2008 ELECTION CYCLE
CPR – SS 08-02(b)

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Campaign Finance
Secretary of State

POLITICAL COMMITTEE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Committee Rep. Edward Blackmon, Jr.

Address 374 North West St., Canton, MS County Madison

Telephone 601. 859. 1567 (Fax) 601. 859. 2311

Treasurer _____ Email Address _____

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ October 28, 2008 **Pre-Election Report** (January 1, 2008, through October 25, 2008).....**Mandatory**

___ November 18, 2008 **Pre-Runoff Report** (October 26, 2008, through November 15, 2008).....**Runoff Candidates**

✓ January 31, 2009 **Annual Report** (January 1, 2008, through December 31, 2008).....**Mandatory**

___ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$27,150.00 + $11,000.00	$38,150.00	$38,150.00
Total amount of disbursements	$20,513.00 + $8,000.00	$28,513.00	$11,747.00
Total amount of cash on hand	$9,637.00		

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 Officer) _____ (Date) 1/30/09

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. §§ 23-15-811 and 813 (1972).

SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Rep. Edward Blackmon, Jr.

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gerald J. Diaz, Jr. P.A.	11/26/08	$1,000.00
Mailing Address: 208 Waterford Square, Ste 300	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Gill Consulting LLC	11/26/08	$300.00
Mailing Address: P.O. Box 535	/ /	$
City, State, Zip Code: Ocean Springs, MS 39566	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Consultant	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: Dr. Wesley F. Prater	11/19/08	$1,000.00
Mailing Address: P.O. Box 90	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Doctor	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: IMMC. Inc./William Truly, Jr.	11/19/08	$1,000.00
Mailing Address: 838 East Academy	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$1,000.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mala Brooks	11/19/08	$ 100.00
Mailing Address: P.O. Box	/ /	$
City, State, Zip Code: Leland, MS 38756	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Rankin Dale	11/14/08	$ 100.00
Mailing Address: P.O. Box 24297	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert P. Jarratt	11/18/08	$ 100.00
Mailing Address: P.O. Box 1141	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sid Davis	11/13/08	$ 100.00
Mailing Address: P.O. Box 700	/ /	$
City, State, Zip Code: Mendenhall, MS 39114	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.
Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David W. Waide	11/12/08	$ 200.00
Mailing Address: 121 Bridgepoint Rd	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MNA PAC	11/17/08	$ 500.00
Mailing Address: 31 Woodgreen Place	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Walker	11/15/08	$ 1,000.00
Mailing Address: 450 Fairfield Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	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: Booker T. Jones	11/11/08	$ 1,000.00
Mailing Address: 5220 Keele St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39206-4302	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.
Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leland S. Garrett	11/18/08	$1,000.00
Mailing Address: P.O. Box 31238	__/__/__	$
City, State, Zip Code: Jackson, MS 39286-1238	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Holmes	11/19/08	$500.00
Mailing Address: 1016 Alta Vista Blvd	__/__/__	$
City, State, Zip Code: Jackson, MS 39209	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Phyllis W. Anderson	11/19/08	$1,000.00
Mailing Address: 1782 Fairwood Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS 39213	__/__/__	$
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: Crymes G. Pittman	11/14/08	$1,000.00
Mailing Address: 410 S. President	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$1,000.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.
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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sage Advice, Inc.	11/19/08	$ 500.00
Mailing Address: 4785 I-55 North, Suite 103	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
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: Farm Bureau Ins.	11/18/08	$ 200.00
Mailing Address: P.O. Box 1972	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
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: William M. Cooley	11/19/08	$ 500.00
Mailing Address: 111 Hallmark Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
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: MS Power Company State PAC	11/13/08	$ 500.00
Mailing Address: P.O. Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.

Reporting period January 31, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reuben V. Anderson	11/19/08	$1,000.00
Mailing Address: P.O. Box 290	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Advocacy Group, PAC	11/19/08	$1,000.00
Mailing Address: P.O. Box 217	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$1,000.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Malt Beverage Assoc. Six-PAC	11/19/08	$1,000.00
Mailing Address: P.O. Box 1132	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1132	__/__/__	$
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: MS Petroleum Marketers & Convenience	11/19/08	$1,000.00
Mailing Address: P.O. Drawer 3859	__/__/__	$
City, State, Zip Code: Jackson, MS 39207	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$1,000.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Assoc.	08/21/08	$ 500.00
Mailing Address: 575 7th Street, NW, Ste 300	__/__/__	$
City, State, Zip Code: Washington, DC 20004	__/__/__	$
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: Commonwealth Brands, Inc.	09/29/08	$ 1,000.00
Mailing Address: P.O. Box 51587	__/__/__	$
City, State, Zip Code: Bowling Green, KY 42102	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chartre Consulting, Ltd.	11/12/08	$ 1,000.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
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: David P. Matthews	11/11/08	$ 5,000.00
Mailing Address: 2905 Sackett	__/__/__	$
City, State, Zip Code: Houston, TX 77098	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 5,000.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lisa Ross, Esq.	12/5/08	$ 1,000.00
Mailing Address: P.O. Box 11264	__/__/__	$
City, State, Zip Code: Jackson, MS 39283	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Worth Thomas d/b/a Thomas Consultants	11/19/08	$ 200.00
Mailing Address: P.O. Box 774	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
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: James W. Snider, Jr.	12/31/08	$ 350.00
Mailing Address: 108 Seville Way	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC Mississippi	12/01/08	$ 500.00
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1640	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.

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A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Alarm Assoc., Inc.	12/2/08	$300.00
Mailing Address: P.O. Box 720252	__/__/__	$
City, State, Zip Code: Jackson, MS 39272-0252	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$300.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi PAC	12/02/08	$500.00
Mailing Address: 175 E. Capital Street, Room 703	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A&A of Tupelo Inc DBA Globe Dist.	12/11/08	$500.00
Mailing Address: 120 E Franklin St.	__/__/__	$
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
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: CEAFT PAC	12/20/08	$200.00
Mailing Address: 3000 N. State Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$200.00

Name of Candidate or Committee Rep. Edward Blackmon, Jr.

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pharmaceutical Research + Manufactures	12/19/08	$ 500.00
Mailing Address: 950 F Street, NW	__/__/__	$
City, State, Zip Code: Washington, DC 20004	__/__/__	$
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	__/__/__	$
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	$

Name of Candidate or Committee Rep. Edward Blackmon, Jr.
Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 832 North Congress St.	11/21/08	$ 5,000.00
City, State, Zip Code Jackson, MS 39215	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,000.00
B. Full name V-PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 121 N. State Street	12/03/08	$ 15,000.00
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 15,000.00
C. Full name NBCSL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 444 North Capitol St., NW	12/04/08	$ 513.00
City, State, Zip Code Washington, DC 20001	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 513.00
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	$