REPORT OF RECEIPTS AND ISBURSEMENTS City of Jackson Special Election for

Name of Candidate Address County CATTELAND Telephone Fax abarboar ba a hotmail, com Chhái Office Sought Check here if above is different from previous report December 9, 2014 Pre-Election Report (January 1, 2014 through December 6, 2014)......Runoff Candidates Only Termination Report (Candidate will no longer accept contributions or make Required to terminate reporting Campaign expenditures and has no outstanding campaign debt obligation) obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority 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. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions \$ Total amount of disbursements \$ Total amount of cash on hand I certify that have examined this report and to the best of my knowledge and belief it is true, ac¢urate, and complete.

Signature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State: Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
- 3. Candidates for Municipal office should return forms to the Municipal Clerk.

Vame	οf	Candidate	or	Committee	
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Charles Barbons
through 11/22/2014

1/1/2014 Reporting period _

ITEMIZED DISBURSEMENTS

A. Full name Northside San	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11,20,14	\$ 127381
City, State, Zip Code		\$ 45496
Purpose of Disbursement (Optional) advertise ment	Aggregate Year-to-date	\$1738,77
B. Full name UPS Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11,20,14	\$ 11774
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) phete copying	Aggregate Year-to-date	\$ 1770
C. Full name Winning Edge	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 12/14	\$7311 18
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) Mail Gervice	Aggregate Year-to-date	s 73/1 18
D. Full name Griffin Stategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
Mailing Address City, State, Zip Code	(Mo., Day, Year)	disbursement this period
Mailing Address	(Mo., Day, Year)	s 4775,5/
Mailing Address City, State, Zip Code	(Mo., Day, Year) (Mo., Day, Year) (Mo., Day, Y	s 4773,5/
D. Full name Griffin Stategier Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Pelimbursement (Consulting Media playment E. Full name Jackson Tam Nalaya Mailing Address	(Mo., Day, Year)	s 4773,5/ s 4773,5/ Amount of each
D. Full name Oriffin Stategies Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Pelin harst ment (Consulting Media platment E. Full name Jackson Tam Nalaya	(Mo., Day, Year) // / // Aggregate Year-to-date Date (Mo., Day, Year)	s 4773,5/ \$ \$ 4773,5/ \$ Amount of each disbursement this period
D. Full name Griffin Stategies Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Felin harse ment (Consulting Media playment E. Full name Jackson Tam Nalaya Mailing Address City, State, Zip Code	(Mo., Day, Year)	s 4773,5/ s 4773,5/ Amount of each disbursement this period \$ 800
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) **Pelin harst men + Consulting Media playmen + E. Full name Jackson Jam Malay a Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Advirting Address F. Full name Stephens Printing	(Mo., Day, Year)	support this period \$47755/ \$ \$U773,5/ Amount of each disbursement this period \$900 \$
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) **Pellin harten hart Consulting Media playment E. Full name Jackson Jam Malay 9 Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Advirting F. Full name Stephenes Drinting Mailing Address Mailing Address Drinting Mailing Mailing	(Mo., Day, Year)	support this period support of each disbursement this period support of each disbursement this period support of each disbursement this period and the support of each disbursement this period of each disbursement thi
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) **Pelin harse ment* (Consulting Media playment* E. Full name **Tam Malay G Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) **Address** City, State, Zip Code Purpose of Disbursement (Optional) **Address** City, State, Zip Code **Purpose of Disbursement (Optional) **Address** **Tam Malay G **Address** City, State, Zip Code **Purpose of Disbursement (Optional) **Address** **Tam Malay G **Tam Mala	(Mo., Day, Year)	support this period support of each disbursement this period support of each disbursement this period Amount of each disbursement this period
Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Pelin harsement Consulting Media playment E. Full name Jackson Jam Malay 9 Mailing Address City, State, Zip Code Purpose of Disbursement (Optional) Giventing F. Full name Stephens Drinting Mailing Address	(Mo., Day, Year)	support this period \$47735/ \$ \$U773, 5/ Amount of each disbursement this period \$800 \$ Amount of each disbursement this period \$200 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Name of Candidate	or Committee	(harles	Barbon	,	
Reporting period	1/1/201	<u>4</u> ti	hrough ///でと/	14	

