Candidate

REPORT OF RECEIPTS AND DISBURSEMENT

2025 Municipal Election

Name of Candidate Tommy Henley
Address 2085 Church Road E City/State/Zip Southaven 751
Telephone (Work) 901-848-3555 (Home) (Fax)
Contact Name Tommy Email Address Southaven mayor
Office Sought Mayor 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)
Tuesday, April 15, 2025 (March 24, 2025 through April 13, 2025)
Tuesday, May 27, 2025 (January 1, 2025 through May 25, 2025)
Friday, January 30, 2026 (January 1, 2025 through December 31, 2025)
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

- *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.
- 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.
- Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- 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 \$	-0	+\$	0	\$ -0	\$ -0-
Total amount of disbursements \$	717,2	9+8	-0	\$ 0	\$ 717.79
Total amount of cash on hand				\$	

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

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).

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Name of Candidate or Committee Tommy Henley							
Reporting period January 1 2018 or On or After January 1 2018							
ITEMIZED DISBURSEMENTS							
Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018							
A. Full name The Shop Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period					
Mailing Address 21563 Hwy 4 E	3121125	\$ 64200					
21563 Hwy 4 E. City, State, Zip Code Senatobia MS 38668	//	\$					
Purpose of Disbursement (Optional) Sign S	Aggregate Year-to-date	\$					
B. Full name GODADDY	Date (Mo., Day, Year)	Amount of each disbursement this period					
Mailing Address (thine)	2127125	\$ 5479					
City, State, Zip Code	//	\$					
Purpose of Disbursement (Optional) Website domain	Aggregate Year-to-date	\$					
C. Full name Harbor Freight	Date (Mo., Day, Year)	Amount of each disbursement this period					
Mailing Address 725 Goodman Road E	313125	\$ 2100					
City, State, Zip Code Southaven MS 38671	//	\$					
Purpose of Disbursement (Optional) Lipties for Slans	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	\$					