### Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

Campaign Finance Secretary of State

Name of Candidate Barbara Blackmon		The state of the state of		Secretary of State
Address 374 North West Street, Canton	, MS 39046	County_Madiso	ň	Un ATLL WAVAN AT
Telephone (Work) 601-9=859-1567	(Home)	(Fax) <sup>6</sup>	01-859-2311	
Contact Name Barbara Blackmon		Email Address bblackmon@b	olackmonlawfirm	.com
Office Sought Senate District 21	P			And the second s
Check here if above is different		port	~g	
X May 8, 2015 Periodic Report (Januar	y 1, 2015, throu	<u>TYPE OF REPORT</u> ph April 30, 2015)	**********************	
June 10, 2015 Periodic Report (May				•
July 10, 2015 Periodic Report June	1, 2015, fbrough	June 30, 2016)		Mandatan
July 28, 2015 Pre-Election Report (J	uly 1, 2015, thro	ugh July 25, 2016)	Ali Delmans C	Mandatory
August 18, 2015 Pre-Election Repor	t (July 26, 2015,	through August 15, 2015)	All Fillhary Q	Runoff Candidates Only
October 9, 2015 Periodic Report (Ju				
October 27, 2016 Pre-Election Repo (Primary Election Winners report Octob (Independent Candidates report Januar	y 1, 2016 through (	October 24, 2016)		
November 17, 2015 Pre-Runoff Repo	ort (October 25,	2015, through November 14, 2015) All C	andidates and Politic	Runoff Candidates Only
January 8, 2016 Periodic Report (Oc				
Termination Report (Candidate will no lo outstanding campai	onger accept contri on debt obligation	outlons or make campaign expenditures	and has no	Required to terminate reporting obligations
(1) Pre-Election reports are mandatory, even indicating "0" (Zero) for total amount of re	f no contributions ported contribution	IMPORTANT s or expenditures have occurred. In s ons and expenditures during this peri	uch case, the candi od.	date shall submit a report
(2) Until a Candidate files a Termination Repo and (iii).	rt, annual and per	lodic reports must still be filed in acc	ordance with Miss.	Code Ann, § 23-15-807 (b) (ii)
(3) The Secretary of State must be in actual rehability, the office must be in actual receip acceptable.	celpt of the requi t of the required r	red reports by 5:00 p.m. on the report eports by 5:00 p.m. on the first workl	ling day. If the dear ng day <i>before</i> the d	iline falls on a weekend or a eadline. Faxed reports are
, , , , , , , , , , , , , , , , , , , ,	REPORTED (	CONTRIBUTIONS AND DISBUR	SEMENTS	
temized	+ Non-Iten	nized This	Period	Calendar year-to-date
Total amount of contributions \$	+\$	\$0		\$0
Total amount of diabursements \$	+ \$	\$0		\$0
Total amount of cash on hand		\$0		

Authority: Refer to Mies, Code Ann. §23-16-801 (1972) et. seg. for statutory requirements.
Penalities: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Mies. Code Ann. §§ 23-16-811 and 813 (1972).

#### SEND TO:

Signature of Candidate

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
 Candidates for Countywide and County-District offices should return forms to their County Circuit Clark
 Candidates for Municipal office should return forms to the Municipal Clark

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

## REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

n	Delbert Hosemann SECRETARY OF STATE	n
H	JUN 0 9 2015	L
	Campaign Finance Secretary of State	
	I SUSPECTOR	

ndidate	79 to 10 min of		Secretary of State
North West Street	Co	unty Madison	11 858 981 77 17
Nork) 601-859-1567 (F	lome) <sup>601-859-4094</sup>	(Fex) <sup>601-859-2311</sup>	1.00,000
a Barbara Blackmon		blackmon@blackmonlawfir	m.com
senare District 21	Political Party Demo	1010	· · · · · · · · · · · · · · · · · · ·
Check here if above is different from prov		8, 9,8	98
2015 Periodic Report (January 1, 2015			
i, 2015 Periodic Report (May 1, 2016, t 2015 Periodic Report (June 1, 2015, t			
2015 Pre-Election Report (July 1, 201	5, through July 25, 2015)		Mandatory  Gundidates and Political Committees
18, 2016 Pre-Election Report (July 26,	2015, through August 15, 2	015) All Primary Candidates and Pol	Runoff Candidates Only
9, 2015 Periodic Report (July 1, 2015	, through September 30, 201	(5)	Mandatory
27, 2015 Pre-Election Report	through October 24, 2015) hrough October 24, 2015)	AH (	Mandatory
er 17, 2818 Pre-Runoff Report (Octob	er 25, 2015, through Novem	ber 14, 2015)	Runoff Candidates Only
8, 2016 Periodic Report (October 1, 2	015, through December 31,	2015)	Mandatory
H 이 보고 있는 것이 나는 것이 보고 있습니다. 이 경기 없는 것이 되었다. 그런 것이 되었다. 그렇게 되었다. 보고 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는			

- Until a Condidate lifes a Termination Report, annual and periodic reports must still be filled in accordance with Miss, Code Ann. § 23-15-807 (b) (ii) and (iii).
- The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the first working day before 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 imports are acceptable.

	REPORTED CONTRIBUTI	20040002000	
Itemized	+ Non-Itemized	This Parlod	Calendar yenr-to-date
Total amount of contributions \$11,500,00	+\$11,000,00	\$ 22,500.00	\$22,500,00
Total amount of disbursements \$8,248.27	+ \$ 2,500.00	\$10,748.27	9
Total amount of cash on hand		\$11,751,73	
		The same of the sa	

have examined, this report and to the best of my knowledge and belief it is true, accurate, and complete. ignature of Candidate

Authority: Refer to Miss. Code Ann. §23-15-801 (1872) st. seq. for statutory requirements.

