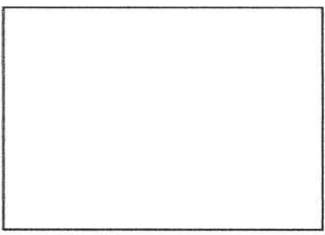


2025 ELECTION CYCLE
RECEIVED
 MAR 25 2025

SECRETARY OF STATE

Candidate
 REPORT OF RECEIPTS AND DISBURSEMENTS
 2025 Municipal Election

BY AC CITY OF OCEAN SPRINGS



Name of Candidate Shannon Grace Pfeiffer
 Address 716 Hidden Oaks Dr City/State/Zip Ocean Springs, MS 39564
 Telephone (Work) 228.407.4748 (Home) _____ (Fax) _____
 Contact Name Shannon Grace Pfeiffer Email Address shannon.grace24@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	\$ 3625.00	+	\$ 3563.07	\$	7188.07	\$	7188.07
Total amount of disbursements	\$ 5538.71	+	\$ 555.80	\$	6094.51	\$	6094.51
Total amount of cash on hand				\$	1649.36		

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

[Signature]
 Signature of Candidate

3/24/2025
 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 Shannon Grace Pfeiffer
 Reporting period January 1, 2025 through March 23, 2025



ITEMIZED CONTRIBUTIONS

CITY OF OCEAN SPRINGS

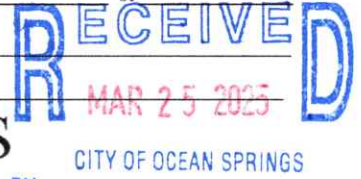
A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date BY (Mo., Day, Year)	Amount of each receipt this period
Full name John Owens	<u>01 / 01 / 25</u>	\$ 1,000.00
Mailing Address 5506 105th Street	<u> / / </u>	\$
City, State, Zip Code Lubbock, TX 79424	<u> / / </u>	\$
Name of Employer (Required) (self-employed)	<u> / / </u>	\$
Occupation (Required) Investments	Aggregate year-to-date	\$ 1000.00
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 John McDaniels	<u>01 / 01 / 25</u>	\$ 250.00
Mailing Address 201 East Baja Drive	<u> / / </u>	\$
City, State, Zip Code Hobbs, NM 88240	<u> / / </u>	\$
Name of Employer (Required) Level 4 Financial	<u> / / </u>	\$
Occupation (Required) Insurance	Aggregate year-to-date	\$ 250.00
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 Matt Owens	<u>01 / 01 / 25</u>	\$ 250.00
Mailing Address 6933 35th Street	<u> / / </u>	\$
City, State, Zip Code Lubbock, TX 79407	<u> / / </u>	\$
Name of Employer (Required) Primitive	<u> / / </u>	\$
Occupation (Required) Advertising (COO)	Aggregate year-to-date	\$ 250.00
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 Shannon G. Pfeiffer	<u>01 / 01 / 25</u>	\$ 25.00
Mailing Address 716 Hidden Oaks Drive	<u>02 / 19 / 25</u>	\$ 1000.00
City, State, Zip Code Ocean Springs, MS 39564	<u> / / </u>	\$
Name of Employer (Required) Self	<u> / / </u>	\$
Occupation (Required) Consultant	Aggregate year-to-date	\$ 1,225.00

Name of Candidate or Committee Shannon Grace Pfeiffer
 Reporting period January 1, 2025 through March 23, 2025



ITEMIZED CONTRIBUTIONS

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 A&A Automotive Repair Inc.	02 / 08 / 25	\$ 500.00
Mailing Address 3006 Government Street	___ / ___ / ___	\$ 0
City, State, Zip Code Ocean Springs, MS 39564	___ / ___ / ___	\$
Name of Employer (Required) Business	___ / ___ / ___	\$
Occupation (Required) Automotive repair	Aggregate year-to-date	\$ 500.00
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 Seren Ainsworth	03 / 02 / 25	\$ 250.00
Mailing Address 509 Shadowlawn Drive	___ / ___ / ___	\$
City, State, Zip Code Ocean Springs, MS 39564	___ / ___ / ___	\$
Name of Employer (Required) Retired	___ / ___ / ___	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 250.00
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 Mark Grace	02 / 14 / 25	\$ 100.00
Mailing Address 2818 Lawnwood Drive	03 / 09 / 25	\$ 250.00
City, State, Zip Code Ocean Spring, MS 39564	___ / ___ / ___	\$
Name of Employer (Required) Retired	___ / ___ / ___	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 350.00
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 _____	___ / ___ / ___	\$
Mailing Address _____	___ / ___ / ___	\$
City, State, Zip Code _____	___ / ___ / ___	\$
Name of Employer (Required) _____	___ / ___ / ___	\$
Occupation (Required) _____	Aggregate year-to-date	\$



