

FILED

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
401 Mississippi Street, Post Office Box 136 Jackson, Mississippi 39205JUL 08 2024

ZACK WALLACE, CIRCUIT CLERK

## AUTHORIZED JUDICIAL POLITICAL COMMETTEE REPORT OF LOANS OR EXTENSION OF CREDIT

\_\_\_\_D.C.

Date Stamp

Connite 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 Deive
JACKSON, MS 39206
(Mailing Address of Individual or Entity Providing Loan)
Campaisn Services, goods and activities
(Please disclose how the loan or extension of credit will be used.)
our will be repaid by check when compaign 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.)
(Date Loan or Extension of Credit Received) (Dollar Amount of Loan or Extension of Credit)
(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)



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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 Conet Indge (Office sought by Judicial Candidate)	
(Office sought by Judicial Candidate)	
Pieter Teenwissen	
(Full Name of Individual or Entity Providing Loan)	
621 East Northside Drive	
JOCKSON, MS 39206	
(Mailing Address of Individual or Entity Providing Loan)	
Compaign Services, goods and activities  (Places disclose how the loan or extension of credit will be used.)	
(Please disclose how the loan or extension of credit will be used.)	
	_
Loon will be repaid by check when compaign has funds to con	ier Cl
(Please disclose how and when the loan or extension of credit is to be repaid and the method of repayment	t.)
(Date Loan or Extension of Credit Received) \$ 20,000 (Dollar Amount of Loan or Extension of Credit)	
(Date Loan or Extension of Credit Received) (Dollar Amount of Loan or Extension of Credit)	
0/5/24	
(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)

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Reporting period \_\_\_\_\_

through Jun

ne 30,2024

A. Full name Cheuron	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4,4,24	\$ 41.02
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 41.02
Reset Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 321 Swan Leke Dr.	4/10/24	\$ 375.00
Sity, State, Zin Code JACKSON, MS 39212	2,14,24	\$ 350.00
Purpose of Disbursement (Optional)  Onetian / Food truck	Aggregate Year-to-date	\$ 1725.00
Full name Metes Jackson Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3840 Robinson Street	3/24/24	\$ 2,931,80
Tockson, MS 39209	6,21,24	\$ 1,658.50
Purpose of Disbursement (Optional)  51575 / PAShcreds	Aggregate Year-to-date	\$ 4,590.30
D. Full name Bill Weshington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 931	3/27/24	\$ 500.00
City, State, Zip Code Flore, MS 39071	5,30,24	\$ 750.00
Purpose of Disbursement (Optional)  Consulting	Aggregate Year-to-date	* XXXX
E. Full name Bill Washinston	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	617124	\$ 750.00
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$ 2,000.00
F. Full name Association of South Jackson Neishborhoods	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 148 Cederwood DR	3/30/24	\$ 350.00
City, State, Zip Code JOCKSON, MS 39212		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Reporting period through June 30, 2024

Justin Thomas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 211 S. Ractansle St.	3,29,24	\$ 2,500.00
Clinton, MS 39056	5,25,24	\$ 1,000.00
urpose of Disbursement (Optional)	Aggregate Year-to-date	s ////
Justin Thomas	Date (Mo., Day, Year)	Amount of each disbursement this period
Sailing Address	617124	\$ 800,00
City, State, Zip Code	6,28,24	\$ 325.00
Consulting, supplies	Aggregate Year-to-date	\$ 4,625.00
Georgetown Festival	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	517124	\$ 1,500.00
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)  Sponsorship	Aggregate Year-to-date	\$
The Trophy Shoppe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 12525 I-555 Frontige Rd	5,9,24	\$ 192,60
City, State, Zip Code Terry, MS 39170	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name Picadilly Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 350 W. Woodrow Wilson Duy.	5,9,24	\$ 307.40
City, State, Zip Code JOCKSON MS 39213	_'_'_	\$
F. Full name T Shirts and More	Aggregate Year-to-date	\$
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5,23,24	0.0.00
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) Campaisn T- Shirts	Aggregate Year-to-date	S

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Reporting period through June 35, 2024

L. Full name New Horizon Ministries	Date (Mo., Day, Year)	Amount of each disbursement this period
Tailing Address 1770 Ellis Ave-	5,30,24	\$ 500.00
TACKSON, MS 39204	_/_/_	\$
urpose of Disbursement (Optional) Fridy Nisht Bosketball	Aggregate Year-to-date	\$
Shell	Date (Mo., Day, Year)	Amount of each disbursement this period
Sailing Address	5/31/24	\$ 39.99
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name Netbrands Media Corp.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/31/24	\$ 1,294.55
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name Campaign Partner (Website)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	613124	\$ 49,00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name Taylors Candy Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6,4,24	\$ 149.69
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name Big Lots	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/10/24	\$ 106.65
City, State, Zip Code		S
Purpose of Disbursement (Optional) Eilis Fostival Supplies	Aggregate Year-to-date	S

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Name of Candidate or Committee through June 30, 2024

