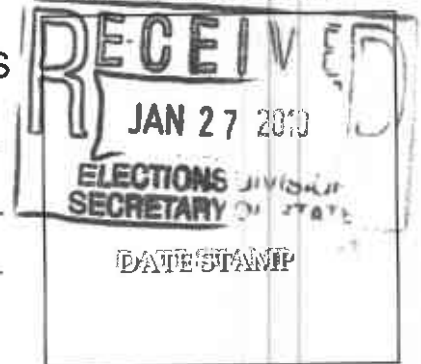


Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS



Candidate's Name Elton Gregory "Greg" Snowden

Full Address 6136 14th Avenue, Meridian, MS 39305

Telephone 601-693-5700 (Fax) 601-693-5040

E-mail greg@gregsnowden.com

Office Sought Miss. House of Rep., Dist. 83 Political Party Republican

☐ Check here if above is different from previous report

**TYPE OF REPORT**

X **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....**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 municipal clerk 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	16,080.97	\$ 16,080.97	\$ 16,080.97
Total amount of disbursements	3,585.08	\$ 3,585.08	\$ 3,585.08
Total amount of cash on hand		\$ 15,550.80	

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

3/6/2010  
Signature of Candidate

January 25, 2010  
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.

Name of Candidate or Committee Elton Gregory "Greg" Snowden  
 Reporting period January 1, 2009 through December 31, 2009

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Tarver Program Consultants		
<b>Mailing Address</b>	<u>2</u> / <u>7</u> / <u>09</u>	\$ 309.23
3910 Old U.S. Highway 45 North		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Meridian, Mississippi 39301		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 309.23
Campaign internet web site		
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mississippi House Republican Conference		
<b>Mailing Address</b>	<u>7</u> / <u>23</u> / <u>09</u>	\$ 250.00
7020 Jackson-Raymond Road		
<b>City, State, Zip Code</b>	<u>12</u> / <u>9</u> / <u>09</u>	\$ 500.00
Raymond, Mississippi 39154		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 750.00
Contribution to MHRC		
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Robert D. Huff Designs		
<b>Mailing Address</b>	<u>8</u> / <u>26</u> / <u>09</u>	\$ 210.00
P.O. Box 280595		
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Memphis, Tennessee 38168		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 210.00
Campaign prop		
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
U.S. Postmaster		
<b>Mailing Address</b>	<u>11</u> / <u>03</u> / <u>09</u>	\$ 220.00
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Meridian, Mississippi 39305		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 220.00
Postage for campaign mail		
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009