Ponakies: Failure to submit required reports, or failure to submit reports in accordance with statutory deedlines, or failure to submit valid reports shall require fines of \$50 per day and/or prosecution in accordance with Minn. Code Ann. §5 23-16-811 and 613 (1972).

#### SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Lagislative offices should return form to Sucretary 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 filunicipal Clark

Page 11 of 3

Name of Candidate or Committee Barbara Blackmon	
Reporting period January 1, 2015 through April 30, 2015	
ITEMIZED RECEIPTS	\$

I LIVILLED RECEIF	13	
A. Source:    Corporation    PAC    Individual    Loan    Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Fall name	3 /6 /15	
SOL Engineering Services, LLC	15-11 1 18-11 1 115 1	\$ 500.00
Malling Address		\$
P. O. Box 1327 City, State, Zip Code	- 12. / 1 / N	* 1
Canton, MS 39046		\$
Name of Employer (Regulred)		
SCIL Engineering Services, LLC		\$
Occupation (Regulzed)	Aggregate	*
	year-to-date	\$ 500.00
B. Source: 7 Corporation PAC Individual Loan	Date (Me., Day, Your)	Amount of each receipt
Other (please specify)	(MON DEN TONI)	this period
Full Hamb The Diaz Law Firm	3 / 6 / 15	\$ 500.00
Mailing Address	, , , , , , , , , , , , , , , , , , ,	T DOUGO DE CARACACIÓ
<u></u>		\$
208 Waterford Square, Suite 300	<u> </u>	
City, Stale, Zip Gode		\$
Marileon, MS 3911D		* Images / account
Name of Employar (Reguland) The Diaz Law Firm		\$
Occupation (Required)		· · · · · · · · · · · · · · · · · · ·
Атопича	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name.	1 / 24 / 181	\$ 500.00
Donald Partridge	1-7.1 / 1271 / 1321	\$ 300.00
Malling Address 4273 I-55 North, Suite 1 B		\$
City, State, Zip Code	5	·
Jackson, MS 39206		\$
Name of Employer (Regulard)	***************************************	
Partridge Developers		\$
Occupation (Required)	Aggragate	· · · · · · · · · · · · · · · · · · ·
Cit alle Dahelobunkit	year-to-date	\$ 500.00
D. Source:   Corporation   PAC   Individual   Loan		Amount of each
Other (please specify) Committee	Date (Mo., Day, Year)	regulpt this period
uli name	3 / 25 / 10	
Committee to Elect Admenne Wooten	13 F1497 F100)	\$ 500,00
Vallina Address		\$
P. O. 80x 2341	Attions of American Communication	* L
City, State, Zip Code Jackson, MS	$\Box I \Box I \Box I \Box I$	\$
tune of Binslover (Ruguland)		- 3J
No. 10 Personal Control of the Contr	111111	\$
Decupation (Required)	Aggregate year-to-date	\$ 500.00
	3002 10 0010	

Page 2 of 3

<u></u>	
Name of Candidate or Committee Burbard Waskingo	
Reporting period Usquary 1, 2015 through And 30, 2015	
ITEMIZED RECEIP	ſS