Disbursements from contributions accumulated Prior to January 1, 2018 o		
Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Sailing Address	6/19/24	\$ 62,19
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) Flyers	Aggregate Year-to-date	\$
Full name Trustmork Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
failing Address	6,12,24	\$ 164.73
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)  Compaign account Chacks	Aggregate Year-to-date	s
Trustmork BANK	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6,21,24	\$ 105.80
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional) Check Binder	Aggregate Year-to-date	\$
Joy Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6 127 124	\$ 500.00
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional) Campaign Photos	Aggregate Year-to-date	\$
E. Full name Women for Progress of MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1548	6127134	\$ 200.00
City, State, Zip Code Jockson, MS 39215		\$
Purpose of Disbursement (Optional)  Spansarship	Aggregate Year-to-date	\$
F. Full name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6126124	\$ 14.80
City, State, Zip Code		\$
Purpose of Disbursement (Optional) Transaction Fee fun Will Manual Eampaign Contaibution	Aggregate Year-to-date	\$

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Case: 25CI1:24-cv-09002*SEALED*	Document #: 1-1	Filed: 01/02/	2024 Page	27 of 10
eporting period		June 30, 2		
TTEL ALZED D	MCDIDC	EN CENTE	C	

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018				
Pictures Are Rendy (Mo., Day, Year)		Amount of each disbursement this period		
Mailing Address	5,28,24	\$ 364.60		
City, State, Zip Code	/	\$		
Purpose of Disbursement (Optional)  Car mesnets	Aggregate Year-to-date	\$		
B. Full name Dollar Tree	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	6/10/24	\$ 40.50		
City, State, Zip Code		S		
Purpose of Disbursement (Optional) (trinkets for parades)	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	S		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	_/_/_	S		
City, State, Zip Code		S		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	1_1_1	\$		
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	_'_'_	S		
City, State, Zip Code	_'_'_	S		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S		

Case: 25Cl1:24-cv-09002 *SEAName of Candidate or Committee	Document #: 1-1	SFiled: 01/02/2024 Page	e 8 <del>3</del> 10
Name of Candidate of Committee	110100		

Reporting period through June 30, 2024

## ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	5/13/24	\$ 1,000
Danny E. Cupit Mailing Address		
P.J. Box 22929	1 1	\$
City, State, Zip Code	1 1	\$
JACKSON, MS 39225-		
Name of Employer (Required)  Den & Cupit	111	\$
Occupation (Required)	Aggregate	\$
Afforney	year-to-date	3
B. Source: Corporation PAC Individual Loan	201	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)		this period
Full name Jerry L. Bouldin	5,24,24	\$ 2,000
Mailing Address		\$
453 Stout Rd.	//	
City, State, Zip Code		\$
Medison MS 39110	//	9
Name of Employer (Required) Bouldin		\$
	//	
Occupation (Required) Controtor	Aggregate year-to-date	\$
C. Source: OCorporation OPAC Andividual OLoan		Amount of each
Sissanti Componenti Orne Standividual Orne	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Porter's Insurance Asency	5,20,24	\$ 300
		\$
Mailing Address 1020 University Blud.	//	
City, State, Zip Code		S
<del>5</del>	_'_'_	
Name of Employer (Required) Porter's Insurance Asency Occupation (Required)	2 3	\$
Porter's Insurance Asency	/_/_	
Occupation (Required) Insurance Dsent	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Eull name		this period
Jarrod Muntord	4/10/24	\$ 1,000
Mailing Address 736 N. Conscess St.	//	\$
City, State, Zip Code		\$
Name of Employer (Required)		
Jerrod Muntord	//	\$
Occupation (Required) Attorna	Aggregate year-to-date	\$

Name of Candidate or Committee Preter Teeuwissen

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### ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Vivian Henley	5,25,24	\$ 2.50
talling Address		\$
1070 Devonshire DR.	-/-/-	1
City, State, Zip Code		S
JOCKSON	/	
ame of Employer (Required)	, ,	\$
BANK PINS	'	
Occupation (Required)	Aggregate	\$
Longer	year-to-date	
3. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1 < 24	2
David Williams	615124	500
Mailing Address		\$
P.J. Box 14	_'_'_	
City, State, Zip Code		S
Clinton, MS 39060-0014	-/-/-	
Name of Employer (Required)	, ,	\$
Salf 5 al		
Occupation (Required) Physician	Aggregate yearto-date	\$
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles D Watson I	614125	\$ 1,000
Mailing Address		\$
5347 Carolwood DR		
City, State, Zip Code  JOCKSON, MS 39211-4268		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	this period
Full name Ronald Davis		\$ 500
Mailing Address 103 Bridgewater Xing		s
City, State, Zip Code Ridge Sond MS 39157-8602		\$
Name of Employer (Required) Retred		s
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee

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## ITEMIZED RECEIPTS

		1 Carab
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	4 10 24	2
'ull name Ron Gill	6,10,24	350.
312 Glerrock Lane	_'_'_	
City, State, Zip Code  Freeburs, IL 62243	_'_'_	\$
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation OPAC OIndividual CLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name  Dubar Davis PLLC	6 126124	\$ 1,000
Mailing Address 324 JOCKSON AVE. ELST	//	\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		0
Full name Will Manuel	6126124	300.00
Mailing Address	_'_'_	\$
City, State, Zip Code	'	\$
Name of Employer (Required) Bredley		\$
Occupation (Required) AHONE	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		S
Mailing Address		\$
City, State, Zip Code		s
Name of Employer (Required)		_ s
Occupation (Required)	Aggregate year–to-date	\$