2008 ELECTION CYCLE
CPR – SS 08-02(b)

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POLITICAL COMMITTEE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Committee The Bondurant Campaign

Address P.O. BOX 1045 Grenada, MS 38901 County GRENADA

Telephone 662-226-3245 (Fax) 662 226 7529

Treasurer Aida Bondurant Email Address SWBond@yahoo.com

☐ 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	$ 12,300.00 + $ -0-	$ 12,300.00	$ 12,300.00
Total amount of disbursements	$ 240.00 + $ -0-	$ 240.00	$ 240.00
Total amount of cash on hand	$ 31,314.26		

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

Aida Bondurant
(Signature of Officer)

1 January 2009
(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 $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.

Name of Candidate or Committee The Bondurant Campaign

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Coffeeville High School Red Booster Club	July 18 2008	$ 40.00
Mailing Address Tony Mason		
City, State, Zip Code P.O. Box 567 Coffeeville MS 38922	__/__/__	$
Purpose of Disbursement (Optional) ads	Aggregate Year-to-date	$ 40.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lions Club of Grenada	7 29 08	$ 100.00
Mailing Address		
City, State, Zip Code Grenada MS 38901	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Grenada High School Athletic Booster	8 08 08	$ 100.00
Mailing Address PO Box 576		
City, State, Zip Code Grenada MS 38902	__/__/__	$
Purpose of Disbursement (Optional) ADS	Aggregate Year-to-date	$ 100.00

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	$

Name of Candidate or Committee The Bondurant Campaign

Reporting period Jan 1, 2008 through Dec 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 INTEGRITY POLITICAL ACTION COMMITTEE	6/11/08	$ 9,600
Mailing Address 306 MAXBY SUITE D	___/___/___	$
City, State, Zip Code BRANDON, MS 39042	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$ 9,600

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental Political Action Committee	Sept 10, 08	$ 300.00
Mailing Address 2630 Ridgewood Road	___/___/___	$
City, State, Zip Code Jackson MS 39216	___/___/___	$
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 ASTRA ZENECA	Sept 23, 2008	$ 400.00
Mailing Address 7516 Jeannette Street	___/___/___	$
City, State, Zip Code New Orleans, La 70118-4048	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$ 400-

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Abbott Employee Political Action Committee	Oct 14 2008	$ 250-
Mailing Address 100 Abbott Park Rd Dept 312	___/___/___	$
City, State, Zip Code BLDG. APGD FL. 2 Abbott Park IL 60064-6028	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$ 250-

Name of Candidate or Committee The Bondurant Campaign

Reporting period Jan 1, 2008 through Dec 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 WYETH Good Government Fund	Oct 15, 2008	$ 250
Mailing Address 5 Giralda Farms	/ /	$
City, State, Zip Code Madison, NJ 07940	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T EMPLOYEE PAC	Nov 24, 2008	$ 200.00
Mailing Address 175 E. Capitol Street Suite 202	/ /	$
City, State, Zip Code Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200

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 The Bondurant Campaign

Reporting period Jan 1 2008 through Dec 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 BAYER HEALTH CARE LLC	12/07/08	$ 300.00
Mailing Address 444 Pembrooke Drive	__/__/__	$
City, State, Zip Code Madison, MS 39110	__/__/__	$
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 MISSISSIPPI ASSOCIATION FOR HOME CARE	12/07/08	$ 500.00
Mailing Address P.O BOX 24087 – 1009 N. WEST ST.	__/__/__	$
City, State, Zip Code JACKSON MS 39225-4087	__/__/__	$
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 Georgia Pacific	12/09/08	$ 250.00
Mailing Address 450 Laurel Street suite 1420	__/__/__	$
City, State, Zip Code Baton Rouge, La 70801	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name "Community Financial Services Association of America"	12/16/08	$ 250.00
Mailing Address Meredith Brooks	__/__/__	$
City, State, Zip Code c/o 278 Planters Grove	__/__/__	$
Name of Employer (Required) Ridgeland MS 39157	__/__/__	$
Occupation (Required)	Aggregate year–to-date	$ 250.00