ITEMIZED DISBURSEMENTS

A. Full name Floy & Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11,10,14	s 500
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional) Consulting - Sigh work	Aggregate Year-to-date	s 500
B. 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	\$
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	\$
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	s
E. Fuil 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
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	\$

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Name of Candidate or Committee Charles Barbour]
Reporting period Jan 72014 through Nove 2014	

A. Source: Corporation PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Palmer	10 1 28 14	\$ 250
Mailing Address		\$.
City, State, Zip Code		\$
Name of Employer (Required)		
Sel+ Occupation (Required)		\$
hasiness man	Aggregate year–to-date	\$ 250
B. Source: Corporation PAC N Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Wirt Yerger, Ir.	<u>VO 1 V4 1 V4</u>	\$ 250
Mailing Address 129 woodland (incle	$\square I \square I \square$	\$
City, State, Zip Code Jackson, MS 39216		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 250
O O O O O O O O O O O O O O O O O O O	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Herring	1 10 1 14	\$ 600
Mailing Address		\$
232 E. Simmes St.		Ψ
CITY STATE ZID GOOR		
City, State, Zip Code (Gn fan , MS 39046		\$
		\$
Name of Employer (Required)	Aggregate year-to-date	
Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Altorney D. Source: Corporation PAC Individual Loan	Aggregate	\$ 500 Amount of each receipt
Cantan, MS 39046 Name of Employer (Required) Self Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate yearto-date Date (Mo., Day, Year)	\$ Soo
Cantan, MS 39046 Name of Employer (Required) Self Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sazanna Sharpe	Aggregate yearto-date Date	\$ SOO Amount of each receipt this period \$ 250
Cantan, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sazahn Santh Sharpe Mailing Address Howard Arive	Aggregate yearto-date Date (Mo., Day, Year)	\$ Soo
Cantan, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name SqZahh (Smith Sharpe Mailing Address 462 Trawick Arive City, State, Zip Code	Aggregate yearto-date Date (Mo., Day, Year)	\$ SOO Amount of each receipt this period \$ 250
Cantan, MS 39046 Name of Employer (Required) Self Occupation (Required) Atturney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Syzahn Sharpe Mailing Address 462 Trawick Arive City, State, Zip Code	Aggregate yearto-date Date (Mo., Day, Year)	\$ Soco Amount of each receipt this period \$ 250

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Name of Candidate or Committee	Chan	1/8	Barbons
Reporting period Jan / 201	14	throu	1gh Nov22, 2014

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sally Salmon Bradshan	11314	\$ 500
Mailing Address 1345 Du Acht Rd		\$.
City, State, Zip Code Havann, FL 32333		\$
Name of Employer (Required)		\$
Occupation (Required) CC 1541 75 n +	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC Note: Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name The ichael Healman	1714	\$ 1000
Mailing Address 4088 Eastward place		\$
City, State, Zip Code Talkson, Ms 3921		\$
Name of Employer (Required)		\$
Occupation (Required) A Home	Aggregate year-to-date	\$ 1,000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name McDade Fords	1717	\$ 500
Mailing Address		\$
City, State, Zip Code Tacksix, Ms 39200		\$
Name of Employer (Required)		\$
Occupation (Reguired) N//	Aggregate year–to-date	\$ 900
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sangat Shivanai, MD	11 1 10 1 19	\$ 250
Mailing Address 104 Shmmer Lake		\$
City, State, Zip Code Rike Kind MS 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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Name of Candidate or Committee Marie	Barban
•	through Nov 22, 2014

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Haley Barbons	11/11/14	\$ 1,000
Mailing Address 648 Nogbud Drive		\$
City, State, Zip Code Yazar City 39194		\$
Name of Employer (Required) S € →		\$
Occupation (Required) a Hemry	Aggregate year-to-date	\$ 4,000
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	V 1 10 1 24	this period
Heidelberg broup		\$ 250
Mailing Address bestweetend hrive	9 125 14	\$ 500
City, State, ZIp Code Yazulity Ms 3a194	$\square_I \square_I$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 750
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tellus Opera trug	11 10 1 14	\$ 1,000
Mailing Address 602 Crescent Place		\$
City, State, Zip Code Ridge (Md MS 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pan Hurst	<u> </u>	\$ 300
Mailing Address 2210 Calley war d Dr		\$
City, State, Zip Code Jackson MS 39211		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 300