	, O	
A. Seurce: Corporation PAC V Individual Loan Control (please specify)	Duto (Mo., Day, Year)	Amount of each receipt
Full name	ļ	this period
John C, Calhovin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 2,500.00
Mailing Address		1-
3 Southern Caks Drive		\$
City, State, Zip Code		4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Clinton, MS 35056		\$
Name of Employer (Required)		* **** J
IWZ		\$
Cocupation (Repulsed)		
Engineer	Aggregate year–to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan	year-to-date	
Offier (please specify)	Date (Mo., Day, Year)	Amount of each receipt
	11.11.11.11.11.11.11.11.11.11.11.11.11.	this period
Full name		\$ 2,500.00
Badarick L. Hill	3.3.7 3.3.7 3.3.7	+ <u> 2,300,00</u>
Malling Address		\$
1231 Riverside Circle	<u> </u>	* 1,,
City, State, Zip Codo		•
Jackson, MS 39202	here I had I had	\$ [, , , , , , , , , , , , , , , , , , ,
Name of Employer (Required)		\$
IMS	<u> </u>	* l.a:
Occupation (Required)	Aggregate	\$ 2,800.00
Engineers	year-to-date	T 24000000
<u> </u>	year-to-date	1-2-2-3-4-4
C. Bourds Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
C. Bourse Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Bourse Corporation PAC Individual Loan	Dato	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
C. Bourse Corporation PAC Individual Loan  Other (please specify)  Full name Charlie Myers  Maliting Address  215 Katherine Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Bourse Corporation PAC Individual Loan  Other (please specify)  Full range Charlie Myers  Malling Address	(Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00
C. Bourse Corporation PAC Individual Loan  Other (please specify)  Full name Charlie Myers  Maliting Address  215 Katherine Drive	(Mo., Day, Year)	Amount of each receipt this period
C. Bourse   Corporation   PAC   Individual   Loan    Other (please specify)    Full mania   Charlie Myers    Maliting Address   Zip Katharine Drive    City, State, Zip Code	(Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00
C. Bourse Corporation PAC Individual Loan  Other (please specify)  Full mansa Charlie Myers  Maliting Address 215 Katherine Drive City, State, Zip Code Flowcod, MS 39232	(Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00
C. Source   Corporation   PAC   Individual   Loan    Other (please specify)    Full Hanso   Charlie Myers    Maliting Address   215 Katherine Drive    City, State, Zip Code    Flowcod, MS 39232    Nama of Employer (Required)	(Mc., Date) (Mc., Day, Year)	Amount of each receipt this period  \$ 1,000.00
Other (please specify)  Other (please specify)  Full mass Charlie Myers  Malling Address 215 Katherine Drive City, State, Zip Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Queupation (Required)  Mortgage Banker	(Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00
Other (please specify)  Other (please specify)  Full Hanso Charlie Myers  Malling Address 215 Katherine Drive City, State, Zip Code Flowcod, MS 39232 Namo of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Source: Corporation PAC Individual Loan	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt
Other (please specify)  Other (please specify)  Full range Charlie Myers  Maliting Address 215 Katherine Drive  City, State, Zip Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Source: Corporation PAC Individual Loan  Other (please specify) Professional Association	(Mo., Day, Year)  A / 20 / 15  / / / /  Aggregate year-to-date	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each
Other (please specify)  Other (please specify)  Full range Charlie Myers  Maliting Address 215 Katherine Drive  City, State, Zip Code Flowcood, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Stource: Comporation PAC Individual Loan  Other (please specify) Professional Association	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period
Other (please specify)  Other (please specify)  Full name Charlie Myers  Malting Address 215 Katherine Drive  City, State, Zip Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Stource;   Comporation   PAC   Individual   Loan    Other (please specify) Professional Association  Full name Martin and Martin P A	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt
Other (please specify)  Differ (please specify)  Full name Charlie Myers  Malting Address  215 Katherine Drive City, State, Zip Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Siource:   Comporation   PAC   Individual   Loan    Other (please specify) Professional Association  Full name Martin and Martin P A  Mailing Address	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Differ (please specify)  Full name Charlie Myers  Maliting Address  215 Katherine Drive City, State, Zip Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Source:   Corporation   PAC   Individual   Loan    Other (please specify) Professional Association  Full name Martin and Martin P A  Mailing Address  228 E. Capitol Street	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period
Other (please specify)  Full panie Charlie Myers  Maliting Address  21s Katherine Drive City, State, Zip Code Flowcod, MS 39232  Name of Employer (Regulard) The Home Lending Group  Occupation (Regulard)  Mortgage Banker  O. Shource; Corporation PAC Individual Loan  Other (please specify) Professional Association  Full panie  Martin and Martin 9 A  Melling Address  228 E. Capitol Street City, State, Zip Code	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 5,000.00  \$ 5,000.00
Offier (please specify)  Offier (please specify)  Full risms Charlie Myers  Maliting Address 215 Katherine Drive City, State, 210 Code Flowcod, MS 39232  Name of Employer (Required) The Home Lending Group  Occupation (Required)  Morsgage Banker  D. Slource: Corporation PAC Individual Loan  Other (please specify) Professional Association  Full matter Martin and Martin P A  Mailing Address 228 E. Capitol Street  Liv, State, 210 Code  Lackson, MS 39207	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Other (please specify)  Full rises Challe Myers  Maliting Address 215 Katherine Drive City, State, Zip Code Flowcod, MS 39232  Naring of Employer (Required) The Home Lending Group  Occupation (Reguired)  Mortgage Banker  D. Slource:   Corporation   PAC   Individual   Loan    Other (please specify) Professional Association  Full rises Martin and Martin P A  Mailing Address 228 E. Capitol Street  City, State, Zip Code Jackson, MS 39201  Nerse of Employer (Required)	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 5,000.00  \$ 5,000.00
Other (please specify)  Other (please specify)  Full manta Charlie Myers  Malling Address  215 Katherine Drive City, State, Zip Code Flowood, MS 39232  Narin of Employer (Required) The Home Lending Group  Occupation (Required)  Mortgage Banker  O. Source; Corporation PAC Individual Loan  Other (please specify) Professional Association  Full manta Martin and Martin P A  Mailing Address 228 E. Capitol Street City, State, Zip Code Jackson, MS 39207  Name of Employer (Required)  Martin and Martin	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  / / / / / Aggregate year-to-date  Date (Mo., Day, Year)  3 / 20 / 15	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 5,000.00  \$ 5,000.00
Other (please specify)  Other (please specify)  Full rises Challe Myers  Maliting Address 215 Katherine Drive City, State, Zip Code Flowcod, MS 39232  Naring of Employer (Required) The Home Lending Group  Occupation (Reguired)  Mortgage Banker  D. Slource:   Corporation   PAC   Individual   Loan    Other (please specify) Professional Association  Full rises Martin and Martin P A  Mailing Address 228 E. Capitol Street  City, State, Zip Code Jackson, MS 39201  Nerse of Employer (Required)	(Mo., Date (Mo., Day, Year)  4 / 20 / 15  4 / 20 / 15  Aggregate year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period  \$ 1,000.00  \$ 1,000.00  Amount of each receipt this period  \$ 500.00  \$ 500.00

	Page 🗓 of 🗓
Name of Candidate or Committee Barbara Blackmon	<u> </u>
Reporting period January 1, 2015 through April 30, 2015	
ITEMIZED RECEIPTS	

