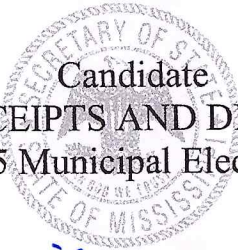


RECEIVED  
MAR 25 2025

BY W CITY OF OCEAN SPRINGS



SECRETARY OF STATE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2025 Municipal Election

DATE STAMP

Name of Candidate Karen Stennis  
Address 399 Maginnis Ave City/State/Zip \_\_\_\_\_  
Telephone (Work) N/A (Home) 228-324-2674 (Fax) N/A  
Contact Name Karen Stennis Email Address stenniske1@gmail.com  
Office Sought Alderman Ward 2 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 \$	9100.00	+	\$ 3700.00	\$ 12,800.00	\$ 12,800.00
Total amount of disbursements \$	8567.28	+	\$ 949.37	\$ 9516.65	\$
Total amount of cash on hand				\$ 3,283.35	

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

Karen C. Stennis  
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 Karen Stennis

Reporting period January 1, 2025 through MARCH 25, 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 (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas L. Stennis</u>	<u>1 / 13 / 25</u>	\$ <u>5000.00</u>
Mailing Address <u>6300 Shore DR.</u>	<u>3 / 18 / 25</u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self Employed</u>	___ / ___ / ___	\$
Occupation (Required) <u>Retired Attorney</u>	Aggregate year-to-date	\$ <u>7000.00</u>
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>Walter Edward Trehern</u>	<u>2 / 21 / 25</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>205 Front Beach DR</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$
Occupation (Required) <u>Business owner</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
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>Ethelyn Pat Joachim</u>	<u>2 / 12 / 25</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>1216 Ioba Rd</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$
Occupation (Required) <u>Educator</u>	Aggregate year-to-date	\$ <u>300<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <u>Helen Virginia Stennis</u>	<u>3 / 15 / 25</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>1120 E. Cherokee Blvd</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$
Occupation (Required) <u>Educator</u>	Aggregate year-to-date	\$ <u>300<sup>00</sup></u>

R E C E I V E D

MAR 25 2025

CITY OF OCEAN SPRINGS  
BY \_\_\_\_\_

Name of Candidate or Committee Karen Stennis  
 Reporting period January 1, 2025 through March 25, 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 (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael &amp; Laura Murphy</u>	<u>3 / 18 / 25</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>204 Hillandale DR.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Mr. Discount Pharmacy - Owner</u>	___ / ___ / ___	\$
Occupation (Required) <u>Accountant, &amp; Business Owner</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></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>Eldon McClain</u>	<u>3 / 18 / 25</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>343 Lovers Lane</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>	___ / ___ / ___	\$
Occupation (Required) <u>Unknown</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></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	\$

RECEIVED

MAR 25 2025

BY \_\_\_\_\_ CITY OF OCEAN SPRINGS

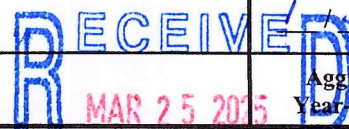


Name of Candidate or Committee KAREN STENNIS  
 Reporting period Jan 1, 2025 through MARCH 25, 2025

## ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, ~~2018~~ <sup>2025</sup>

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Goodgames Printing</u>	<u>1/28/25</u>	\$ <u>1930.71</u>
Mailing Address		
<u>Pascagoula, MS</u>	<u>2/19/25</u>	\$ <u>2102.64</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4033.35</u>
<u>Yard Signs, Mailer, Lg Signs</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bacchus Restaurant</u>	<u>2/21/25</u>	\$ <u>819.15</u>
Mailing Address		
<u>705 Bienville Blvd</u>	<u>—/—/—</u>	\$ <u>—0—</u>
City, State, Zip Code		
<u>Ocean Springs, MS 39564</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>819.15</u>
<u>Meet &amp; Greet Food</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Sams Club</u>	<u>2/21/25</u>	\$ <u>291.79</u>
Mailing Address		
<u>10431 Old Hwy 49</u>	<u>3/11/25</u>	\$ <u>325.04</u>
City, State, Zip Code		
<u>Gulfport, MS 39503</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>616.83</u>
<u>MARDI GRAS, PARADE, VILLA, SAMARITAN FEEDING</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>DDQ Printing</u>	<u>2/26/25</u>	\$ <u>287.83</u>
Mailing Address		
<u>16313 Lemoyne Blvd</u>	<del>02/26/25</del>	<del>287.83</del>
City, State, Zip Code		
<u>Biloxi, MS 39532</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>287.83</u>
<u>Mailer, Copies</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>National Public Opinion LLC</u>	<u>2/26/25</u>	\$ <u>900.00</u>
Mailing Address		
<u>P.O. Box 224</u>	<u>—/—/—</u>	\$ <u>—0—</u>
City, State, Zip Code		
<u>Pass Christian MS, 39571</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>900.00</u>
<u>App My People Vote, w/ Addresses &amp; Ph.</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>T.J Apparel</u>	<u>6/16/25</u>	\$ <u>464.75</u>
Mailing Address		
<u>3420 Bienville Blvd</u>	<u>1/31/25</u>	\$ <u>272.95</u>
City, State, Zip Code		
<u>Ocean Springs, MS 39564</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>737.70</u>
<u>T-shirts Stickers</u>		





Name of Candidate or Committee KAREN Stennis

Reporting period Jan 1 - ~~MAR 20~~ 2025 through MAR 25 2025

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, <sup>2025</sup>2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>United States Postal Service</u>	<u>3 / 18 / 25</u>	\$ <u>912.50</u>
Mailing Address <u>1581 Bienville Blvd</u>		\$ - 0 -
City, State, Zip Code <u>Ocean Springs MS 39564</u>		
Purpose of Disbursement (Optional) <u>Mailings</u>	Aggregate Year-to-date	\$ <u>912.50</u>

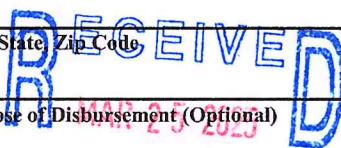
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Walmart</u>	<u>2 / 24 / 25</u>	\$ <u>259.92</u>
Mailing Address <u>3911 Bienville Blvd</u>		\$ - 0 -
City, State, Zip Code <u>Ocean Springs MS 39564</u>		
Purpose of Disbursement (Optional) <u>Meet Greet Samaritan House</u>	Aggregate Year-to-date	\$ <u>259.92</u>

C. 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	\$

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	\$



BY \_\_\_\_\_ CITY OF OCEAN SPRINGS