Name of Candidate or Committee	Charles Barbon
Reporting period Tan 1,70 14	through Nov? 2/2 214

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Hng h Th 55011	11/1/11/14	\$ 250
Mailing Address		
3336 Hawthern Dr.		\$.
City, State, Zip Code The/sen 31216		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	6 55 6 8
pasmes owner	year-to-date	\$ 2.50
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Paul McMurry	10 122 179	\$ 11000
Mailing Address		
POBO 447		\$
City, State, Zip Code Ha Hirs barg, Ms 39403	$\square_{I}\square_{I}$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
lattle man	year-to-date	\$ 1,000
	,	
C. Source Corporation PAC M Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name John Mc Gownn	Date	receipt
Other (please specify) Full name Tohn Mc Gownn Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Tohn MC GOWAN Mailing Address PO Boy 55805 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 7,000
Other (please specify) Full name John Mc Gownn Mailing Address PO B by 55805 City, State, Zip Code Jackson, MS 37296	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Tohn MC GOWAN Mailing Address PO Boy 55805 City, State, Zip Code Jackson, MS 39296 Name of Employer (Required) Slif	Date (Mo., Day, Year)	receipt this period \$ 7,000
Other (please specify) Full name John Mc Gownn Mailing Address PO B by 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ //// / / / / / / / / / / / / / / / /
Other (please specify) Full name John Mc Gownn Mailing Address PO Buy 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year)	receipt this period \$ 1,000 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name John Mc Gownh Mailing Address Do Bry 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Self Occupation (Required) D. Source: Corporation PACV Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period \$ 1,000 \$
Other (please specify) Full name John Mc Gownn Mailing Address PC B by 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Self Occupation (Required) D. Source: Corporation PACV Individual Loan	Date (Mo., Day, Year)	receipt this period \$ \[\frac{1}{1000} \] \$ \[\frac{1}{1000} \] \$ \[\frac{1}{1000} \] Amount of each receipt
Other (please specify) Full name John Mc Gownh Mailing Address Do Buy 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Self Occupation (Required) D. Source: Corporation PACV Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period \$ \[\frac{1}{1}\text{\tinx{\text{\tinx{\text{\tex{\tex
Other (please specify) Full name John Mc Gownh Mailing Address PC Boy 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Sllf Occupation (Required) Other (please specify) Full name Kohart Barboner Mailing Address	Date (Mo., Day, Year)	receipt this period \$ \[\int_{1000} \] \$ \[\$ \left[\text{\$ \eft[\text{\$ \left[\text{\$ \eft[\text{\$ \left[\text{\$ \eft[\text{\$ \left[\text{\$ \left[\text{\$ \left[\text{\$ \left[\text{\$
Other (please specify) Full name John Mc Gownn Mailing Address PO Boy 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Stlf Occupation (Required) Other (please specify) Full name Kohart Barbour Mailing Address 4421 Wood lark City, State, Zip Code Jackson MS 39011 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ \[\int_{1}\to \to \to \] \$ \[\to
Other (please specify) Full name John Mc Gowan Mailing Address Do Bry 55805 City, State, Zip Code Jackson, MS 37296 Name of Employer (Required) Self Occupation (Required) Other (please specify) Full name Ruburt Barbour Mailing Address 4429 Wood Jark City, State, Zip Code Tackson MS 39041	Date (Mo., Day, Year)	receipt this period \$ \[\int_{\int} \omega \omega \] \$ \[\int_{\int} \omega \omega \] \$ \[\int_{\int} \omega \omega \] Amount of each receipt this period \$ \[\int_{\int} \omega \omega \omega \] \$ \[\int_{\int} \omega \omeg

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Name of Candidate or Committee	Charles Barbon
Reporting period Jan 1,2012	through Nor22, 2014

