3.25.25

2025 ELECTION CYCLE

SECRETARY OF STATE

SOUTHAVEN, MISSISSIPPI JUNE 15, 1980

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

Name of Candidate Joel Gallagher

Address 910 Long St City/State/Zip Southaven, MS 38672

Telephone (Work) 662-393-8460 (Home) 901-857-4257 (Fax) 662-510-5818

Contact Name _____ Email Address jgallagher@southaven.org

Office Sought Southaven Alderman Ward 4 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 $	1750	+$ 3050	$ 4800	$ 4800
Total amount of disbursements $	429.60	+$ 0	$ 429.60	$ 429.60
Total amount of cash on hand			$ 5499.40	

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

Joel M. Gallagher
Signature of Candidate

3.24.25
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).

SOS 07/2024

Name of Candidate or Committee: Joel Gallagher

Reporting period: 01/01/2025 through 03/24/2025

ITEMIZED DISBURSEMENTS

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

A. Full name Square Space Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Google Workspace Email, Website Subscription	Date (Mo., Day, Year) 02/04/25 02/04/25 Aggregate Year-to-date	Amount of each disbursement this period $ 84.00 $ 192.00 $ 276.00
B. Full name Blue Eyed Baker Mailing Address City, State, Zip Code Olive Branch, MS 38654 Purpose of Disbursement (Optional) Cookies for Fundraiser	Date (Mo., Day, Year) 02/17/25 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 50.00 $ $ 50.00
C. Full name 10th Inning Mailing Address Nail Rd. City, State, Zip Code Southaven,MS Purpose of Disbursement (Optional) Food for Fundraising Event	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 103.60 $ $ 103.60
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $

Name of Candidate or Committee Joel Gallagher

Reporting period 01/01/2025 through 03/25/25

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gary Murphy	03 / 03 / 25	$ 1500
Mailing Address 9148 Corporate Dr.	__/__/__	$
City, State, Zip Code Southaven, MS 38671	__/__/__	$
Name of Employer (Required) Murphy & Sons	__/__/__	$
Occupation (Required) Construction	Aggregate year–to-date	$ 1500
B. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clay and Robin Reed	02 / 17 / 25	$ 250
Mailing Address	__/__/__	$
City, State, Zip Code Southaven, MS 38671	__/__/__	$
Name of Employer (Required) Paulsen Printing	__/__/__	$
Occupation (Required) Sales	Aggregate year–to-date	$ 250
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	$