RECEIVED
JAN 28 2009
Campaign Finance
Secretary of State

2008 ELECTION CYCLE
CPR – SS 08-01(b)

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate FRANCES FREDERICKS

Address 3500 Meadowlark Drive, Gulfport, MS 39501 County HARRISON

Telephone (Work) _____ (Home) 228/864-9319 (Fax) _____

Contact Name Representative District 119 Email Address _____

Office Sought Representative District 119 Political Party _____

☐ 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

XX 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 $2,10 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	$ 3,825.00	+ $	$ 3,825.00	$
Total amount of disbursements	$ 2,313.64	+ $	$ 2,313.64	$
Total amount of cash on hand			$ 18,447.59	

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

Frances Fredericks 1/28/09
(Signature of Candidate) (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 FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMMITTEE FOR CLEAN ENVIRONMENT & FAIR TAXATION	12 / 28 / 07	$ 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

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MPCRAC	1 / 14 / 08	$ 200.00
Mailing Address	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
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: WORTH THOMASdbaWORTH THOMAS CONSULTANTS	12/ 14/ 07	$ 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

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MERCK & CO., INC.	7 /16 /08	$ 250.00
Mailing Address: P. O. Box 1700	/ /	$
City, State, Zip Code: Whitehouse Station, NJ 08889-1700	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ZENECA SERVICES,	6 / 16 / 08	$ 500.00
Mailing Address: P. O. Box 15437	/ /	$
City, State, Zip Code: Wilmington, DE 19850-5437	/ /	$
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: MAE-PAC	8 / 20 / 08	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: MISSISSIPPI DENTAL PAC	9 / 3 / 08	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code: Jackson, MS	/ /	$
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: ABBOTT LABORATORIES/EMPLOYEE POLITICAL ACTION COMMITTEE	10/6/08	$ 275.00
Mailing Address: 100 Abbott Park Road	/ /	$
City, State, Zip Code: Abbott Park IL, 60367-6028	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 275.00

Name of Candidate or Committee FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASSOC FOR HOME CARE	11 / 19 / 08	$ 500.00
Mailing Address: P. O. Box 1468	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: AT&T MISSISSIPPI/POLITICAL ACTION COMMITTEE	~~9~~ / ~~30~~ / ~~08~~	$ 200.00
Mailing Address: 175 E. Capital St., Landmark Center, Room 703	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
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	/ /	$
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 FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
NORTH GULFPORT CIVIC CLUB	1 / 25 / 08	$ 200.00
Mailing Address		
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Purpose of Disbursement (Optional): DONATION	Aggregate Year-to-date	$ 200.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
LORI'S SCHOOL OF DANCE		
Mailing Address	/ /	$
City, State, Zip Code: Baton Rouge, LA	/ /	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 300.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CONGRESS PAGEANT		
Mailing Address	4 / 29 / 08	$ 45.00
City, State, Zip Code: Gulfport MS	/ /	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 45.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
NORTH GULFPORT CIVIC CLUB		
Mailing Address	4/ 29/ 08	$ 30.00
City, State, Zip Code: Gulfport, MS	/ /	$
Purpose of Disbursement (Optional): Ticket purchase	Aggregate Year-to-date	$ 30.00
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
FRANCES FREDERICKS		
Mailing Address	7/ 31/ 08	$ 263.64
City, State, Zip Code: Gulfport, MS	/ /	$
Purpose of Disbursement (Optional): Reimbursement - travel expenses	Aggregate Year-to-date	$ 263.64
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
NORTH GULFPORT CIVIC CLUB		
Mailing Address	7 / 31 / 08	$ 100.00
City, State, Zip Code: Gulfport, MS	/ /	$
Purpose of Disbursement (Optional): Appeal Fund	Aggregate Year-to-date	$ 100.00

Name of Candidate or Committee FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
NORTH GULFPORT CIVIC CLUB		
Mailing Address	7 / 31 / 08	$ 50.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) 1 Tickets	Aggregate Year-to-date	$ 50.00
B. Full name CRYSTAL FAIRLEY	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 25 / 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 100.00
C. Full name HAZEL RAYMOND	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 25 / 08	$ 200.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) Catering services	Aggregate Year-to-date	$ 200.00
D. Full name NCNW	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 25 / 08	$ 75.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 75.00
E. Full name MYRTIS BELL	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 25 / 08	$ 250.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) Catering services	Aggregate Year-to-date	$ 250.00.
F. Full name FRANCES FREDERICKS	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8 / 25 / 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) Travel expenses - gax	Aggregate Year-to-date	$ 100.00

Name of Candidate or Committee FRANCES FREDERICKS

Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
DEVON SWANIER Mailing Address	9 / 9 / 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	$ 100.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
BREBIANCA FREDERICKS Mailing Address	9 / 9 / 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	$ 100.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
ADMIRAL BOOSTER CLUB Mailing Address	9 / 9 / 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	$ 100.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
FRANCES FREDERICKS Mailing Address	10 / 1 / 08	$ 150.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) KABOOM DAY -Isian Fredericks Center -DONATION	Aggregate Year-to-date	$ 150.00
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
HARRISON COUNTY DEMOCRATIC EXECUTIVE COMMITTEE Mailing Address	10/ 6 / 08	$ 50.00
City, State, Zip Code Gulfport MS	/ /	$
Purpose of Disbursement (Optional) Tickets	Aggregate Year-to-date	$ 50.00
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
HARRISON CO. DEMOCRATIC EXECUTIVE COMMITTEE Mailing Address	10 / 20/ 08	$ 100.00
City, State, Zip Code Gulfport, MS	/ /	$
Purpose of Disbursement (Optional) DONATION	Aggregate Year-to-date	$ 100.00