	· •	
A. Source: Corporation PAC / Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Fill name	4 / 24 / 15	\$ 1,000,00
Omeria Scott	12.17 / <u>12.13 / 12.21</u>	\$ 1,000.00
Mailing Address		\$
615 E 19th Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	🤊
City, State, Zip Code	[	
Lourel, MS		\$
Name of Employer (Regulred)	<del> </del>	
Mississippi House of Representatives	$ \Box \cup \Box \cup$	\$
Occupation (Required)	Aggregate	
Lagislator	year-to-date	\$ 1,000.00
B. Source: Gorporation F PAC F Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
	4 / 29 / 15	\$ 1,000.00
William Cooley	<u> </u>	T []protection
Malling Address		68
1 116 Hallmark Drive	<u> </u>	<b>* 1</b>
City, State, Zip Code		*
Jackson, MS 39206		\$
Name of Employer (Ragg([m/l)	<del></del>	A
Retired		\$
Occupation (Required)	Aggregate	\$ 1,000,00
<u> </u>	year-to-date	\$ 1.000,00
C. Source Corporation PAC / Individual Lean	year-to-date	Amount of each
C. Source Corporation PAC M Individual Loan Collier (please specify)		Alternative additional transfer of the s
Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>	year–to-date Date	Amount of each
Other (please specify) Full name Johnny Lee Patton	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Johnny Lee Patton Mailing Addross 6513 Trace Orice	year-to-date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Johnny Lee Patton Mailling Address	year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Johnny Lee Patton Mailing Address 6513 Trace Drive  City, State, Zip Code Jackson, MS 39213	year-to-date  Date (Mo., Day, Year)  1 / 24 / 15	Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johnny Lee Patton Mailing Address 6513 Trace Drive  City, State, Zip Code	year-to-date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full name Johnny Lee Patton Mailing Addrons 6513 Trace Drive City, State, Zip Code Jeckson, M5 39213 Name of Employer (Required) Wal-faart Occuration (Regulard)	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate	Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johany Lee Patton Mailing Addrogs 6513 Trace Drive City, State, Zip Code Jeckson, M5 39213 Name of Employer (Required) Wal-Mart Coouration (Regulard)	year-to-date  (Mo., Day, Year)  4 / 24 / 15  1 / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00
Other (please specify)  Full name Johnny Lee Patton Mailing Address  5513 Trace Drive  City, State, Zip Code Jackson, M5 39213  Name of Employer (Required)  Wol-Flant  Coougnation (Regulad)	year-to-date  Date (Mo., Day, Year)  1 / 24 / 15  / / / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each
Other (please specify)  Full name Johany Lee Patton Mailing Addrogs 6513 Trace Drive City, State, Zip Code Jeckson, M5 39213 Name of Employer (Required) Wal-Mart Coouration (Regulard)	year-to-date  (Mo., Day, Year)  4 / 24 / 15  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00  \$ 500.00
Other (please specify)  Full name Johany Lee Patton Mailing Addross  5513 Trace Drive  City, State, Zip Code  Jeckson, M5 39213  Name of Employer (Required)  Wal-Mant  Couration (Required)  Pharmacist  D. Source: Corporation PAC   Individual Loan	year-to-date  Date (Mo., Day, Year)  1 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ 500.00  \$ 500.00  Amount of each receipt this pariod
Other (please specify)  Full name Johnny Lee Patton  Mailing Addross  5513 Trace Drive  City, State, Zip Code Jackson, M5 39213  Name of Employer (Required)  Wel-fast  Councilled (Regulred)  Pharmacist  D. Source: Corporation PAC ( Individual Loan ):  Other (please specify)	year-to-date  Date (Mo., Day, Year)  1 / 24 / 15  / / / /  Aggregate year-to-date  Date	Amount of each receipt this period  \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name Johany Lee Patton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39213  Name of Employer (Required)  Wel-Man  Cooungition (Required)  Pharmacist  D. Source: Corporation PAC (**) Individual Loan (**)  Other (please specify)  Full name  Bradford J. Blackmon  Mallins Address	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)  Aggregate (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johany Lee Patton  Mailing Addross  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39213  Name of Employer (Required)  Wel-fair  Cooungtion (Required)  Pharmacist  D. Source: Corporation PAC () Individual Loan :  Other (please specify)	year-to-date  Date (Mo., Day, Year)  1 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ 500.00  \$ 500.00  Amount of each receipt this pariod
Other (please specify)  Full name Johnny Lee Patton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39313  Name of Employer (Required)  Wal-foan  Coounation (Required)  Pharmacist  D. Source: Corporation PAC / Individual Loan :  Other (please specify)  Full name  Bradford J. Blackmon  Malling Address  907 West Peace Street  City, State, Zip Code	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)  Aggregate (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johnny Lee Patton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39313  Name of Employer (Required)  Wal-foart  Coougnation (Required)  Pharmacist  D. Source: Corporation PAC / Individual Loan :  Other (please specify)  Full name  Bradford J. Blackmon  Malting Address  907 West Peace Street  City, State, Zip Code  Cauton, MS 39046	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)  Aggregate (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00  \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johnny Lee Petton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39213  Name of Employer (Required)  Wal-Man  Coouration (Required)  Pharmacist  D. Source: Corporation PAC (?) Individual Loan :  Other (please specify)  Full name  Bradford J. Blackmon  Multing Address 907 West Peace Street  City, State, Zip Code  Carron, M5 39046  Vame of Employer (Required))	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)  Add (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00  Amount of each receipt this period \$ 500.00 \$ 500.00
Other (please specify)  Full name Johnny Lee Patton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, MS 39213  Name of Employer (Required)  Wal-Mart  Coouration (Required)  Pharmacist  D. Source: Gorporation PAC (2) Individual Loan Couration (please specify)  Full name  Bradford & Blackmon  Malling Address  907 West Peace Street  City, State, Zip Code  Caston, MS 39046  Name of Employer (Required)  Blackmon and Blackmon, PLLC	year-to-date  Date (Mo., Day, Year)  4 / 24 / 15  / / / /  Aggregate year-to-date  (Mo., Day, Year)  Add (Mo., Day, Year)	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00  Amount of each receipt this period  \$ 500.00
Other (please specify)  Full name Johnny Lee Petton  Mailing Address  5513 Trace Drive  City, State, Zip Code  Jackson, M5 39213  Name of Employer (Required)  Wal-Man  Coouration (Required)  Pharmacist  D. Source: Corporation PAC (?) Individual Loan :  Other (please specify)  Full name  Bradford J. Blackmon  Multing Address 907 West Peace Street  City, State, Zip Code  Carron, M5 39046  Vame of Employer (Required))	year-to-date  (Mo., Day, Year)  4 / 24 / 15  / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period  \$ 500.00 \$ \$ 500.00  Amount of each receipt this period \$ 500.00 \$ 500.00

