

RECEIVED
 Department of the
 SECRETARY OF STATE
 MAY 08 2015
 Campaign Finance
 Secretary of State

805 10-14

2016 ELECTION CYCLE

Amended
Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Barbara Blackmon
 Address 374 North West Street County Madison
 Telephone (Work) 601-859-1567 (Home) 601-859-4094 (Fax) 601-859-2311
 Contact Name Barbara Blackmon Email Address bblackmon@blackmonlawfirm.com
 Office Sought Senate District 21 Political Party Democratic

☒ Check here if above is different from previous report

TYPE OF REPORT

- ☒ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) **Mandatory**
- ☐ June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) **Mandatory**
- ☐ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) **Mandatory**
- ☐ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) **Mandatory**
All Primary Candidates and Political Committees
- ☐ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election
- ☐ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) **Mandatory**
- ☐ October 27, 2015 Pre-Election Report **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)
All Candidates and Political Committees
- ☐ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election
- ☐ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) **Mandatory**
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (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" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (i) and (ii).
- (3) The Secretary of State 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

Itemized	+ Non-Itemized	This Period	Calendar year-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	\$
Total amount of cash on hand		\$ 11,751.73	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Barbara Blackmon Date 6/9/15
 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 failure 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. §§ 23-16-811 and 813 (1972).

SEND TO:

1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return forms to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 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

Page 1 of 3Name of Candidate or Committee Barbara BlackburnReporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>SOL Engineering Services, LLC</u>		<u>3</u> / <u>6</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 1327</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>SOL Engineering Services, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Engineering</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>The Diaz Law Firm</u>		<u>3</u> / <u>6</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>208 Waterford Square, Suite 300</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Diaz Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Donald Partridge</u>		<u>3</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>4273 I-55 North, Suite 10</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Partridge Developers</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Oil and Development</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) <u>Committee</u>			
Full name <u>Committee to Elect Adrienne Wooten</u>		<u>3</u> / <u>25</u> / <u>10</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 2341</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>

Page 2 of 3Name of Candidate or Committee Barbara BlackmonReporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>John D. Calhoun</u>	<u>4</u> / <u>11</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>3 Southern Oaks Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39055</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>IMS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Roderick L. Hill</u>	<u>4</u> / <u>11</u> / <u>15</u>	\$ <u>2,500.00</u>
Mailing Address <u>1231 Riverside Circle</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>IMS</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Engineers</u>	Aggregate year-to-date	\$ <u>2,500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Charlie Myers</u>	<u>4</u> / <u>20</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>215 Katherine Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>The Home Lending Group</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Mortgage Banker</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Professional Association</u>		
Full name <u>Martin and Martin P A</u>	<u>3</u> / <u>20</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>228 E. Capitol Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Martin and Martin</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorneys</u>	Aggregate year-to-date	\$ <u>500.00</u>

Page 3 of 3Name of Candidate or Committee Barbara BlackmonReporting period January 1, 2015 through April 30, 2015

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Omaria Scott</u>		<u>4</u> / <u>24</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>615 E 19th Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Laurel, MS</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Mississippi House of Representatives</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Legislator</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>William Cooley</u>		<u>4</u> / <u>29</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>1118 Hallmark Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Johnny Lee Patton</u>		<u>4</u> / <u>24</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>6513 Trace Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Wal-Mart</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Pharmacist</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Bradford J. Blackmon</u>		<u>4</u> / <u>30</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>907 West Peace Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Blackmon and Blackmon, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Barbara BlackmonReporting period January 1, 2015 through April 30, 2015

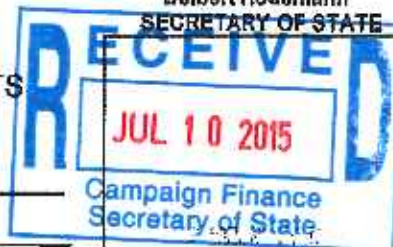
ITEMIZED DISBURSEMENTS

A. Full name Envisage Media & Creations	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 13862	3 / 9 / 15	\$ 700.00
City, State, Zip Code Jackson, MS 39236	___ / ___ / ___	\$
Purpose of Disbursement (Optional) push cards	Aggregate Year-to-date	\$ 700.00
B. Full name Lowe's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 128 GrandView Boulevard	3 / 24 / 15	\$ 797.03
City, State, Zip Code Madison, MS 39110	___ / ___ / ___	\$
Purpose of Disbursement (Optional) stakes	Aggregate Year-to-date	\$ 797.03
C. Full name Bush Signs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 300 May Street	3 / 28 / 15	\$ 1,973.24
City, State, Zip Code Montgomery, AL 36104	___ / ___ / ___	\$
Purpose of Disbursement (Optional) signs	Aggregate Year-to-date	\$ 1,973.24
D. Full name Dynasties Promos	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 Pascagoula	4 / 15 / 15	\$ 1,268.00
City, State, Zip Code Jackson, MS 39203	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Elect Barbara Blackmon t-shirts	Aggregate Year-to-date	\$ 1,268.00
E. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5468 N. State Street	4 / 28 / 15	\$ 3,510.00
City, State, Zip Code Jackson, MS 39206	___ / ___ / ___	\$
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 Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Delbert Hosemann
~~SECRETARY OF STATE~~



Name of Candidate Barbara Blackmon

Address 374 North West Street, Canton, Mississippi **County** Madison

Telephone (Work) 601-859-1567 **(Home)** 601-859-4094 **(Fax)** 601-859-2311

Contact Name Barbara Blackmon **Email Address** bblackmon@blackmonlawfirm.com

Office Sought Senate District 21 **Political Party** Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

