2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
FEB 08 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Personhood Mississippi

Address 3055 Big Hill Rd. Pontotoc, MS. 38863

Telephone 662-760-8695 Fax

Treasurer Elizabeth Baggett Email personhoodmississippi@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010)..... **Mandatory**

_____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010)..... **Runoff Candidates**

_____ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010)..... **All Candidates**

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010)..... **Runoff Candidates**

_____ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010)..... **All Candidates and Political Committees**

_____ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Pre-Election 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 receiving authority 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.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions $	+$ 7638.68	$	$ 7638.68
Total amount of disbursements $	+$ 9427.96	$	$ 9427.96
Total amount of cash on hand		$ 254.55	

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

Elizabeth Baggett
Signature of Director or Treasurer

1/6/10
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 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.

SOS 01-10

Name of Candidate or Committee Personhood Mississippi

Reporting period Jan 1, 2010 through Jan. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Amy Blassingame	1/31/10	$ 400.00
Mailing Address: 606 CR 251	__/__/__	$
City, State, Zip Code: Saltillo, MS. 38866	__/__/__	$
Name of Employer (Required): Homemaker	__/__/__	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 400.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Church	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christ Community Church	1/5/10	$ 2100.00
Mailing Address: P.O. Box 795	__/__/__	$
City, State, Zip Code: New Albany, MS. 38652	__/__/__	$
Name of Employer (Required): None	__/__/__	$
Occupation (Required): None	Aggregate year-to-date	$ 2100.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Thornhill	1/5/10	$ 325.00
Mailing Address: 71 Thornhill Lane	__/__/__	$
City, State, Zip Code: Sandy Hook, MS. 39478	__/__/__	$
Name of Employer (Required): Methodist Church	__/__/__	$
Occupation (Required): Pastor	Aggregate year-to-date	$ 325.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Olivia Grace Mullins	1/5/10	$ 300.00
Mailing Address: 58 Terrapin Place	__/__/__	$
City, State, Zip Code: Brandon, MS. 39042	__/__/__	$
Name of Employer (Required): Covenant Presbyterian Church	__/__/__	$
Occupation (Required): Pastor's Assistant	Aggregate year-to-date	$ 300.00

SS04-05

Name of Candidate or Committee Personhood Mississippi

Reporting period Jan. 1, 2010 through Jan. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harriett Ashley	1/14/10	$ 500.00
Mailing Address: 5938 Baxter Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39211	__/__/__	$
Name of Employer (Required): None	__/__/__	$
Occupation (Required): Retired	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: Ed Holliday	1/26/10	$ 1200.00
Mailing Address: 901 Garfield St.	__/__/__	$
City, State, Zip Code: Tupelo, MS 38801	__/__/__	$
Name of Employer (Required): Self-Employed Ed Holliday D.M.D., Inc.	__/__/__	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 1200.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Philip Morris	1/31/10	$ 850.00
Mailing Address: 1013 Bramlitt LN	__/__/__	$
City, State, Zip Code: New Albany, MS. 38652	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 850.00

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	$

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Name of Candidate or Committee Reasonhood Mississippi

Reporting period Jan. 1, 2010 through Jan. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ms. Secretary of State	1/5/10	$ 2100.00
Mailing Address: P.O. Box 136		
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Purpose of Disbursement (Optional): Voter Rolls	Aggregate Year-to-date	$ 2100.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Washington Political Group, LLC	1/11/2010	$ 1044.00
Mailing Address: 3630 Portland Trail Dr.		
City, State, Zip Code: Suwanee, GA 30024	1/18/2010	$ 1325.88
Purpose of Disbursement (Optional): Telemarketing Communications	Aggregate Year-to-date	$ 2369.88
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Washington Political Group, LLC	1/21/10	$ 1308.06
Mailing Address: 3630 Portland Trail Dr.		
City, State, Zip Code: Suwanee, GA 30024	1/27/10	$ 848.79
Purpose of Disbursement (Optional): Telemarketing Communication	Aggregate Year-to-date	$ 4526.73
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Washington Political Group, LLC	1/29/10	$ 2239.01
Mailing Address: 3630 Portland Trail Dr.		
City, State, Zip Code: Suwanee, GA 30024	__/__/__	$
Purpose of Disbursement (Optional): Telemarketing Communication	Aggregate Year-to-date	$ 6765.74
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	$

SS04-06