		Page	of
Name of Candidate or Committee	Barbaca Blackmon		
Reporting period January 1, 2016	through April 30, 2015		

# ITEMIZED DISBURSEMENTS

A. Full name Envisage Media & Creations	Date	Amount of each
	(Mo., Day, Year)	disburgement this period
Mailing Address P. G. Box 13862	3 /9 / 15	\$ 700.GO
City, State, Zip Gode Jackson, MS 39236	//	\$
Purpose of Disburaement (Optional) posti cards	Aggragate Year-to-date	§ 700.00
B. Full trame Lowe's	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address 128 Grandview Boulevard	3 /24 / 15	\$ 797.08
City, State, Zip Code Markson, MS 30t 10	//	S
Purpose of Disbursement (Optional) stakes	Aggregate Yenr-to-date	\$ 797.03
C, Full name Bush Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address 300 May Street	3 /35 / 15	3 1,973.24
City, State, Zip Code Montgomery, At 36104	/	\$
Parpose of Disbursoment (Optional) signs	Aggregate Year-to-date	§ 1,973,24
D. Full hame Dynastics Promos	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 Pascagouis	4 /15 /15	<b>\$</b> 1,268.00
City, State, Zip Oude Jackson, MS 39203		\$
Perpose of Disbursament (Optional) Elect Barbura Bluckmon tea shirts	Aggregate Year-to-date	g 1,268.00
E. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5466 N. State Street	4 / 28 / 15	\$ 3,510.00
City, State, Zip Codé Jackson, MS 39206	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,510.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Addrees		\$
City, State, Zip Code	_/,/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

### Candidate REPORT OF RECEIPTS AND DISBURSEMENT 2015 Election

	Delbert Hoseman SECRETARY OF S	
rs	JUL 1 0 2015	Colombia Colombia
	Campaign Finance Secretary of State	

paign Finance	Cam			to	Name of Candidate
retary of State	Secr	unty_Madison		h West Street, Canton, Mississippi	
	59-2311	(Fax) 601-85	601-859-4094	601-859-1567 (Hom	Telephone (Work) 601
m	monlawfirm.com	blackmon@blackn	Email Address	bara Blackmon	Contact Name Barbara
			Political Party Dem		Office Sought Senate
				there if above is different from previous	
Mendator		PORT	TYPE OF R	Periodic Report (January 1, 2015, thro	
77				5 Periodic Report (May 1, 2015, throu	
				Periodic Report (June 1, 2016, throu	
				Pre-Election Report (July 1, 2015, th	
Runoff Candidates Only Committees in a Runoff Election	lates and Political C	2015) All Primary Candida	, through August 15,	015 Pre-Election Report (July 26, 201	August 18, 2015
Mandatory		15)	ugh September 30, 2	16 Periodic Report (July 1, 2015, thre	October 9, 2016
Mandatory felse and Political Committees	All Candid	<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>	h Oolober 24, 2015)	2016 Pre-Election Report clion Winners report October 1, 2016, throught Candidates report January 1, 2015 through	(Primary Election
Runoff Candidates Only committees in a Runoff Election	alog and Political C	nber 14, 2015} All Condida	, 2015, through Nove	, 2016 Pre-Runoff Report (October 2	November 17, 20
Mandatory	***********************	2016)	hrough December 3	16 Periodic Report (October 1, 2015,	January 8, 2016 F
Required to terminate reporting obligations		ign expanditures and h		teport (Candidate will no longer eccept cor culstanding campaign debt obligati	Termination Repo

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. § 23-16-807 (b) (ii) (2)and (III).

The Secretary of State must be in actual receipt of the required reports by \$: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 8:00 p.m. on the first working day before the deadline. Fexed reports are acceptable,

Itemized	* Non-Itemized	ONS AND DISBURSEMENTS This Period	Calendar year-to-clate
Total amount of contributions \$2,050.00	+ \$ 8,550.00	\$10,600.00	\$50,100.00
Total amount of disbursements \$4,721.24	+ \$4,500.00	\$9,221.24	\$37,018.15
Total amount of cash on hand		\$ 13,081.85	

soubara trackmon 7/10/15

Signature of Candidate

Authority: Refer to Miss, Code Ann. §23-16-601 (1972) et. seq. for statutory requirements.

