2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Hillman Terome Frazier
Address 2066 Queensroad Avenue County Hinds
Telephone 601 982-1871 Fax
Office Sought Senate District 27 Political Party Democratic
Email Address hfrazier27@bellsouth.net

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	$ 1600.00	+	$ -0-	$	1600	$ 4500.00
Total amount of disbursements	$ 353.00	+	$ 1743.47	$	2096.47	$ 2336.47
Total amount of cash on hand	17,772.92			$		

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

Hillman Terome Frazier
Signature of Candidate

01-10-11
Date

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.

Name of Candidate or Committee Hillman Terome Frazier

Reporting period October 1, 2011 through December 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: Sta-home Health + Hospice	11 / 02 / 11	$ 200.00
Mailing Address: 406 Briarwood Drive # 200	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Sta-home Health + Hospice	/ /	$
Occupation (Required): Health Car	Aggregate year-to-date	$ 200.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Company PAC	11 / 09 / 11	$ 200.00
Mailing Address: 2992 West Beach Blvd, P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502-4079	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Association MS State PAC	12 / 28 / 11	$ 200.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS	/ /	$
Name of Employer (Required): Electric Power Association	/ /	$
Occupation (Required): Utility	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T Mississippi PAC	12 / 29 / 11	$ 200.00
Mailing Address: 175 E. Capital Street, Room 703	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): AT+T	/ /	$
Occupation (Required): Telecommunications	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Hillman Terome Frazier

Reporting period October 1, 2011 through December 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: MAE-PAC, Don Causey	10 / 13 / 11	$ 500.00
Mailing Address: 197 Highway 51 South, Suite A	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): State Farm	/ /	$
Occupation (Required): Agent	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: Abbott Laboratories Employee PAC	10 / 22 / 11	$ 300.00
Mailing Address: 100 Abbott Park Road	/ /	$
City, State, Zip Code: Abbott Park, IL 60064-6028	/ /	$
Name of Employer (Required): Abbott Laboratories	/ /	$
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:	/ /	$
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	$

Name of Candidate or Committee Hillman Terome Frazier

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sacred Memories LLC	11/22/11	$ 353.00
Mailing Address 931 Highway 80	__/__/__	$
City, State, Zip Code Jackson, MS	Aggregate Year-to-date	$ 353.01
Purpose of Disbursement (Optional) printing		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
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	$