2025 ELECTION CYCLE

3/25/25 amm

SECRETARY OF STATE

SOUTHAVEN, MISSISSIPPI APRIL 15, 1980

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

Name of Candidate Charlie Hoots

Address 2243 Carrolton Cove **City/State/Zip** Southaven, Ms 38671

Telephone (Work) 901-870-0676 **(Home)** _____ **(Fax)** _____

Contact Name Charlie Hoots **Email Address** Charliehoots@yahoo.com

Office Sought Alderman Ward 2 **Political Party (if any)** Republican

☐ **Check here if above information is different from previous report**

TYPE OF REPORT

X **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 $	10,500.00	+ $	1,100.00	$	11,600.00	$	11,600.00
Total amount of disbursements $	4,470.52	+ $	1,580.13	$	6,050.65	$	6,050.65
Total amount of cash on hand				$	5,549.35		

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

Charlie Hoots

Signature of Candidate

March 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 Charlie Hoots

Reporting period January 1, 2025 through March 22, 2025

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ⓧIndividual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fadi Salameh	01/05/25	$ 3,000.00
Mailing Address 955 Goodman Rd	__/__/__	$
City, State, Zip Code Horn Lake, Ms 38637	__/__/__	$
Name of Employer (Required) Express Market	__/__/__	$
Occupation (Required) Market Owner	Aggregate year–to-date	$ 3,000.00
B. Source: ◯Corporation ◯PAC ⓧIndividual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gary Murphy	01/05/25	$ 1,000.00
Mailing Address 4197 Swinnea Rd	__/__/__	$
City, State, Zip Code Southaven, Ms 38672	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required) Owner	Aggregate year–to-date	$ 1,000.00
C. Source: ◯Corporation ◯PAC ⓧIndividual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Estes	01/05/25	$ 500.00
Mailing Address 2876 Stanton Road	__/__/__	$
City, State, Zip Code Southaven, Ms 38671	__/__/__	$
Name of Employer (Required) Estes Trucking	__/__/__	$
Occupation (Required) Owner	Aggregate year–to-date	$ 500.00
D. Source: ◯Corporation ◯PAC ⓧIndividual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Express Market	01/17/25	$ 500.00
Mailing Address 8960 Airways	__/__/__	$
City, State, Zip Code Southaven, Ms 38671	__/__/__	$
Name of Employer (Required) Hassan	__/__/__	$
Occupation (Required) Owner	Aggregate year–to-date	$ 500.00

Name of Candidate or Committee Charlie Hoots

Reporting period January 1, 2025 through March 22, 2025

ITEMIZED CONTRIBUTIONS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Moe Almadhji	01/17/25	$ 500.00
Mailing Address: 1310 Nail Road	__/__/__	$
City, State, Zip Code: Horn Lake, Ms 38737	__/__/__	$
Name of Employer (Required): Bull Market	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 500.00
B. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnny McBride	01/21/25	$ 1,500.00
Mailing Address: P.O. Box 488	__/__/__	$
City, State, Zip Code: Nesbit, Ms 38651	__/__/__	$
Name of Employer (Required): M & R Builders	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 1,500.00
C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Langston Worley	01/21/25	$ 500.00
Mailing Address: 892 Stateline Road	__/__/__	$
City, State, Zip Code: Southaven, Ms 38671	__/__/__	$
Name of Employer (Required): Lighthouse	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 500.00
D. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chris Cantrell	01/23/25	$ 2,000.00
Mailing Address: 7267 Malone Road	__/__/__	$
City, State, Zip Code: Olive Branch, Ms 38654	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

Name of Candidate or Committee Charlie Hoots

Reporting period January 1, 2025 through March 22, 2025

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kim Kreunen	01/23/25	$ 500.00
Mailing Address P.O. Box 38	__/__/__	$
City, State, Zip Code Olive Branch, Ms 38651	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$ 500.00
B. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name Eric Roberts	01/21/25	$ 500.00
Mailing Address 2235 First Commercial Drive	__/__/__	$
City, State, Zip Code Southaven, Ms 38671	__/__/__	$
Name of Employer (Required) Auto Rescue	__/__/__	$
Occupation (Required) Owner	Aggregate year–to-date	$ 500.00
C. Source: ◉Corporation ◯PAC ◯Individual ◯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: ◉Corporation ◯PAC ◯Individual ◯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: Charlie Hoots

Reporting period: January 1, 2025 through March 22, 2025

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name Go Daddy Web Hosting Mailing Address Tempe, Az City, State, Zip Code Purpose of Disbursement (Optional) Web Site	Date (Mo., Day, Year) 01/01/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 320.97 $ $ 320.97
B. Full name Griffin Strategies, LLC Mailing Address 1912 E. Main St City, State, Zip Code Murfreesboro, Tn 37130 Purpose of Disbursement (Optional) Consulting	Date (Mo., Day, Year) 01/10/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1,400.00 $ $
C. Full name Meta Mailing Address 1 Meta Way City, State, Zip Code Menlo Park, California, 94025 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 03/22/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 153.96 $ $ 153.96
D. Full name Direct FX Mailing Address 8811 Hwy 51 City, State, Zip Code Southaven, Ms 38671 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 03/03/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 691.60 $ 37.45 $ 729.05
E. Full name Apple Mailing Address One Apple Park Way City, State, Zip Code Cupertino, CA 95014 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 02/27/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 1,433.26 $ $ 1,433.26
F. Full name Robert Delashmit Mailing Address 2195 Ashland Drive City, State, Zip Code Southaven, Ms 38671 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 01/15/25 03/15/25 Aggregate Year-to-date	Amount of each disbursement this period $ 205.00 $ 100.00 $ 305.00

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Reporting period January 1, 2025 through March 22, 2025

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name Adobe Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 345 Park Avenue	03/14/25	$ 128.28
City, State, Zip Code San Jose, CA 95110-2704	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 128.28
B. 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	$
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	$