Pensilles: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$80 per day and/or prosecution in accordance with Miss. Code Ann. §8 23-18-811 and 813 (1972).

#### SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislativa offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fex to (601) 575-2545

2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk

Date

- 3. Candidates for Municipal office should return forms to the Municipal Clerk

P. O. Box 189

Attorney

City, State, Zip Code Greenville, MS 38702

Occupation (Required)

Name of Employer (Required) Balley & Griffin

TOTZOTO TST24 PRIDARE DRIGHTPOT	(FAX)001 008 2	311 P.U:
		Page 1 of 1
Name of Candidate or Committee Barbara Blackmon	į	
Reporting period June 1, 2015 through June 30, 2015	<u>'</u>	
ITEMIZED RECEIP	TS	
A. Seurou:   Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	छ। । छ। । । । ।	<b>6</b> 1. 40. 49
IMMC Inc.	Trace ( Fact 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 1,000,00
Mailing Address		\$
838 E. Academy Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	¥
City, Blato, Zip Code		\$
Canton, MS 39046	Land Phase Phase	<b>  ₹ 1</b>
Name of Employer (Regulfed)		* r · · · · · · · · · · · · · · · · · ·
Same	1 - 1 1 hand 1 - 2	\$
Occupation (Required)  Timergency Services	Aggregata year-to-date	\$ [,000,00
B. Source: Corporation PAC Individual Loan	<u> </u>	Amount of each
Other (please apacify)	Date (Mo., Day, Year)	receipt this period
Full name	6 / 18 / 15	
Gloria D. Williamson	lo lia: ( First	\$ 230,00
Mailing Address		\$ 1
509-A Church Ave.	, <u></u> , <u></u>	· L
City, State, Zip Code		\$ [
Philadelphia, MS 39850		* i
Name of Employer (Required)		<b>4</b> [
		* 1 !
Occupation (Required)	Aggrogete	\$ 250.00
C. Squrce Corporation (2) PAC Individual Loan	year-to-date	<u> </u>
Other (please specify)	Date (Me., Ony, Year)	Amount of each receipt this period
Full name Charre Consulting, Ltd.	0 /15 /15	\$ 500.00
Mailing Address		7 1
2008 University Avenue		\$
City, State, Zip Code		· · · ·
Oxfort, MS 38493		\$ [
Name of Employer (Required)	[TT] , [TT] , [TT]	<u> </u>
Same		\$
Occupation (Required)	Aggregate	\$ 500.06
real estate developer	year-to-date	* (300'00
D. Source: Corporation PAC Individual D. Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Wille L. Bolley	6 / 20 / 15	\$ 300.00
Mailing Address		

\$ ....

\$ 800.00

Aggregato year-to-date

F	,age	of	

Name of Candidate or Committee	Barbara Blackmon
Reporting period June 1, 2015	through

## ITEMIZED DISBURSEMENTS

A. Pull name Earnestine Strange	Date (Mo., Day, Year)	Amount of each dispursement this period
Maliing Address 1554 Pat Luckett Road	6 / <sup>5</sup> / 15	§ 500:d0
City, Siale, Zip Code Canhage, MS 39051		\$
Furpose of Disburgement (Optional) coordinator	Aggregate Year-to-date	\$ 500.00
B. Full stame Holmes County Broadcasting Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 Radio Road	6 /8 / 15	\$ 300.90
City, State, Zip Gode Lexington, MS 39095		\$
Purpose of Disbursement (Optional) radio	Aggregate Year-to-date	\$ 300.0¢
C. Full marne Marnise Webb	Date (Mo., Day, Year)	Amount of each
Mikiling Address 2501 filver Oaks Boulevard	6 /24 / 15	\$ 500.00
City, State, Zip Code Jackson, MS 39211		\$
Purpose of Disbursement (Optional)	Aggregate Year-(o-date	§ 1,235.00
D. FUII Herrio Earnestine Strange	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1554 Pat Lockett Rd,	6 / 24 / 15	§ 1,850.00
Oity, Btato, Zip Gode Carthage, MS 39051		S.
Purpose of Diebursement (Optional) Rish fry	Aggregate Year-to-date	\$ 2,350.00
E. Puß name Vistago Princ	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Addrass P. O. Box 681	6_/1_/15_	g 1,571.24
Cliy, State, Zip Code Rome, GA 30162		\$
Purpose of Dishursement (Optional) yard signs	Aggregate Year-to-date	<b>\$ 1,571.24</b>
F. Full nemo	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address	//_	\$
Cliy, State, Zip Code	_/_/_	5
Purpose of Disbureement (Optional)	Aggregate Year-to-date	\$

## Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2015 Election

	Delbert Hosemann SECRETARY OF STATE	n
	JUL 2 7 2015	U
-   1	Campaign Finance Secretary of State	

