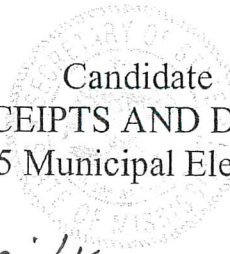
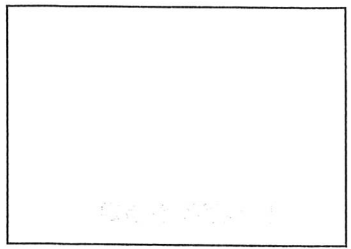


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MAR 24 2025

SECRETARY OF STATE



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2025 Municipal Election



BY W CITY OF OCEAN SPRINGS

Name of Candidate Adam C. Wilkerson  
Address 2801 Bienville Blvd City/State/Zip Ocean Springs MS 39564  
Telephone (Work) 228-875-5081 (Home) same (Fax) \_\_\_\_\_  
Contact Name Adam Wilkerson Email Address WilkersonForOS@gmail.com  
Office Sought Alderman @ Large Political Party (if any) R

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 \$ | 7500. <sup>00</sup>  | + | 0            | \$ 7,500                | \$ 7,500. <sup>00</sup> |
| Total amount of disbursements \$ | 4,360. <sup>05</sup> | + | 0            | \$ 4,360. <sup>05</sup> | \$ 4,360. <sup>05</sup> |
| Total amount of cash on hand     | 3,139. <sup>95</sup> |   | 0            | \$ 3,139. <sup>95</sup> |                         |

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

Adam C. Wilkerson  
Signature of Candidate

03-24-25  
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).

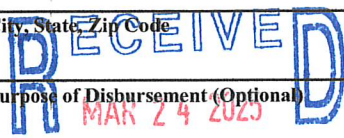
Name of Candidate or Committee Adam C. Wilkerson

Reporting period Jan 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)  | Amount of each disbursement this period |
|--|------------------------|---|
| <u>Images Galore</u>                                   | <u>2/24/25</u>         | \$ <u>3,316.98</u>                      |
| Mailing Address<br><u>3002 Bienville Blvd</u>          | <u>2/24/25</u>         | \$ <u>3,316.98</u>                      |
| City, State, Zip Code<br><u>Ocean Springs MS 39564</u> | <u>2/24/25</u>         | \$ <u>3,316.98</u>                      |
| Purpose of Disbursement (Optional)<br><u>Sigs</u>      | Aggregate Year-to-date | \$ <u>3,316.98</u>                      |
| B. Full name<br><u>Lamar</u>                           | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>10571 Outdoor Way</u>            | <u>02/28/25</u>        | \$ <u>570.00</u>                        |
| City, State, Zip Code<br><u>Gulfport, MS 39503</u>     | <u>02/28/25</u>        | \$ <u>570.00</u>                        |
| Purpose of Disbursement (Optional)<br><u>Banner</u>    | Aggregate Year-to-date | \$ <u>570.00</u>                        |
| C. Full name<br><u>Paper Goods Next Day</u>            | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>8000 Haskell</u>                 | <u>03/05/25</u>        | \$ <u>328.62</u>                        |
| City, State, Zip Code<br><u>Lake Balboa, CA 91406</u>  | <u>03/05/25</u>        | \$ <u>328.62</u>                        |
| Purpose of Disbursement (Optional)<br><u>Flyers</u>    | Aggregate Year-to-date | \$ <u>328.62</u>                        |
| D. Full name<br><u>PDO</u>                             | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address<br><u>16313 Lemoyne Blvd</u>           | <u>03/13/25</u>        | \$ <u>144.45</u>                        |
| City, State, Zip Code<br><u>Biloxi, MS 39532</u>       | <u>03/13/25</u>        | \$ <u>144.45</u>                        |
| Purpose of Disbursement (Optional)<br><u>Copies</u>    | Aggregate Year-to-date | \$ <u>144.45</u>                        |
| E. Full name   | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  | <u>   /   /   </u>     | \$                                      |
| City, State, Zip Code                                  | <u>   /   /   </u>     | \$                                      |
| Purpose of Disbursement (Optional)                     | Aggregate Year-to-date | \$                                      |
| F. Full name   | Date (Mo., Day, Year)  | Amount of each disbursement this period |
| Mailing Address  | <u>   /   /   </u>     | \$                                      |
| City, State, Zip Code                                  | <u>   /   /   </u>     | \$                                      |
| Purpose of Disbursement (Optional)                     | Aggregate Year-to-date | \$                                      |



CITY OF OCEAN SPRINGS  
BY

Name of Candidate or Committee Adam C. Wilkerson  
 Reporting period Jan 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<br>Other (please specify) _____ | Date<br>(Mo., Day, Year) | Amount of each<br>receipt<br>this period |
|---|--------------------------|--|
| Full name<br><u>Adam C. Wilkerson</u>   | <u>01/01/25</u>          | \$ <u>7,500.<sup>00</sup></u>            |
| Mailing Address<br><u>2801 Bienville Blvd</u>   | ___/___/___              | \$                                       |
| City, State, Zip Code<br><u>Ocean Springs, MS 39564</u>   | ___/___/___              | \$                                       |
| Name of Employer (Required)<br><u>Retired</u>   | ___/___/___              | \$                                       |
| Occupation (Required)<br><u>Retired</u>   | Aggregate year-to-date   | \$ <u>7,500.<sup>00</sup></u>            |
| <b>B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>                                     |                          |  |
| Other (please specify) _____  |                          |  |
| Full name<br><u>SELF Funded</u>   | ___/___/___              | \$                                       |
| Mailing Address   | ___/___/___              | \$                                       |
| City, State, Zip Code   | ___/___/___              | \$                                       |
| Name of Employer (Required)   | ___/___/___              | \$                                       |
| Occupation (Required)   | Aggregate year-to-date   | \$                                       |
| <b>C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>                                     |                          |  |
| Other (please specify) _____  |                          |  |
| Full name   | ___/___/___              | \$                                       |
| Mailing Address   | ___/___/___              | \$                                       |
| City, State, Zip Code   | ___/___/___              | \$                                       |
| Name of Employer (Required)   | ___/___/___              | \$                                       |
| Occupation (Required)   | Aggregate year-to-date   | \$                                       |
| <b>D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan</b>                                     |                          |  |
| Other (please specify) _____  |                          |  |
| Full name   | ___/___/___              | \$                                       |
| Mailing Address   | ___/___/___              | \$                                       |
| City, State, Zip Code   | ___/___/___              | \$                                       |
| Name of Employer (Required)   | ___/___/___              | \$                                       |
| Occupation (Required)   | Aggregate year-to-date   | \$                                       |

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CITY OF OCEAN SPRINGS

BY [Signature]