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)Full name		this period
Russ Russ (1)	101219	\$ 256
Mailing Address	<u> </u>	
120 N Congress , #1600		\$
City, State, Zip Code		
Inc/(son, M536201	<u> </u>	\$
Name of Employer (Required)		
5114		\$
Occupation (Required)	Aggregate	6
attorney	year-to-date	\$ 550
B. Source: Corporation PAC V Individual Loan	Dete	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name	10 19 114	\$ 750
Jep Barbour		\$ 250
Mailing Address	11/10/19	\$ 700
15/ Oakhuist Itail		\$ 700
City, State, Zip Code		
Rikoland 39/57		\$
Name of Employer (Required)		*
Se 1+		\$
Occupation (Required)		,
Occupation (Required)	Aggregate	(1/1 / 1
A Herney	Aggregate year–to-date	\$ 450
a Herney	year-to-date	
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
a Herney	year-to-date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibh)	year-to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name (h hahra + 6.bh) Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibhs Mailing Address Zo N. (angras St, Snite Zov	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibhs Mailing Address Zo N. (angras St, Snite Zov City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hapka fights Mailing Address Zo N. (cnfrs st, snite zov City, State, Zip Code Jal Kson, Ms 39dc1	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hapka fights Mailing Address Zo N. (cnfrs st, snite zov City, State, Zip Code Jal Kson, Ms 39dc1	year-to-date Date (Mo., Day, Year) Diagram of the property o	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibhs Mailing Address Zo N. (angras St, Snite Zov City, State, Zip Code Jacksch, Ms 3Adci Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibhs Mailing Address Zo N. (angras St, Snite Zov City, State, Zip Code Jacksch, Ms 3Adci Name of Employer (Required)	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date	Amount of each receipt this period \$ 250
C. Source Corporation PAC Individual Loan Other (please specify) Full name (h hapra & Gibh) Mailing Address Zo N. (ongrass St. Snite Zov City, State, Zip Code Jal Ksch, Ms 36dcl Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{7}{250} \) \$ \(\frac{7}{250} \) \$ \(\frac{7}{250} \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hhapra + Gibhs Mailing Address Zo N. (ongras St, Snite Zov City, State, Zip Code Jal Ksch, Ms 36dcs Name of Employer (Required) Occupation (Required)	year-to-date Date (Mo., Day, Year) Date Date Date Date Date Date Date	Amount of each receipt this period \$ \(\frac{250}{} \) \$ \(\frac{250}{} \) Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name (h h a h r f f h h h Mailing Address Zo N. (on f r f f f h h f h f r f f f h h f r f f f h h f r f f f h h f r f f f h h f r f f f h h f r f f f h h f r f f f h h f r f f f h h f r f f f f	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date January January January January January January January January Aggregate year-to-date	Amount of each receipt this period \$ \(\frac{7}{250} \) \$ \(\frac{7}{250} \) Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Chapta & Gibhs Mailing Address To N. (ongrass St., Snite Zoll City, State, Zip Code Fall Sch., M. 3 Adc. Name of Employer (Required) Occupation (Required) Other (please specify) Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{250}{} \) \$ \(\frac{250}{} \) Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name That Gibhs Mailing Address To M. (ongrass st, Snite Zov City, State, Zip Code Talksch, Ms 3 Fact Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) Date Date Date Date Date Date Date	Amount of each receipt this period \$ \(\frac{250}{\} \) \$ \(\frac{250}{\} \) Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (hahra & Gihh) Mailing Address To N. (angras St, Snite Zave City, State, Zip Code Jacksch, Ms 39dcs Name of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Full name Willy Barbow	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{750}{5} \) \$ \(\frac{750}{5} \) Amount of each receipt this period \$ \(\frac{1}{1000} \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name (year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{250}{\} \) \$ \(\frac{250}{\} \) Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name (year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name (year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{750}{5} \) \$ \(\frac{750}{5} \) Amount of each receipt this period \$ \(\frac{1}{1000} \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name (year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{750}{5} \) \$ \(\frac{750}{5} \) Amount of each receipt this period \$ \(\frac{1}{1}\true{0}\true{0} \) \$ \(\frac{1}{1}\true{0}\true{0} \) \$ \(\frac{1}{1}\true{0}\true{0} \)
C. Source Corporation PAC Individual Loan Other (please specify) Full name (h h a h h a b b b b b b b b b b b b b b	year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 750 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name (year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \(\frac{750}{5} \) \$ \(\frac{750}{5} \) Amount of each receipt this period \$ \(\frac{1}{1}\true{0}\true{0} \) \$ \(\frac{1}{1}\true{0}\true{0} \) \$ \(\frac{1}{1}\true{0}\true{0} \)