## 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 Check Into Cash, Inc.		<u>7 / 9 / 09</u>	\$ 250.00
Mailing Address Post Office Box 550		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Cleveland, Tennessee 37364-0550		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) N/A		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 250.00
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 Bayer Corporation		<u>9 / 16 / 09</u>	\$ 300.00
Mailing Address 100 Bayer Road		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Pittsburgh, Pennsylvania 15205-9741		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) N/A		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) N/A		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 George R. "Bob" Rea, Jr.		<u>10 / 30 / 09</u>	\$1,000.00
Mailing Address P.O. Box 2090		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, MS 39302-2090		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Rea, Shaw, Giffin & Stuart		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) certified public accountant		Aggregate year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Tommy Dulaney		<u>11 / 03 / 09</u>	\$1,000.00
Mailing Address 5805 Windsor Circle		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39305		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Structural Steel Services, Inc.		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) Steel fabrication		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name Ronnie and Ilene Massey		<u>11 / 12 / 09</u>	\$ 500.00
Mailing Address 1023 Highway 39 North		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39301		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Massey Super Mart Auto Sales		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) car dealer		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name Ralph and Elizabeth Morgan		<u>11 / 12 / 09</u>	\$ 500.00
Mailing Address 3714 Lauderdale Road		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Lauderdale, Mississippi 39335		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Ralph Morgan Logging		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) logger		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name Michael and Janice Covert		<u>11 / 12 / 09</u>	\$ 250.00
Mailing Address 3006 31st Street		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39305		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) self-employed		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) construction		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name Ray and Lorraine Long		<u>11 / 12 / 09</u>	\$ 500.00
Mailing Address 5173 Pioneer Road		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39301		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Long Wholesale, Inc.		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) wholesale distribution		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Billy Carroll		11 / 12 / 09	\$ 250.00
Mailing Address 206 22nd Avenue		___ / ___ / ___	\$
City, State, Zip Code Meridian, Mississippi 39301		___ / ___ / ___	\$
Name of Employer (Required) Financial Management		___ / ___ / ___	\$
Occupation (Required) consumer lending		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Guy Purvis		11 / 12 / 09	\$ 250.00
Mailing Address 206 22nd Avenue		___ / ___ / ___	\$
City, State, Zip Code Meridian, Mississippi 39301		___ / ___ / ___	\$
Name of Employer (Required) Financial Management		___ / ___ / ___	\$
Occupation (Required) consumer lending		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Jimmy and Ann Alexander		11 / 12 / 09	\$ 500.00
Mailing Address 6130 Newell Road		___ / ___ / ___	\$
City, State, Zip Code Meridian, Mississippi 39305		___ / ___ / ___	\$
Name of Employer (Required) A & B Electric Company		___ / ___ / ___	\$
Occupation (Required) electrical contracting and supplies		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Donnie Mathis		11 / 12 / 09	\$ 250.00
Mailing Address 5502 Westminster Drive		___ / ___ / ___	\$
City, State, Zip Code Meridian, Mississippi 39305		___ / ___ / ___	\$
Name of Employer (Required) Sunbelt Motors		___ / ___ / ___	\$
Occupation (Required) car dealer		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Robert E. "Bobby" Beasley		<u>11 / 12 / 09</u>	\$ 250.00
Mailing Address Post Office Box 3476		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39303-3476		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) retired		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) retired		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Jimmy and Sidney Covington		<u>11 / 12 / 09</u>	\$ 250.00
Mailing Address 2904 45th Street		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39305		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) self-employed		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) developer/builder		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Bob and Kathy Luke		<u>11 / 12 / 09</u>	\$ 500.00
Mailing Address 1862 Hunters Run		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39301		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Luke, Peterson, Kaye Architects		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) architect		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 Jim Brumfield		<u>11 / 12 / 09</u>	\$ 250.00
Mailing Address 200 Braxton Avenue		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code Meridian, Mississippi 39301		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) Southern Waste Disposal, Inc.		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) waste management		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Barbaree Heaster</u>		<u>11</u> / <u>12</u> / <u>09</u>	\$500.00
Mailing Address <u>P.O. Box 2087</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, Mississippi 39302-2087</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>self-employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>developer/builder/property management</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Hardy P. Graham, Sr.</u>		<u>11</u> / <u>12</u> / <u>09</u>	\$ 250.00
Mailing Address <u>Post Office Box 5207</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Meridian, Mississippi 39302-5207</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Meridian Coca-Cola</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>soft drink distributor</u>		Aggregate year-to-date	\$ 250.00
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>Mississippi Physicians PAC</u>		<u>11</u> / <u>30</u> / <u>09</u>	\$500.00
Mailing Address <u>Post Office Box 1039</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Canton, Mississippi 39046</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>N/A</u>		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>AT&amp;T Mississippi PAC</u>		<u>11</u> / <u>30</u> / <u>09</u>	\$ 250.00
Mailing Address <u>175 East Capitol Street, Suite 702</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39201-2135</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 250.00



Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2009 through December 31, 2009**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>Georgia-Pacific LLC</u>		<u>12 / 9 / 09</u>	\$ 250.00
Mailing Address <u>450 Laurel Street, Suite 1420</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Baton Rouge, Louisiana 70801</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$250.00
B. 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 / 9 / 09</u>	\$ 250.00
Mailing Address <u>Post Office Box 1640</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39215-1640</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 250.00
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>Mississippi Association for Home Care</u>		<u>12 / 15 / 09</u>	\$ 300.00
Mailing Address <u>Post Office Box 24087</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39225-4087</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 300.00
D. 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>Norfolk-Southern Corporation</u>		<u>12 / 3 / 09</u>	\$ 250.00
Mailing Address <u>Post Office Box 16490</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39236</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ 250.00