



Michael Watson
SECRETARY OF STATE

FILED

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
401 Mississippi Street, Post Office Box 136 Jackson, Mississippi 39205

JUL 08 2024

ZACK WALLACE, CIRCUIT CLERK

**AUTHORIZED JUDICIAL POLITICAL COMMITTEE
REPORT OF LOANS OR EXTENSION OF CREDIT**

D.C.

Date Stamp

Committee to Elect Pieter Teeuwissen

(Name of the Judicial Candidate's Authorized Judicial Political Committee Receiving the Contribution)

Hinds County Court Judge

(Office sought by Judicial Candidate)

Simon & Teeuwissen PLLC

(Full Name of Individual or Entity Providing Loan)

621 East Northside Drive

Jackson, MS 39206

(Mailing Address of Individual or Entity Providing Loan)

Campaign services, goods and activities

(Please disclose how the loan or extension of credit will be used.)

Loan will be repaid by check when campaign has funds to cover check.

(Please disclose how and when the loan or extension of credit is to be repaid and the method of repayment.)

February 1, 2024

(Date Loan or Extension of Credit Received)

\$ 15,000

(Dollar Amount of Loan or Extension of Credit)


(Signature of Authorized Judicial Committee Treasurer)

2/5/24
(Date Signed)

Note: Mississippi law requires the candidate or the candidate's committee disclose all loan documents related to such loans or extensions of credit. Accordingly, attach all such documents with this report.

Reference: Miss Code Ann. § 23-15-1023 (1972)



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**AUTHORIZED JUDICIAL POLITICAL COMMITTEE
REPORT OF LOANS OR EXTENSION OF CREDIT**

Date Stamp

Committee to Elect Pieter Teeuwissen
(Name of the Judicial Candidate's Authorized Judicial Political Committee Receiving the Contribution)

Hinds County Court Judge
(Office sought by Judicial Candidate)

Pieter Teeuwissen
(Full Name of Individual or Entity Providing Loan)

621 East Northside Drive
JACKSON, MS 39206
(Mailing Address of Individual or Entity Providing Loan)

Campaign services, goods and activities
(Please disclose how the loan or extension of credit will be used.)

Loan will be repaid by check when campaign has funds to cover check
(Please disclose how and when the loan or extension of credit is to be repaid and the method of repayment.)

February 1, 2024 \$ 20,000
(Date Loan or Extension of Credit Received) *(Dollar Amount of Loan or Extension of Credit)*

 2/5/24
(Signature of Authorized Judicial Committee Treasurer) *(Date Signed)*

Note: Mississippi law requires the candidate or the candidate's committee disclose all loan documents related to such loans or extensions of credit. Accordingly, attach all such documents with this report.

Reference: Miss Code Ann. § 23-15-1023 (1972)

Name of Candidate or Committee Committee to Reelect Teeuwissen

Reporting period _____ through June 30, 2024

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>Chevron</u>	<u>4, 4, 24</u>	\$ <u>41.02</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Fuel</u>	Aggregate Year-to-date	\$ <u>41.02</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Reset Jackson</u>	<u>4, 10, 24</u>	\$ <u>375.00</u>
Mailing Address		
City, State, Zip Code	<u>2, 14, 24</u>	\$ <u>350.00</u>
Purpose of Disbursement (Optional) <u>Donation of Food truck</u>	Aggregate Year-to-date	\$ <u>725.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Meter Jackson Printing</u>	<u>3, 24, 24</u>	\$ <u>2,931.80</u>
Mailing Address		
City, State, Zip Code	<u>6, 21, 24</u>	\$ <u>1,658.50</u>
Purpose of Disbursement (Optional) <u>Signs / pushcarts</u>	Aggregate Year-to-date	\$ <u>4,590.30</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bill Washington</u>	<u>3, 27, 24</u>	\$ <u>500.00</u>
Mailing Address		
City, State, Zip Code	<u>5, 30, 24</u>	\$ <u>750.00</u>
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>XXXXXX</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bill Washington</u>	<u>6, 7, 24</u>	\$ <u>750.00</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>2,000.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Association of South Jackson Neighborhoods</u>	<u>3, 30, 24</u>	\$ <u>350.00</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to elect Pieter Teunissen through June 30, 2024

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
Justin Thomas	3/29/24	\$ 2,500.00
Mailing Address 211 S. Rectangle St.		
City, State, Zip Code Clinton, MS 39056	5/25/24	\$ 1,000.00
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$ XXXXXX
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Justin Thomas	6/7/24	\$ 800.00
Mailing Address		
City, State, Zip Code	6/28/24	\$ 325.00
Purpose of Disbursement (Optional) Consulting, supplies	Aggregate Year-to-date	\$ 4,625.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Georgetown Festival	5/7/24	\$ 1,500.00
Mailing Address		
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Trophy Shoppe	5/9/24	\$ 192.60
Mailing Address 12525 I-55 S Frontage Rd		
City, State, Zip Code Terry, MS 39170	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Picadilly Restaurant	5/9/24	\$ 307.40
Mailing Address 350 W. Woodrow Wilson Ave.		
City, State, Zip Code Jackson MS 39213	__/__/__	\$
Purpose of Disbursement (Optional) Mothers Day Event	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
T Shirts and More	5/23/24	\$ 645.00
Mailing Address		
City, State, Zip Code	__/__/__	\$
Purpose of Disbursement (Optional) Campaign T-Shirts	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to elect Peter Feuwissen