	TYPE OF REPORT	
_____	May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015)	Mandatory
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-Itemized	This Period	Calendar year-to-date
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	

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

Aruba
Signature of Candidate

7/10/15
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalty: 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 \$60 per day and/or prosecution in accordance with Mine Code Ann. §§ 23-18-811 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
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Page 1 of 1

Name of Candidate or Committee Barbara BlackmonReporting period June 1, 2015 through June 30, 2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>JMMC Inc.</u>	<u>6/</u> / <u>5/</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>838 E. Academy Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>same</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Emergency Services</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gloria D. Williamson</u>	<u>6</u> / <u>18</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>509-A Church Ave.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39850</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Chavre Consulting, Ltd.</u>	<u>6</u> / <u>13</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>2008 University Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Oxford, MS 38653</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>same</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>real estate developer</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Wille L. Bailey</u>	<u>6</u> / <u>20</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>P. O. Box 189</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Greenville, MS 38702</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Bailey & Griffin</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Barbara BlackmonReporting period June 1, 2015 through June 30, 2015

ITEMIZED DISBURSEMENTS

A. Full name Earnestine Strange	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1554 Pat Lockett Road	6 / 5 / 15	\$ 500.00
City, State, Zip Code Carthage, MS 39051	___ / ___ / ___	\$
Purpose of Disbursement (Optional) coordinator	Aggregate Year-to-date	\$ 500.00
B. Full name Holmes County Broadcasting Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 Radio Road	6 / 8 / 15	\$ 300.00
City, State, Zip Code Lexington, MS 39095	___ / ___ / ___	\$
Purpose of Disbursement (Optional) radio	Aggregate Year-to-date	\$ 300.00
C. Full name Marnise Webb	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2501 River Oaks Boulevard	6 / 24 / 15	\$ 500.00
City, State, Zip Code Jackson, MS 39211	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,235.00
D. Full name Earnestine Strange	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1554 Pat Lockett Rd.	6 / 24 / 15	\$ 1,850.00
City, State, Zip Code Carthage, MS 39051	___ / ___ / ___	\$
Purpose of Disbursement (Optional) fish fry	Aggregate Year-to-date	\$ 2,850.00
E. Full name Vistage Print	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 681	6 / 1 / 15	\$ 1,571.24
City, State, Zip Code Rome, GA 30162	___ / ___ / ___	\$
Purpose of Disbursement (Optional) yard signs	Aggregate Year-to-date	\$ 1,571.24
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

SECRETARY OF STATE
RECEIVED
JUL 27 2015
Campaign Finance
Secretary of State

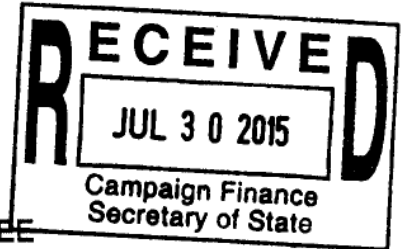
SDS 10-14

Page 1 of 1

Name of Candidate or Committee Barbara Blackmon
 Reporting period July 1, 2015 through July 25, 2015

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gemini Entertainment Group</u>	<u>07</u> / <u>14</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>124 One Madison Plaza, Suite 1100</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Gemini Entertainment Group</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Entertainment</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Eddie or Rebecca Briggs</u>	<u>7</u> / <u>15</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>124 One Madison Plaza Suite 1100</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>same</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Developers</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Gloria D. Williamson</u>	<u>7</u> / <u>15</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>509-A Church Avenue</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Phyllis W. Anderson</u>	<u>7</u> / <u>22</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>1782 Fairwood Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500.00</u>



**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 Political Committee Receiving the Contribution)

Senate District 21

(Office sought by Candidate)

Karry Young Development

(Full Name of Contributor)

1310 E. 75th Street, Chicago, Illinois 60619

(Mailing Address of Contributor)

Developer

(Occupation of Contributor)

Karry Young Development

(Name of Contributor's Employer)

7.29

\$ 2,000

(Date Contribution Received)

(Dollar Amount of Contribution)

(If In-kind, Description of In-kind Contribution)

Barbara Blackmon
(Signature of Candidate or Political Committee Treasurer)

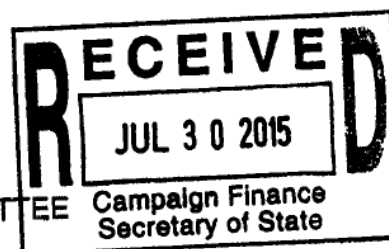
7/31/15
(Date Signed)

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 ROSEMAN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201** or FAX to 601-578-2545.
 2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.
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Barbara Blackmon

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

Senate District 21

(Office sought by Candidate)

Jody Owens and Michelle Owens

(Full Name of Contributor)

3678 Jones Loop, Terry, MS 86017

(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)

(If In-kind, Description of In-kind Contribution)

Barbara Blackmon
(Signature of Candidate or Political Committee Treasurer)

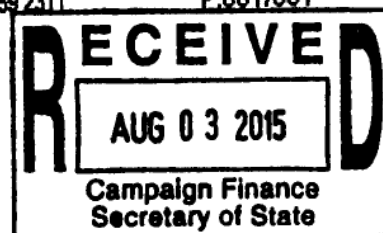
7/31/15
(Date Signed)

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Barbara Blackmon

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

Senate District 21

(Office sought by Candidate)

Hazel 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

(Date Contribution Received)

\$ 300

(Dollar Amount of Contribution)

(If In-kind, Description of In-kind Contribution)

Barbara Blackmon
(Signature of Candidate or Political Committee Treasurer)

August 3, 2014
(Date Signed)

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