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Name of Candidate or Committee	Charles Barbon
Reporting period Jan 1, 7014	through Per 22, 2014

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mrs. Riley Haska	1012417	\$ 7,000
Mailing Address 219 Winself forting		\$ '
City, State, Zip Code Tackson, MS 39211		\$
Name of Employer (Required) None		\$
Occupation (Required) he mino fir	Aggregate year–to-date	\$ 1,000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephshir Chapman	10,26,19	\$ 500
Mailing Address 3842 Grain free DI		\$
City, State, Zip Code Tacker, MS39211		\$
Name of Employer (Required)		\$
Occupation (Required) hrsi hrss om hrs	Aggregate	\$ 500
1/21 (1-2) 6/W (1-1	year–to-gate	
C. Source Corporation PAC V Individual Loan C	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; [] Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; [] Mailing Address [Z [Riverside Nr. City, State, Zip Code Tolkson, MS 39202	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; II Mailing Address Z I Riverside Dr. City, State, Zip Code Talksen, ms 392e2 Name of Employer (Required) Stiff	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; [] Mailing Address [Z [] Riverside Pr. City, State, Zip Code [Talkson, MS 392e2] Name of Employer (Required) St H Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; [] Mailing Address Z	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500 \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Red H; [] Mailing Address City, State, Zip Code Talksen, MS 392e2 Name of Employer (Required) St Coccupation (Required) Coccupation (Required) Occupation (Required) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500 \$ Amount of each receipt
C. Source Corporation PAC I Individual Loan Other (please specify) Full name Rod H; Mailing Address	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500 \$ \$ Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Rud H; II Mailing Address City, State, Zip Code Talksun, ms 302c2 Name of Employer (Required) Stlf Occupation (Required) PAC Individual Loan Other (please specify) Full name Other (please specify) Mailing Address 307 S. Jaksun St. City, State, Zip Code (rystal Sannes, ms 39056	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500 \$ \$ Amount of each receipt this period \$ 500
C. Source Corporation PAC I Individual Loan Other (please specify) Full name Rod H; Mailing Address Z Riverside City, State, Zip Code St Name of Employer (Required) St Occupation (Required) Other (please specify) Full name Other (please specify) Mailing Address Source: St Other (please specify) City, State, Zip Code City, State, Zip Code City, State, Zip Code Other (please specify) City, State, Zip Code Comparison Other (please specify) City, State, Zip Code Comparison City, State, Zip Code City, State, Zip Code Cother (please specify) City, State, Zip Code City Cother City Cother City City City	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500 \$ \$ Amount of each receipt this period \$ 600 \$

Page	1	of	
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Name of Candidate or Committee	Charles Barbon
Reporting period Janl, 2014	through Mv72,2614

	. •	
A. Source: Corporation PAC I Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	DD D D	
Astr Barbon	<u> </u>	\$ 250
Mailing Address		
	11 1 10 1 14	\$ 250
City, State, Zip Code		\$
Theksen, MS 39DU		•
Name of Employer (Required)		£
5117		\$
Occupation (Required)	Aggregate	\$ 500
consultant	year-to-date	\$ 500
B. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
		\$
SE-Way Address		
Mailing Address		\$
		
City, State, Zip Code		
	느' 느' 느	\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate	
	year-to-date	\$
C. Source Corporation PAC Individual Loan	70 00 0	 _
C. Source Corporation Corporat	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
		uns penou
Full name		\$
Mailing Address		\$
City, State, Zip Code		
	<u> </u>	\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate	
	year-to-date	\$
D. Source: Corporation PAC Individual Loan	7000 00 0000	Amazzut af aaali
b. Source Corporation TAO marviada Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		- una periou
ruii name		\$
No. Illum Address		
Mailing Address		\$
<u> </u>		<u> </u>
City, State, Zip Code		\$
		<u> </u>
Name of Employer (Required		\$
	'	Ψ
Occupation (Required)		
· '	Aggregate	\$
	Aggregate year–to-date	\$