2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
MAY 10 2011
Campaign Finance
Secretary of State
DATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate: Charles Barbour

Addres: 4612 Trawick Drive Jax, MS 39211 County: Hinds

Telephone: 601 540 3766 Fax:

Office Sought: State Senate #25 Email Address: cabarbour62@hotmail.com

Party: Republican

☐ Check here if above is different from previous report

- [x] **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 24, 2011, through September 30, 2011) ..... Mandatory
- [ ] **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) ..... Mandatory
- [ ] **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) ..... Runoff Candidates Only
- [ ] **January 10, 2012 Periodic Report** (October 30, 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

	Itemized	+ Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 25,250	+$ 5,525	$ 30,775	$ 30,775
Total amount of disbursements	$ 1,475.03	+$ Ø	$ 1,475.03	$ 1,475.03
Total amount of cash on hand			$ 29,299.97	

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

Charles A Barbour
Signature of Candidate

5/10/11
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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/2011 through 4/30/11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Boyanton Printing	4/19/11	$ 623.91
Mailing Address: PO Box 320157	4/28/11	$ 265.99
City, State, Zip Code: Flowood MS 39232	Aggregate Year-to-date	$ 889.90
Purpose of Disbursement (Optional): Printing		

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nick Clark	4/20/11	$ 479.84
Mailing Address: Hwy 51	/ /	$
City, State, Zip Code: Madison, MS 39110	Aggregate Year-to-date	$
Purpose of Disbursement (Optional): Printing		

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank	4/19/11	$ 58.29
Mailing Address:	/ /	$
City, State, Zip Code: Jackson	Aggregate Year-to-date	$
Purpose of Disbursement (Optional): Bank Fees		

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ginger Whitwell Victorworks	4/28/11	$ 47.00
Mailing Address: 4266 I-55 N	/ /	$
City, State, Zip Code: Jackson, MS 39211	Aggregate Year-to-date	$
Purpose of Disbursement (Optional): re-imbursement		

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	Aggregate Year-to-date	$
Purpose of Disbursement (Optional):		

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	Aggregate Year-to-date	$
Purpose of Disbursement (Optional):		

