



Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 House of Representatives District 29  
 2016 Special Election

Name of Candidate Cynthia Blockett  
 Address P O Box 4020, Cleveland MS 38732 County Bolivar  
 Telephone (Work) 992-719-7861 (Home) 662-846-1924 (Fax) 662-846-1924  
 Contact Name Cynthia Blockett Email Address cynthiablockett@yahoo.com  
 Office Sought House of Representative Political Party Special Election

Check here if above is different from previous report

**TYPE OF REPORT**

- May 31, 2016 Pre-Election Report** (January 1, 2016, through May 28, 2016) ..... Mandatory  
 **June 21, 2016 Pre-Runoff Report** (May 29, 2016, through June 18, 2016)..... Runoff Candidates Only  
All Candidates and Political Committees in a Runoff Election  
 **January 31, 2017 Annual Report** (January 1, 2016, through December 31, 2016)..... 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. § 23-15-807 (b) (ii) and (iii).  
 (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	\$ 3,200.00	+	\$ 0.00	\$ 3200.00	\$ 3200.00
Total amount of disbursements	\$ 3,200.00	+	\$ 0.00	\$ 3200.00	\$ 3200.00
Total amount of cash on hand				\$ 0.00	

*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

May 31, 2016  
 \_\_\_\_\_  
 Date

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 \$60 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 106, Jackson, MS 39205 or fax to 601-570-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk. 3. Municipal candidates return forms to the Municipal Clerk.

Name of Candidate or Committee Cynthia Blockett  
 Reporting period May 1, 2016 through May 31, 2016

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cynthia Blockett</u>	<u>05</u> / <u>31</u> / <u>16</u>	\$ <u>2000.00</u>
Mailing Address <u>P.O. Box 4020</u>	<u>05</u> / <u>31</u> / <u>16</u>	\$ <u>1200.00</u>
City, State, Zip Code <u>Cleveland, Ms 38732</u>	_____ / _____ / _____	\$ _____
Name of Employer (Required) <u>Blockett Con. and Inspection Group</u>	_____ / _____ / _____	\$ _____
Occupation (Required) <u>Inspection</u>	Aggregate year-to-date	\$ <u>3200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$ _____

Name of Candidate or Committee Cynthia Blocker  
 Reporting period May 1, 2016 through May 31, 2016

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ellington Broadcasting	5 / 29 / 16	\$ 375.00
Mailing Address P.O. Box 397		
City, State, Zip Code Cleveland, MS 38733	/ /	\$
Purpose of Disbursement (Optional) General	Aggregate Year-to-date	\$ 375.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WCCO	5 / 31 / 16	\$ 1228.00
Mailing Address HWY 61		
City, State, Zip Code Cleveland, MS 38732	/ /	\$
Purpose of Disbursement (Optional) Radio	Aggregate Year-to-date	\$ 1228.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cart Seal	5 / 19 / 16	\$ 1597.00
Mailing Address 1309 Lincoln St.		
City, State, Zip Code Cleveland, MS 38733	/ /	\$
Purpose of Disbursement (Optional) Fryer	Aggregate Year-to-date	\$ 1597.00
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	\$