2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 10 2012
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Blaine "Bo" Eaton II
Address 503 Gambrell St Taylorsville MS County Smith
Telephone (601) 785-4662 Fax
Office Sought House Representative Dist. 79 Political Party Democratic
Email Address

Check here if above is different from previous report

___ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) ____ Mandatory
___ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) ____ Mandatory
___ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) ____ Mandatory
___ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) ____ Primary Candidates
___ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) ____ Runoff Candidates Only
___ **October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) ____ Mandatory
___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) ____ Mandatory
___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ____ Runoff Candidates Only
___ **January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) ____ Mandatory
___ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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. § 23-15-807 (b) (ii) and (iii).**

(3) 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

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$12,247.00	+	$ 700.00		$ 12,947.00	$ 65,327.00
Total amount of disbursements	$1,644.50	+	$ 11,728.43		$ 13,372.93	$ 62,699.40
Total amount of cash on hand					$ 2,627.60	

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

Signature of Candidate

Date 1-10-2012

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-15-8-11 (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 county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

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Name of Candidate or Committee Blaine "Bo" Eaton II

Reporting period Oct 1 2011 through Dec 31 2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Comcast	10/11/11	$ 250.00
Mailing Address: One Comcast Blvd 1701 JFK Blvd	__/__/__	$
City, State, Zip Code: Philadelphia, PA 19103-2838	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi AFL-CIO	10/31/11	$ 250.00
Mailing Address: P.O. Box 3379	__/__/__	$
City, State, Zip Code: Jackson, MS 39207-3379	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The House Democratic Leadership VPHC	9/27/11	$ 1,000.00
Mailing Address: P.O. Box 1583	__/__/__	$
City, State, Zip Code: Jackson MS 39215-1583	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tellus Operating Group	10/31/11	$ 500.00
Mailing Address: 602 Crescent Place Ste 100	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Blaine "Bo" Eaton II Page _____ of _____

Reporting period Oct 1, 2011 through Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric Company	10/31/11	$ 500.00
Mailing Address: P.O. Box 9544	__/__/__	$
City, State, Zip Code: Ft Myers, FL 33906-9544	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advance America	9/7/11	$ 250.00
Mailing Address: 135 N. Church Street	__/__/__	$
City, State, Zip Code: Spartanburg, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R and J Group Inc	10/31/11	$ 500.00
Mailing Address: 5266 Old Hwy 11 Ste 70-349	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Southern Respiratory Services	10/26/11	$ 500.00
Mailing Address: P.O. Box 296	__/__/__	$
City, State, Zip Code: Raleigh MS 39153	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Blaine "Bo" Eaton II

Reporting period Oct 1, 2011 through Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Round Sky Inc.	9/29/11	$ 250.00
Mailing Address: 7336 Santa Monica Blvd #829	__/__/__	$
City, State, Zip Code: West Hollywood, CA 90046-6616	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas L. Tullos	10/25/11	$ 300.00
Mailing Address: P.O. Box 567	__/__/__	$
City, State, Zip Code: Bay Springs MS 39422	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William D. Bassett	10/10/11	$ 750.00
Mailing Address: P.O. Box 239	__/__/__	$
City, State, Zip Code: Taylorsville MS 39168	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beth K. Crumpton	10/19/11	$ 1,000.00
Mailing Address: P.O. Box 335	__/__/__	$
City, State, Zip Code: Raleigh MS 39153	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Blaine "Bo" Eaton II Page ____ of ____

Reporting period Oct 1, 2011 through Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories	10/18/11	$ 250.00
Mailing Address: 100 Abbott Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, IL 60064-6028	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: House Victory PAC	12/31/11	$ 1,400.00
Mailing Address: P.O. Box 55502	__/__/__	$
City, State, Zip Code: Jackson, MS 39296	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 15,980.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Justice for All Mississippians	12/31/11	$ 2,800.00
Mailing Address: P.O. Box 1992	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,800.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☒ Other (please specify) In Kind Impact Ads	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnny Stringer Campaign	10/31/11	$ 701.00
Mailing Address	__/__/__	$
City, State, Zip Code: Montrose, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 701.00

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Name of Candidate or Committee Blaine "Bo" Eaton

Reporting period Oct 1 2011 through Dec 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Imeria McDonald Scott	12/8/11	$ 1,046.00
Mailing Address: 615 E 19th St.	__/__/__	$
City, State, Zip Code: Laurel MS 39440-2470	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,046.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Blaine "Bo" Eaton

Reporting period Oct 1, 2011 through Dec. 31 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Smith County Reformer		
Mailing Address P.O. Box	10 28 / 11	$ 598.50
City, State, Zip Code Brandon, MS	__/__/__	$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	$ 2648.75
B. Full name Omeria McDonald Scott	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 615 E 19th St.	12 31 / 11	$ 1046.00
City, State, Zip Code Laurel MS 39440-2470	__/__/__	$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	$ 1,046.00
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	$
E. 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	$
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	$