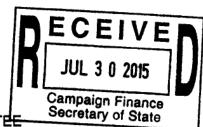
8arbara Blackmon	7, 50	er er		
Name of Candidate		Madison	Campaign Finance Secretary of State	
Address 374 North West Street		County	Secretary of	
Telephone (Work) 601-859-1567	(Home)601-859-4094	(Fax)601-859-2311		
Contact Name Barbara Blackmon		ress bblackmon@blackmonlawf	im.com	
Office Sought Senate District 21	Political Party	Democratic		
Check here if above is different fro				
May 8, 2015 Periodic Report (January 1		OF REPORT	Mandatory	
May 8, 2016 Periodic Report (January 1, June 10, 2016 Periodic Report (May 1,	2015, through May 31, 201	5)	Mandatory	
July 10, 2015 Periodic Report (May 1,	2015, through May 30, 201	5)	Mandatory	
July 10, 2015 Periodic Report (Julie 1,	2010, through state 00, 20 .	2015)	Mandatory	
X July 28, 2015 Pre-Election Report (July	7 1, 2010, Unough only 20, 2	All Prima	ary Candidates and Political Committees	
August 18, 2015 Pre-Election Report (				
October 9, 2015 Periodic Report (July	1, 2015, through September	r 30, 2015)	Mandatory	
October 27, 2015 Pre-Election Report (Primary Election Winners report October	1, 2015, through October 24, 20 1, 2015 through October 24, 20	016) 15)	All Candidates and Political Committees	
November 17, 2015 Pre-Ruπoff Repor	t (October 25, 2015, through	h November 14, 2015)		
January 8, 2016 Periodic Report (Octo	ober 1, 2015, through Decen	nber 31, 2015)	Mandatory	
Termination Report (Candidate will no lon outstanding campaign	ger accept contributions or main		Required to terminate reporting obligations	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report				
indicating "0" (28rd) for total amount of 199  (2) Until a Candidate files a Termination Repor	t, annuel and periodic reports	s must still be filed in accordance with	Miss. Code Anπ. § 23-16-807 (b) (ii)	
and (iii).  (3) The Secretary of State must be in actual receipt holiday, the office must be in actual receipt			o doedling fells on a weakend of A	
acceptable.		TIONS AND DISBURSEMENTS		
itemixed	+ Non-itemized	This Period	Calendar year-to-date	
Total amount of contributions \$2,250.00	+ \$ 3,500.00	\$5,750.00	\$55,850.00	
	+\$4,000.00	\$11,930.60	\$48,948.75	
Total amount of disbursements \$7,930.60	· • • • • • • • • • • • • • • • • • • •	\$6,901.25		
Total amount of cash on hand	to see and the deal of	my knowledge end belief it is true.	accurate, and complete.	
i certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  July 27, 2015				
Signature of Candidate		Date		
Signature of Candidate  Authority: Refer to Miss, Code Ann. \$23-15-801 (19  Penalities: Failure to submit required reports, or fail  fines of \$50 per day and/or prosecution in accorda	72) et, seq. for statutory require llure to submit reports in scoon nos with Miss. Code Ann. §§ 23	ements. dance with statutory deadlines, or failure -16-811 and 813 (1972).	to submit valid reports shall result in	

SEND TO:

- 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 (801) 576-2545
   Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
   Candidates for Municipal office should return forms to the Municipal Clerk

	Pa	ge 🔟 of 🚺
Name of Candidate or Committee Barbara Blackmon		
Percetting period July 1, 2015 through July 25, 2015		
ITEMIZED RECEIPT	rs	
A. Source: Corporation PAC Individual Can	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Pull name	07 / 14. / 15	\$ 500.00
Gemini Entertainment Group Mailing Address		\$
124 One Madison Plaza, Sulte 1100	1	<u> </u>
City, State, Zip Code		\$
Madison, MS 39110		And the first short a be dead or pro-
Name of Employer (Required)		\$
Gemini Entertainment Group	Aggregate	-
Occupation (Required) Entertainment	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	7 /15 /15	\$ 1,000.00
Eddle or Rebecca Briggs		
Mailing Address		\$
124 One Madison Plaza Suite 1100		
City, State, Zip Code		\$
Madison, MS 39110		
Name of Employer (Required)	<u> </u>	\$
Same Occupation (Required)	Aggregate	\$ 1,000.00
D. Indiana	year-to-date	
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name	7 / 15 / 15	\$ 250.00
Gloria D. Williamson	FIFIE	\$
Mailing Address 509-A Church Avenue	1	
City, State, Zip Code		\$
Philadelphia, MS 39350		
Name of Employer (Required)	1 1 1 1 1 1 1 1 1 1	\$
the control of the second of t	Aggregate	\$ 500.00
Occupation (Required)	year-to-date	
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	+===	
Full name	7 / 22 / 15	\$ 500.00
Phyllis W. Anderson		\$
Mailing Address 1782 Fairwood Drive	1-1-1-	Y 1,
City, State, Zip Code		. \$
Jackson, M5 39213	+	-
Name of Employer (Required)	<u> </u>	\$
Occupation (Regulred)	Aggregate year-to-date	\$ 500.00
Retred		





## CANDIDATE'S/CANDIDATE'S POLITICAL COMMITTEE 48 HOUR REPORT

#### OF REPORTABLE CONTRIBUTIONS

Check one of the following:  ▼ This is a report from a Candidate. □ This	is a report from a Candidate's Political Committee.
Barbara Blackmon	
(Name of the Candidate or Candidate's P	olitical Committee Receiving the Contribution)
Senate District 21	
(Office soug	ht by Candidate)
Karry Young Development	
(Full Name	of Contributor)
1310 E. 75th Street, Chicago, Illinois 60619	
(Mailing Addr	ess of Contributor)
Developer	
(Occupation	n of Contributor)
Karry Young Development	
(Name of Cont	ributor's Employer)
7.29	s 2,000
(Date Contribution Received)	(Dollar Amount of Contribution)
(If In-kind, Description	on of In-kind Contribution)
boulana Blackmin	~ 7/3/15 _
(Signature of Candidate or Political Com	mittee Treasurer) (Date Signed)

Miss. Code Ann. Section 23-15-807 (f) (i)(1972) requires the following: "If any contribution of more than Two Hundred Dollars (\$200.00) is received by a candidate or candidate's political committee after the tenth day, but more than forty-eight (48) hours before 12:01 a.m. of the day of the election, the candidate or political committee shall notify the appropriate office designated in Section 23-15-805, within forty-eight (48) hours of receipt of the contribution." The notification must include the information required on this form.