Reporting period _____ through June 30, 2024

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>New Horizon Ministries</u>	<u>5/30/24</u>	\$ <u>500.00</u>
Mailing Address <u>1770 Ellis Ave.</u>		
City, State, Zip Code <u>JACKSON, MS 39204</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Friday Night Basketball</u>	Aggregate Year-to-date	\$
B. Full name <u>Shell</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/31/24</u>	\$ <u>39.99</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>fuel</u>	Aggregate Year-to-date	\$
C. Full name <u>Netbrands Media Corp.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/31/24</u>	\$ <u>1,294.55</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>SWAG</u>	Aggregate Year-to-date	\$
D. Full name <u>Campaign Partner (Website)</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/3/24</u>	\$ <u>49.00</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>Taylor's Candy Co.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/4/24</u>	\$ <u>149.69</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Candy</u>	Aggregate Year-to-date	\$
F. Full name <u>Big Lots</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/10/24</u>	\$ <u>106.65</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>Ellis Festival supplies</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Peter Teegenissen

Reporting period _____ through June 30, 2024

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>Office Depot</u>	<u>6/19/24</u>	\$ <u>62.19</u>
Mailing Address	<u>6/19/24</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Flyers</u>	Aggregate Year-to-date	\$
B. Full name <u>Trustmark Bank</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/12/24</u>	\$ <u>164.73</u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Campaign account checks</u>	Aggregate Year-to-date	\$
C. Full name <u>Trustmark BANK</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/21/24</u>	\$ <u>105.80</u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>check Binder</u>	Aggregate Year-to-date	\$
D. Full name <u>Jay Johnson</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/27/24</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Campaign Photos</u>	Aggregate Year-to-date	\$
E. Full name <u>Women for Progress of MS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/27/24</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Sponsorship</u>	Aggregate Year-to-date	\$
F. Full name <u>Stripe</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/26/24</u>	\$ <u>14.80</u>
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Transaction Fee for Will Manual Campaign Contribution</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Pieter Teunissen

Reporting period _____ through June 30, 2024

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>Pictures Are Ready</u>	<u>5/28/24</u>	\$ <u>364.60</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>car magnets</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dollar Tree</u>	<u>6/10/24</u>	\$ <u>40.50</u>
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>(trinkets for parades)</u>	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code	<u>___/___/___</u>	\$
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	<u>___/___/___</u>	\$
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	<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		
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Pieter Teuwissen
 Reporting period _____ through June 30, 2024

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny E. Cupit</u>	<u>5/13/24</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 22929</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39225-</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Danny E. Cupit</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry L. Bouldin</u>	<u>5/24/24</u>	\$ <u>2,000</u>
Mailing Address <u>453 Stout Rd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Jerry L. Bouldin</u>	<u> / / </u>	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Porter's Insurance Agency</u>	<u>5/20/24</u>	\$ <u>300</u>
Mailing Address <u>1020 University Blvd.</u>	<u> / / </u>	\$
City, State, Zip Code <u>J</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Porter's Insurance Agency</u>	<u> / / </u>	\$
Occupation (Required) <u>Insurance Agent</u>	Aggregate year-to-date	\$
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jarrod Mumford</u>	<u>4/10/24</u>	\$ <u>1,000</u>
Mailing Address <u>736 N. Congress St.</u>	<u> / / </u>	\$
City, State, Zip Code <u>J</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Jarrod Mumford</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Vivian Henley</u>	<u>5/25/24</u>	\$ <u>250</u>
Mailing Address <u>1070 Devonshire Dr.</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON</u>	__/__/__	\$
Name of Employer (Required) <u>Bank Plus</u>	__/__/__	\$
Occupation (Required) <u>Lawyer</u>	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Williams</u>	<u>6/5/24</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 14</u>	__/__/__	\$
City, State, Zip Code <u>Clinton, MS 39060-0014</u>	__/__/__	\$
Name of Employer (Required) <u>Self Employed</u>	__/__/__	\$
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles D Watson II</u>	<u>6/4/25</u>	\$ <u>1,000</u>
Mailing Address <u>5347 Carolwood Dr</u>	__/__/__	\$
City, State, Zip Code <u>JACKSON, MS 39211-4268</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald Davis</u>	__/__/__	\$ <u>500</u>
Mailing Address <u>103 Bridgewater Xing</u>	__/__/__	\$
City, State, Zip Code <u>Ridgeland, MS 39157-8602</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ron Gill	6/10/24	\$ 350.
Mailing Address 312 Glenrock Lane	_/_/	\$
City, State, Zip Code Freeburg, IL 62243	_/_/	\$
Name of Employer (Required) Retired	_/_/	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dubar Davis PLLC	6/26/24	\$ 1,000
Mailing Address 324 Jackson Ave. East	_/_/	\$
City, State, Zip Code Oxford, MS 38655	_/_/	\$
Name of Employer (Required)	_/_/	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Will Manuel	6/26/24	\$ 500.00
Mailing Address	_/_/	\$
City, State, Zip Code	_/_/	\$
Name of Employer (Required) Bradley	_/_/	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$