Name of Candidate or Committee Shannon Grace Pfeiffer

Reporting period January 1, 2025 through March 23, 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
CrazyCheapPoliticalSigns.com	01 / 02 / 25	\$ 241.39
Mailing Address		
City, State, Zip Code	01 / 17 / 25	\$ 368.49
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 609.88
Yard signs & stands		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Images Galore		
Mailing Address	01 / 30 / 25	\$ 224.70
3002A Bienville Blvd.		
City, State, Zip Code	02 / 01 / 25	\$ 475.34
Ocean Springs, MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
Signs & stands, decals		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Images Galore		
Mailing Address	02 / 14 / 25	\$ 371.95
3002A Bienville Blvd.		
City, State, Zip Code	03 / 06 / 25	\$ 548.38
Ocean Springs, MS 39564		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1620.37
Signs & stands		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Weekly Meta-FaceBook Ads		
Mailing Address	02 / 07 / 25	\$ 652.99
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 652.99
Ads thru 3/25/2025 (paypal)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
National Public Opinion, LLC		
Mailing Address	02 / 23 / 25	\$ 900.00
PO Box 224		
City, State, Zip Code	___ / ___ / ___	\$
Pass Christian, MS 39571		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 900.00
MPV subscription		
F. 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	\$

Name of Candidate or Committee Shannon Grace Pfeiffer

Reporting period January 1, 2025 through March 23, 2025

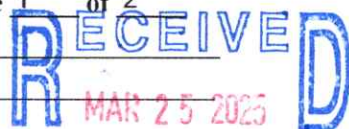


ITEMIZED DISBURSEMENTS

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
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Good Games	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5402 Industrial Rd	02 / 11 / 25	\$ 132.68
City, State, Zip Code Pascagoula, MS 39851	02 / 17 / 25	\$ 230.91
Purpose of Disbursement (Optional) candidate stickers, pushcards	Aggregate Year-to-date	\$
C. Full name Good Games	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5402 Industrial Rd	03 / 11 / 25	\$ 230.91
City, State, Zip Code Pascagoula, MS 39851	03 / 21 / 25	\$ 1,160.97
Purpose of Disbursement (Optional) mailers, postage, pushcards, stickers, banner	Aggregate Year-to-date	\$ 1755.47
D. 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	\$
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	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$



Name of Candidate or Committee Shannon Grace Pfeiffer
 Reporting period January 1, 2025 through March 23, 2025

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

A. Source: Corporation PAC Individual Loan
 Other (please specify) _____

BY _____ Date (Mo., Day, Year) _____

Full name Scott Discon Campaign for Council Date 02 / 03 / 25

Mailing Address 424 N. Causeway Blvd. Ste A Estimated Amount of In-Kind Contribution*

City, State, Zip Code Mandeville, LA 70448

Name of Employer (Required) Discon Law Firm \$ 345.00

Occupation (Required) Attorney

In-Kind Description:

500 Go Cups with SGP Ward 4 logo

B. Source: Corporation PAC Individual Loan
 Other (please specify) _____

BY _____ Date (Mo., Day, Year) _____

Full name Leslie G. McFadden Date 02 / 08 / 25

Mailing Address 6024 Arnie's Way Estimated Amount of In-Kind Contribution*

City, State, Zip Code Milton, FL 32570

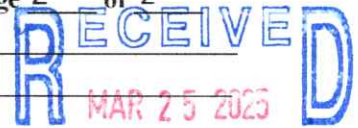
Name of Employer (Required) retired \$ 639.70

Occupation (Required) retired

In-Kind Description:

Food and drinks for kick-off party.

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.



Name of Candidate or Committee Shannon Grace Pfeiffer
 Reporting period January 1, 2025 through March 23, 2025

ITEMIZED CONTRIBUTIONS – IN-KIND CONTRIBUTIONS

CITY OF OCEAN SPRINGS

A. Source: Corporation PAC Individual Loan
 Other (please specify) _____

BY _____ Date (Mo., Day, Year) _____

Full name Breanne Humphreys 02 / 06 / 25

Mailing Address 1203 Hill Crest Road

City, State, Zip Code Ocean Springs, MS 39564 Estimated Amount of In-Kind Contribution* _____

Name of Employer (Required) retired \$ 680.00

Occupation (Required) retired

In-Kind Description:

Drinks, food and party supplies for kick-off party.

B. Source: Corporation PAC Individual Loan
 Other (please specify) _____

BY _____ Date (Mo., Day, Year) _____

Full name Michael A. Pfeiffer 03 / 13 / 25

Mailing Address 716 Hidden Oaks Drive

City, State, Zip Code Ocean Springs, MS 39564 Estimated Amount of In-Kind Contribution* _____

Name of Employer (Required) Paladin Consulting, LLC (self-employed) \$ 454.29

Occupation (Required) Police Consultant

In-Kind Description:

pavilion rental fee, food, drinks and supplies for meet and greet in park on 3/22/25

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.