According to Miss. Code Ann. Section 23-15-805(1972), candidates for statewide, state district, and all legislative offices must transmit or deliver this report to the Secretary of State's Office. Candidates for countywide or county district office must transmit or deliver the report to their county's Circuit Clerk. Candidates for municipal office must transmit or deliver the report to their Municipal Clerk.

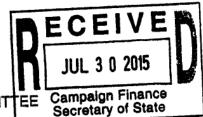
This form may be delivered or transmitted by overnight mail, courier service, or by FAX. However, Miss. Code Ann. Section 23-15-807(f)(ii)(1972) states that the "candidate or candidate's committee shall ensure that the notification shall in fact be received in the appropriate office designated in Section 23-15-805 within forty-eight (48) hours of the contribution."

- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-676-2545.
  - 2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.
  - 3. Candidates for municipal offices should return form to their Municipal Clerk.

1

Check one of the following:





## CANDIDATE'S/CANDIDATE'S POLITICAL COMMIT **48 HOUR REPORT**

OF REPORTABLE CONTRIBUTIONS

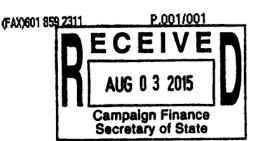
This is a report from a Candi	idate.   This is a report from a Candidate's Political Committee.
Barbara Blackmon	
(Name of the Candidate or	Candidate's Political Committee Receiving the Contribution)
Senate District 21	
	(Office sought by Candidate)
lody Owens and Michelle Owen:	5
•	(Full Name of Contributor)
3678 Jones Loop, Terry, MS 8601	
	(Mailing Address of Contributor)
Attorney and Physician	
	(Occupation of Contributor)
Southern Poverty Law Center,	Self-Employed
	(Name of Contributor's Employer)
7.29	300
(Date Contribution	Received) (Dollar Amount of Contribution)
	and the standard of the standa
Be land	kind, Description of In-kind Contribution)
(Signature of Candidate	or Political Committee Treasurer) (Date Signed)

Miss. Code Ann. Section 23-15-807 (f) (i)(1972) requires the following: "If any contribution of more than Two Hundred Dollars (\$200.00) is received by a candidate or candidate's political committee after the tenth day, but more than forty-sight (48) hours before 12:01 a.m. of the day of the election, the candidate or political committee shall notify the appropriate office designated in Section 23-15-805, within forty-eight (48) hours of receipt of the contribution." The notification must include the information required on this form.

According to Miss. Code Ann. Section 23-15-805(1972), candidates for statewide, state district, and all legislative offices must transmit or deliver this report to the Secretary of State's Office. Candidates for countywide or county district office must transmit or deliver the report to their county's Circuit Clerk. Candidates for municipal office must transmit or deliver the report to their Municipal Clerk.

This form may be delivered or transmitted by overnight mail, courier service, or by FAX. However, Miss. Code Ann, Section 23-15-807(f)(ii)(1972) states that the "candidate or candidate's committee shall ensure that the notification shall in fact be received in the appropriate office designated in Section 23-15-805 within forty-eight (48) hours of the contribution."

- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 901-576-2645.
  - 2. Candidates for countywide or county district offices should return form to their county Circuit Clark.
  - 3. Candidates for municipal offices should return form to their Municipal Clerk.





Check one of the following: This is a report from a Candidate's Political Committee. g This is a report from a Candidate. Barbara Blackmon (Name of the Candidate or Candidate's Political Committee Receiving the Contribution) Senate District 21 (Office sought by Candidate) Hazei Willacy (Full Name of Contributor) 70 Spyglass Way (Mailing Address of Contributor) Palm Beach Gardens, FL 33418-5804 (Occupation of Contributor) Retired (Name of Contributor's Employer) 7.31 (Dollar Amount of Contribution) (Date Contribution Received) (if In-kind, Description of In-kind Contribution) (Signature of Candidate or Political Committee Treasurer)

Miss. Code Ann. Section 23-15-807 (f) (i)(1972) requires the following: "If any contribution of more than Two Hundred Dollars (\$200.00) is received by a candidate or candidate's political committee after the tenth day, but more than forty-eight (48) hours before 12:01 a.m. of the day of the election, the candidate or political committee shall notify the appropriate office designated in Section 23-15-805, within forty-eight (48) hours of receipt of the contribution." The notification must include the information required on this form.

According to Miss. Code Ann. Section 23-15-805(1972), candidates for statewide, state district, and all legislative offices must transmit or deliver this report to the Secretary of State's Office. Candidates for countywide or county district office must transmit or deliver the report to their county's Circuit Clerk. Candidates for municipal office must transmit or deliver the report to their Municipal Clerk.

This form may be delivered or transmitted by overnight mail, courier service, or by FAX. However, Miss. Code Ann. Section 23-15-807(f)(ii)(1972) states that the "candidate or candidate's committee shall ensure that the notification shall in fact be received in the appropriate office designated in Section 23-15-805 within forty-eight (48) hours of the contribution."

- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-576-2545.
  - 2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.
  - 3. Candidates for municipal offices should return form to their Municipal Clerk.