

2008 ELECTION CYCLE  
CPR - SS 08-01(b)

OFFICE USE  
ONLY

### CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Willie J. Perkins, Sr.

Address 806 South Boulevard, Greenwood, MS 38930 County Leflore

Telephone (Work) (662)455-1211 (Home) (662)453-4108 (Fax) (662)453-9159

Contact Name Willie J. Perkins, Sr. Email Address perkinslawofc@bellsouth.net

Office Sought District 32, MS House of Representatives 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 \$	4,600.00 + \$ 2,100.00	\$ 6,700.00	\$ 33,235.00
Total amount of disbursements \$	-0- + \$ 1,678.09	\$ 1,678.09	\$ 27,396.27
Total amount of cash on hand		\$ 3,021.91	

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

[Signature] (Signature of Candidate) Jan. 28, 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.

**RECEIVED**  
JAN 28 2009

Secretary of State  
Capitol Office

Page 1 of 3Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2008 through December 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>First Southern Services, Inc.</u>		<u>01 / 03 / 2008</u>	\$ 500.00
Mailing Address _____		___ / ___ / ___	\$
City, State, Zip Code _____		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" 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>Anheuser-Busch Companies, Inc.</u>		<u>11 / 14 / 2008</u>	\$ 500.00
Mailing Address <u>One Busch Place</u>		___ / ___ / ___	\$
City, State, Zip Code <u>St. Louis, MO 63118</u>		___ / ___ / ___	\$
Name of Employer (Required) _____		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Worth Thomas d/b/a Worth Thomas Consultants</u>		<u>05 / 12 / 2008</u>	\$ 200.00
Mailing Address <u>P. O. Box 774</u>		<u>12 / 01 / 2008</u>	\$ 200.00
City, State, Zip Code <u>Jackson, MS 39205-0774</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 400.00
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>Capitol Advocacy Group, PAC</u>		<u>12 / 01 / 2008</u>	\$ 500.00
Mailing Address <u>P. O. Box 217</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 500.00



Page 2 of 3Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2008 through December 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>Point One Strategies, LLC</u>		<u>12 / 02 / 2008</u>	\$ 250.00
Mailing Address <u>P. O. Box 3015</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39207</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W B Consolidated</u>		<u>12 / 02 / 2008</u>	\$ 300.00
Mailing Address <u>770 North West Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>A T &amp; T Mississippi PAC</u>		<u>12 / 09 / 2008</u>	\$ 500.00
Mailing Address <u>175 E. Capital Street Landmark Center, Room 703</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>ENPAC Mississippi</u>		<u>12 / 01 / 2008</u>	\$ 250.00
Mailing Address <u>P. O. Box 1640</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Page 3 of 3Name of Candidate or Committee Willie J. Perkins, Sr.Reporting period January 1, 2008 through December 31, 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Mississippi Power Co. State PAC</u>		<u>12 / 02 / 2008</u>	\$ <u>400.00</u>
Mailing Address <u>P. O. Box 4079</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input checked="" 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>Axcess Financial Services, Inc.</u>		<u>12 / 02 / 2008</u>	\$ <u>250.00</u>
Mailing Address <u>c/o Willie Bozeman, 770 Northwest Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>Mississippi Hospitality &amp; Restaurant Assoc. PAC</u>		<u>12 / 16 / 2008</u>	\$ <u>250.00</u>
Mailing Address <u>130 Riverview Dr. Suite A</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
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>Pharmaceutical Research &amp; Mfgs of AM</u>		<u>   /   /   </u>	\$ <u>500.00</u>
Mailing Address <u>950 F. Street N. W.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Washington, D. C. 20004</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>