2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Herb Frierson

Address 12 Trailwood Lane, Poplarville MS County Pearl River

Telephone (Work) 601-795-1675 (Home) 601-795-6285 (Fax) 601-795-6285

Contact Name Herb Frierson Email Address —

Office Sought MS House of Representatives Political Party Republican

☐ 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**
X	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	$ 1,450.00 + $ —	$ 1,450.00	$ 1,450.00
Total amount of disbursements	$ 0 + $ 1,450.00	$ 1,450.00	$ 1,450.00
Total amount of cash on hand	$		

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

Herb Frierson — (Signature of Candidate)

1-30-09 — (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
JAN 30 2009
Secretary of State
Capitol Office

SS07-01

Name of Candidate or Committee Herb Frierson

Reporting period 1-1-08 — through 1-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Motorola	7/23/08	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: Cheveron	9/9/08	$ 300.00
Mailing Address: P.O. Box 1300	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
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: AT+T PAC	10/2/08	$ 250.00
Mailing Address: 175 East Capitol St.	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
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: Bayer Health Care	8/13/08	$ 500
Mailing Address: 4444 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Herb Frierson

Reporting period 1-1-08 through 1-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Check Into Cash of MS	2/23/08	$ 250.00
Mailing Address	__/__/__	$ —
City, State, Zip Code Jackson MS	__/__/__	$ —
Name of Employer (Required)	__/__/__	$ —
Occupation (Required)	Aggregate year-to-date	$ 250.00

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	$