2025 ELECTION CYCLE

SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election

Name of Candidate Raymond V. Flores, Jr.

Address 818 Needle Cove City/State/Zip Southaven, MS 38671

Telephone (Work) 662-469-8775 (Home) 901-335-4361 (Fax) n/a

Contact Name Raymond Flores Email Address rflores@southaven.org

Office Sought Alderman - Ward 6 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 $	4,500 ✓	+ $ 2,875 ✓	$ 7,375 ✓	$ 7,375 ✓
Total amount of disbursements $	2,251	+ $ 337.11	$ 2,588.11	$ 2,588.11
Total amount of cash on hand			$ 5,717.98	

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

Signature of Candidate

March 25, 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).

SOS 07/2024

Name of Candidate or Committee Raymond V. Flores, Jr.

Reporting period January 1, 2025 through March 23, 2025

ITEMIZED CONTRIBUTIONS

A. Source: (●) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sky Lake Construction	02 / 27 / 25	$2,000.00
Mailing Address P.O. Box 488	___/___/___	$
City, State, Zip Code Nesbit, MS 38651	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required) Home Builders	Aggregate year–to-date	$2,000.00
B. Source: (●) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name RCMG LLC	02 / 27 / 25	$500.00
Mailing Address 7467 Swinnea Road	___/___/___	$
City, State, Zip Code Southaven, MS 38671	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required) Restaurants	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 Lifestyle Homes	02/ 27 / 25	$1,000.00
Mailing Address 1074 Thousand Oaks Drive Suite 1	___/___/___	$
City, State, Zip Code Hernando, MS 38632	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required) Home Builders	Aggregate year–to-date	$1,000.00
D. Source: (●) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name American Companies	03 / 11 / 25	$500.00
Mailing Address 9035 Highway 61	___/___/___	$
City, State, Zip Code Walls, MS 38680	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year–to-date	$500.00

Name of Candidate or Committee Raymond V. Flores, Jr.

Reporting period January 1, 2025 through March 23, 2025

ITEMIZED CONTRIBUTIONS

A. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jon & Beverly Reeves	2/27/25	$ 250.00
Mailing Address: 4586 Spring Meadow Way S	__/__/__	$
City, State, Zip Code: Olive Branch, MS 38654	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Real Estate Developer	Aggregate year–to-date	$ 250.00
B. Source: ◯Corporation ◯PAC ◉Individual ◯Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Phillip & Patsy Schoonover	2/27/25	$ 250.00
Mailing Address: 4460 Jessica Drive	__/__/__	$
City, State, Zip Code: Southaven, MS 38672	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Retired	Aggregate year–to-date	$ 250.00
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 Raymond V. Flores, Jr.

Reporting period January 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 Salient Strategy & Design **Mailing Address** 4033 Williford Way **City, State, Zip Code** Spring Hill, TN 37124 **Purpose of Disbursement (Optional)** Campaign mail out	**Date (Mo., Day, Year)** 03 / 20 / 25 __ / __ / __ **Aggregate Year-to-date**	**Amount of each disbursement this period** $ 2.251.00 $ $ 2,251.00
B. 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** $ $ $
C. 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** $ $ $
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** $ $ $