-to-date	\$ 250
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 <b>Brad Patano</b>	<u>02 / 13 / 25</u>	\$ 250
Mailing Address <b>147 Pittman Rd</b>	__ / __ / __	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	__ / __ / __	\$
Name of Employer (Required) <b>Self</b>	__ / __ / __	\$
Occupation (Required) <b>Engineer</b>	Aggregate year-to-date	\$ 250
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 <b>George Conwill</b>	<u>02 / 17 / 25</u>	\$ 250
Mailing Address <b>107 Ashley Place</b>	__ / __ / __	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
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 <b>John Simmons</b>	<u>02 / 18 / 25</u>	\$ 500
Mailing Address <b>9171 Ashbury Ln</b>	__ / __ / __	\$
City, State, Zip Code <b>Gulfport, MS 39503</b>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

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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 <b>Robert Byrd</b>	02 / 19 / 25	\$ 250
Mailing Address <b>599 Pine Hill Rd</b>	_ / _ / _	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	_ / _ / _	\$
Name of Employer (Required) <b>Self</b>	_ / _ / _	\$
Occupation (Required) <b>Attorney</b>	Aggregate year-to-date	\$ 250
<b>B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan</b>		
Other (please specify) _____		
Full name <b>Joel Moody</b>	02 / 25 / 25	\$ 250
Mailing Address <b>11211 Reichold Rd</b>	_ / _ / _	\$
City, State, Zip Code <b>Gulfport, MS 39503</b>	_ / _ / _	\$
Name of Employer (Required) <b>Warren Paving</b>	_ / _ / _	\$
Occupation (Required) <b>Vice President</b>	Aggregate year-to-date	\$ 250
<b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>		
Other (please specify) <u>LLC</u>		
Full name <b>Bella Properties LLC</b>	03 / 10 / 25	\$ 500
Mailing Address <b>P.O. Box 7073</b>	_ / _ / _	\$
City, State, Zip Code <b>Ocean Springs, MS 39564</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
<b>D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>		
Other (please specify) <u>LLC</u>		
Full name <b>SecureProperties LLC</b>	03 / 11 / 25	\$ 250
Mailing Address <b>180 Delauney St</b>	_ / _ / _	\$
City, State, Zip Code <b>Biloxi, MS 39530</b>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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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>Swetman Security Services Inc.</u>	<u>03 / 11 / 25</u>	\$ <u>500</u>
Mailing Address <u>180 Delauney St.</u>	__ / __ / __	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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>Haley Fisackerly</u>	<u>03 / 16 / 25</u>	\$ <u>250</u>
Mailing Address <u>121 Herons Circle</u>	__ / __ / __	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	__ / __ / __	\$
Name of Employer (Required) <u>Entergy MS</u>	__ / __ / __	\$
Occupation (Required) <u>President and CEO</u>	Aggregate year-to-date	\$ <u>250</u>
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 _____	__ / __ / __	\$
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 _____	__ / __ / __	\$
Mailing Address _____	__ / __ / __	\$
City, State, Zip Code _____	__ / __ / __	\$
Name of Employer (Required) _____	__ / __ / __	\$
Occupation (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	Date (Mo., Day, Year)	Amount of each disbursement this period
Bonnie Munro	<u>02 / 13 / 25</u>	\$ 511.24
Mailing Address 118 Siownan Ave.		
City, State, Zip Code Ocean Springs, MS 39564	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) Reimbursement for Rouses (Event)	Aggregate Year-to-date	\$ 522.24
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Premium Consulting Group	<u>03 / 13 / 25</u>	\$ 3068.72
Mailing Address 18237 Hwy 53		
City, State, Zip Code Gulfport, MS 39503	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3068.72
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bank Fees</u>		
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>24</u>
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>24</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
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
	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	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	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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