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Barbour	4 / 3 / 11	$ 500.00
Mailing Address: 442a Woodlark Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): business owner	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frances Barbour	4 / 25 / 11	$ 1,000.00
Mailing Address: 225 Grand Ave.	/ /	$
City, State, Zip Code: Yazoo City, MS 39194	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): teacher	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: Jep Barbour	4 / 25 / 11	$ 1,000.00
Mailing Address: 151 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Attorney	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: Henry Barbour	4 / 25 / 11	$ 1,000.00
Mailing Address: 685 Woodland Drive	/ /	$
City, State, Zip Code: Yazoo City, MS 39194	/ /	$
Name of Employer (Required): Capitol Resources	/ /	$
Occupation (Required): lobbyist	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Haley's PAC	4 / 30 / 11	$ 5,000.00
Mailing Address: PO Box 1186	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mike Retzer	4 / 28 / 11	$ 500.00
Mailing Address: P.O. Box 4457	/ /	$
City, State, Zip Code: Greenville, MS 38704	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Business owner	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: Grant Fox	4 / 22 / 11	$ 250
Mailing Address: PO Box 310	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Fox Law Group	/ /	$
Occupation (Required): Attorney	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: Michael Borne	4 / 20 / 11	$ 1,000.00
Mailing Address: 1190 N. State St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Wise	4 / 26 / 11	$ 250.00
Mailing Address: 120 N. Congress St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Sharpe Wise Lawfirm	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Sanderson	4 / 21 / 11	$ 500.00
Mailing Address: PO Box 988	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): Sanderson Farms	/ /	$
Occupation (Required): Mgt.	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: Mrs. Robert Allen Smith	4 / 25 / 11	$ 250.00
Mailing Address: 2246 E. Northside Dr.	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): none	/ /	$
Occupation (Required): homemaker	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: J. Kelley Williams	4 / 26 / 11	$ 1,000.00
Mailing Address: 2030 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Executive	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Austin Barbour	4 / 25 / 11	$ 250.00
Mailing Address: 4830 N Hampton Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Clearwater Group	/ /	$
Occupation (Required): Consultant.	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cash Depot of Mississippi	4 / 22 / 11	$ 250.00
Mailing Address: PO Box 3073	/ /	$
City, State, Zip Code: Cordova, TN 38088	/ /	$
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: Cash in a Flash	4 / 23 / 11	$ 250.00
Mailing Address: 1669-B Stateline Rd.	/ /	$
City, State, Zip Code: Southaven, MS 38671	/ /	$
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: Walter Scott	4 / 23 / 11	$ 1,500.00
Mailing Address: 3449 McFarland Rd.	/ /	$
City, State, Zip Code: Raymond MS 39154	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Sales	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sampat Shivangi	4 / 23 / 11	$ 250.00
Mailing Address: 104 Summer Lake Dr.	4 / 30 / 11	$ 200.00
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$ 450.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roger C. Davis	4 / 25 / 11	$ 250.00
Mailing Address: 800 Woodlands Parkway, suite 201	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Woodridge Capital	/ /	$
Occupation (Required): Executive	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: W P Bridges, Jr	4 / 23 / 11	$ 250.00
Mailing Address: PO Box 16978	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): retired	/ /	$
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: Stephanie Chapman	4 / 20 / 11	$ 500.00
Mailing Address: 3842 Greentree Pl	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): business owner	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stan Chapman	4 / 20 / 11	$ 500.00
Mailing Address: 3842 Greentree Pl.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): retired	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alfred Crozier	4 / 25 / 11	$ 250.00
Mailing Address: 517 Beacon Hill Drive	/ /	$
City, State, Zip Code: Coppell, TX 75019	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): developer	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: Marty Tucker	4 / 25 / 11	$ 500.00
Mailing Address: 3932 Greentree Pl.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	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: Hibbett Neel	4 / 22 / 11	$ 250.00
Mailing Address: 2055 Brecon Drive	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): Neel-Shaffer	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Henry Michel	4 / 25 / 11	$ 500.00
Mailing Address: 4421 Audubon Park Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): J. Walter Michel Agency	/ /	$
Occupation (Required): Realtor	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James H. Stewart, Jr.	4 / 22 / 11	$ 1,000.00
Mailing Address: 2104 E. Northside Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): retired	/ /	$
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: James W. Hood	4 / 25 / 11	$ 500.00
Mailing Address: PO Box 4931	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): business owner	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: John Moriarity	4 / 22 / 11	$ 500.00
Mailing Address: 153 St. Andrew's Drive	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Palmer	4 / 20 / 11	$ 250.00
Mailing Address: PO Box 3747	/ /	$
City, State, Zip Code: Jackson MS 39207	/ /	$
Name of Employer (Required): Gulfsouth	/ /	$
Occupation (Required): business man	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Matthew Thomas	4 / 19 / 11	$ 250.00
Mailing Address: 1547 Fairwood Circle	/ /	$
City, State, Zip Code: Jackson MS 392 13	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): insurance agent	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: Tony Geiger	4 / 22 / 11	$ 500.00
Mailing Address: 1776 Plantation Blvd.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): salesman	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: Ted Kendall, III	4 / 23 / 11	$ 250.00
Mailing Address: PO Box 96	/ /	$
City, State, Zip Code: Bolton, MS 39 041	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): farmer	Aggregate year-to-date	$

Name of Candidate or Committee Charles Barbour

Reporting period 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Ross	4 / 21 / 11	$ 250.00
Mailing Address: 401 E. Capitol St.	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): Wise-Carter	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LaQuita Koenig	4 / 21 / 11	$ 1,000.00
Mailing Address: 3979 Stuart Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Southern Wine	/ /	$
Occupation (Required): Salesman	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: Pepper Crutcher	4 / 29 / 11	$ 500.00
Mailing Address: 115 Ingleside East	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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: Joe Noset	4 / 30 / 11	$ 500.00
Mailing Address: 2208 Heritage Hill Drive	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
Name of Employer (Required): Watkins Eager	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bryan McDonald	4 / 30 / 11	$ 500.00
Mailing Address: PO Box 1490	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Horne, CPA	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dot Mann	4 / 28 / 11	$ 250.00
Mailing Address: 4218 Eastridge Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): homemaker	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: Clarke Stewart	4 / 29 / 11	$ 250.00
Mailing Address: 406 Briarwood Dr.	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): Periodontal Associates	/ /	$
Occupation (Required): Dentist	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: Herman Jacobi	4 / 29 / 11	$ 300.00
Mailing Address: 1052 Highland Colony	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): AXA Advisors	/ /	$
Occupation (Required): manager	Aggregate year-to-date	$

Name of Candidate or Committee: Charles Barbour

Reporting period: 1/1/11 through 4/30/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sally Salmon Bradshaw	4 / 30 / 11	$ 500.00
Mailing Address: 1345 Dupont Road	/ /	$
City, State, Zip Code: Havana, FL 32333	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): homemaker	Aggregate year-to-date	$

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	$