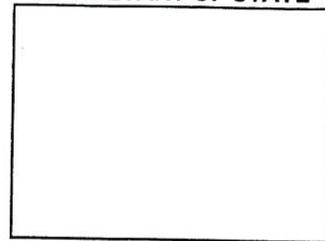




**REPORT OF RECEIPTS AND DISBURSEMENTS**  
City of Jackson - Special Election for  
Councilman Ward 1

Name of Candidate Charles Barbar  
Address 4612 Trawick Drive County Hinds  
Telephone 540 3766 Fax \_\_\_\_\_  
Office Sought City Council Ward 1 Email Address cabarbarb2@hotmail.com



DATE STAMP

Check here if above is different from previous report

- November 25, 2014 Pre-Election Report (January 1, 2014 through November 22, 2014).....Mandatory
- December 9, 2014 Pre-Election Report (January 1, 2014 through December 6, 2014).....Runoff Candidates Only
- January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014).....Mandatory
- 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	\$ 14,350 + \$ 5,850	\$ 20,200	\$ 20,200
Total amount of disbursements	\$ 15,588 + \$ 0	\$ 15,588 91	\$ 15,588 91
Total amount of cash on hand		\$ 4,611 09	

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

Charles Barbar  
Signature of Candidate

11/24/14  
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 601-576-2545
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
3. Candidates for Municipal office should return forms to the Municipal Clerk.

RECEIVED  
CITY CLERK  
JACKSON, MS.  
14 NOV 26 PM 2:56

Name of Candidate or Committee Charles Barbours  
 Reporting period 1/1/2014 through 11/22/2014

## ITEMIZED DISBURSEMENTS

A. Full name <u>Northside Sun</u>	Date (Mo., Day, Year) <u>11/20/14</u>	Amount of each disbursement this period <u>\$ 1273.81</u>
Mailing Address	<u>1/1/14</u>	<u>\$ 454.96</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>advertisement</u>	Aggregate Year-to-date	<u>\$ 1738.77</u>
B. Full name <u>UPS Store</u>	Date (Mo., Day, Year) <u>11/20/14</u>	Amount of each disbursement this period <u>\$ 117.70</u>
Mailing Address	<u>1/1/14</u>	<u>\$</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>photo copying</u>	Aggregate Year-to-date	<u>\$ 117.70</u>
C. Full name <u>Winning Edge</u>	Date (Mo., Day, Year) <u>11/21/14</u>	Amount of each disbursement this period <u>\$ 7311.18</u>
Mailing Address	<u>1/1/14</u>	<u>\$</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>mail service</u>	Aggregate Year-to-date	<u>\$ 7311.18</u>
D. Full name <u>Griffin Strategies</u>	Date (Mo., Day, Year) <u>11/13/14</u>	Amount of each disbursement this period <u>\$ 4773.51</u>
Mailing Address	<u>1/1/14</u>	<u>\$</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>reimbursement (consulting/media placement)</u>	Aggregate Year-to-date	<u>\$ 4773.51</u>
E. Full name <u>Jackson Tamhalaya</u>	Date (Mo., Day, Year) <u>10/28/14</u>	Amount of each disbursement this period <u>\$ 800</u>
Mailing Address	<u>1/1/14</u>	<u>\$</u>
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>advertising</u>	Aggregate Year-to-date	<u>\$ 800</u>
F. Full name <u>Stephens Printing</u>	Date (Mo., Day, Year) <u>11/6/14</u>	Amount of each disbursement this period <u>\$ 240.75</u>
Mailing Address	<u>11/6/14</u>	<u>\$ 107</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<u>\$ 347.75</u>

Name of Candidate or Committee Charles Barbow

Reporting period 1/1/2014 through 11/22/14

# ITEMIZED DISBURSEMENTS

A. Full name	<u>Floyd Smith</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11/10/14</u>	\$ <u>500</u>
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)	<u>consulting - sign work</u>	Aggregate Year-to-date	\$ <u>500</u>
B. 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	\$
C. 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	\$
D. 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	\$
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	\$

Name of Candidate or Committee Charles BarbourReporting period Jan 1, 2014 through Nov 22, 2014

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Palmer</u>		<u>10</u> / <u>28</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>PO Box 3747</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39207</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>businessman</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wft Yergler, Jr.</u>		<u>10</u> / <u>14</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>129 Woodland Circle</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>retired</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James Herring</u>		<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>232 E. Simmes St.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Canton, MS 39046</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Suzanne Smith Sharpe</u>		<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>4621 Trawick Drive</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39211</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Charles BarberReporting period Jan 1, 2014 through Nov 22, 2014

