

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Billy Broomfield  
Address 4512 Hawkins Street County JACKSON  
Telephone (Work) 601-359-9382 (Home) 228-475-1293 (Fax) 228-475-1293  
Contact Name Billy Broomfield Email Address bbroom@bellsouth.net  
Office Sought State Representative Political Party Democrat

☐ 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	\$ 4,650.00 + \$	\$ 4,650.00	\$ 12,061.67
Total amount of disbursements	\$ 1,200.00 + \$ 1,500.00	\$ 2,700.00	\$ 2,700.00
Total amount of cash on hand		\$ 9,361.67	

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

Billy Broomfield  
(Signature of Candidate)

2/3/09  
(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.

RECEIVED  
FEB 03 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2008 through December 31, 2008

## ITEMIZED RECEIPTS

A. 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 <u>Astrazeneca</u>		<u>9/18/08</u>	\$ <u>400.00</u>
Mailing Address <u>7516 Jeannett Street</u>		___/___/___	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
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 <u>MS Dental Pac</u>		<u>9/3/08</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Road</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		___/___/___	\$
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 <u>Abbott Laboratories</u>		<u>8/2/08</u>	\$ <u>250.00</u>
Mailing Address <u>4708 Hildale Drive</u>		___/___/___	\$
City, State, Zip Code <u>Knoxville, TN 37941</u>		___/___/___	\$
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 <u>Dupont Chemical</u>		<u>10/27/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>742 North 5th Street</u>		___/___/___	\$
City, State, Zip Code <u>Baton Rouge, LA 70802</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2008 through December 31, 2008

## ITEMIZED RECEIPTS

A. 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 <u>Chevron Corporation</u>		<u>11/22/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 9034</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Concord, CA 94524</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
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 <u>ELI Lilly and Company</u>		<u>12/10/08</u>	\$ <u>250.00</u>
Mailing Address <u>Indianapolis, IND 46285</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
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 <u>Check into Cash of MS</u>		<u>12/10/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 550</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
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 <u>MS Assoc. For Home Care</u>		<u>12/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 24087</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2008 through December 31, 2008

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A. 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 <u>Glaxo-Smith Kline</u>		<u>12/31/08</u>	\$ <u>500.00</u>
Mailing Address <u>513 Cherrywood Point</u>		___/___/___	\$
City, State, Zip Code <u>Franklin, TN 37064</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
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	\$