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sally Salmon Bradshaw</u>	<u>11</u> / <u>13</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>1345 Dupont Rd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Havana, FL 32333</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>consultant</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Michael Hallman</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>1000</u>
Mailing Address <u>4000 Eastwood place</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1000</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>McDade Foods</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>1220 E <del>Southside</del> Northside</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>N/A</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sampat Shivangi, MD</u>	<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>104 Summer Lake</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39159</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>physician</u>	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Charles Barbour

Reporting period Jan 1, 2014 through Nov 22, 2014

# 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>Haley Barbour</u>	<u>10</u> / <u>10</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>648 Dogwood Drive</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Yazoo City 39194</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>a Attorney</u>	Aggregate year-to-date	\$ <u>1,000</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>Heidelberg Group</u>	<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>685 Woodland Drive</u>	<u>9</u> / <u>25</u> / <u>14</u>	\$ <u>500</u>
City, State, Zip Code <u>Yazoo City MS 39194</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>NA</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>750</u>
C. 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>Tellas Operatings</u>	<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>602 Crescent Place</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39157</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>NA</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000</u>
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 <u>Paul Hurst</u>	<u>11</u> / <u>11</u> / <u>14</u>	\$ <u>300</u>
Mailing Address <u>2210 Colleywood Dr</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39211</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>a Attorney</u>	Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committee Charles BarbourReporting period Jan 1, 2014 through Nov 22, 2014

## 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>Hugh Thessell</u>	<u>11</u> / <u>17</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>3536 Hawthorn Dr.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson 39216</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>business owner</u>	Aggregate year-to-date	\$ <u>250</u>
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>Paul McMurtry</u>	<u>10</u> / <u>22</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 447</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>latterman</u>	Aggregate year-to-date	\$ <u>1,000</u>
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 <u>John McGowan</u>	<u>8</u> / <u>21</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>PO Box 55809</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39296</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>oilman</u>	Aggregate year-to-date	\$ <u>1,000</u>
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 <u>Robert Barbour</u>	<u>9</u> / <u>28</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>4429 Woodlark</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>business owner</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Charles BarbourReporting period Jan 1, 2014 through Nov 22, 2014

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Russ Russell</u>		<u>10</u> / <u>2</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>120 N Congress, #600</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jep Barbour</u>		<u>10</u> / <u>9</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>151 Oakhurst Trail</u>		<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>200</u>
City, State, Zip Code <u>Ridgeland 39157</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>450</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Chhabra &amp; Gibbs</u>		<u>10</u> / <u>14</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>120 N. Congress St, Suite 200</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <u>2</u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wiley Barbour</u>		<u>10</u> / <u>24</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>11903 Scotland Rd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Biloxi 39033</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee Charles Barbour

Reporting period Jan 1, 2014 through Mar 22, 2014

# 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>Mrs. Riley Hagan</u>	<u>12</u> / <u>24</u> / <u>14</u>	\$ <u>1,000</u>
Mailing Address <u>214 Winged Foot Circle</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>None</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>homemaker</u>	Aggregate year-to-date	\$ <u>1,000</u>
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>Stephanie Chapman</u>	<u>10</u> / <u>20</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>3842 Green Tree Dr.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>business owner</u>	Aggregate year-to-date	\$ <u>500</u>
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 <u>Rod Hill</u>	<u>12</u> / <u>26</u> / <u>14</u>	\$ <u>500</u>
Mailing Address <u>1211 Riverside Dr.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>self</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>engineer</u>	Aggregate year-to-date	\$ <u>500</u>
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 <u>Dan Gibson</u>	<u>9</u> / <u>20</u> / <u>14</u>	\$ <u>600</u>
Mailing Address <u>307 S. Jackson St.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Crystal Springs, MS 39059</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>MASE</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Director</u>	Aggregate year-to-date	\$ <u>600</u>

Name of Candidate or Committee Charles Barbaw

Reporting period Jan 1, 2014 through Nov 22, 2014

# 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>Hester Barbaw</u>	<u>10</u> / <u>17</u> / <u>14</u>	\$ <u>250</u>
Mailing Address <u>4830 Northampton Dr</u>	<u>11</u> / <u>10</u> / <u>14</u>	\$ <u>250</u>
City, State, Zip Code <u>Jackson, MS 39211</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>self</u>	□ / □ / □	\$ _____
Occupation (Required) <u>consultant</u>	Aggregate year-to-date	\$ <u>500</u>
B. 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____