ECEIPTS AND DISBURSEMENTS	
25 Municipal Election	
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SECRETARY OF STATE

Name of Candidate ROBERT BLACKMAN			
Address 801 MAGNOLIA BAYOU BLVD City/State/Zip OCEAN SPRING	is, MS 39569		
Telephone (Work) 228-202-5542 (Home) 228-381-0830 (Fax)			
Contact Name ROBERT BLACKMAN Email Address TICKCJ7@BELLSOU	TH_NET		
Office Sought WARD & ALDERMAN Political Party (if any) REPUBLICAN			
Check here if above information is different from previous report			
TYPE OF REPORT			
	mary Pre-Election Report		
Tuesday, April 15, 2025 (March 24, 2025 through April 13, 2025)Primary Primary Pri	re-Runoff Election Report		
Tuesday, May 27, 2025 (January 1, 2025 through May 25, 2025)	neral Pre-Election Report		
Friday, January 30, 2026 (January 1, 2025 through December 31, 2025)	Annual Report		
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

- *For candidates who filed the Primary Pre-Election Report, the reporting period for the General Pre-Election Report due Tuesday May 27, 2025 is March 24, 2025 through May 25, 2025.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- File with your Municipal Clerk's Office. 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. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized		This Period	Calendar year-to-date
Total amount of contributions \$	Ø	+\$	200.00	\$	200.00	\$ 200.06
Total amount of disbursements \$	Ø	+\$	Ø	\$	Ø	\$ Ø
Total amount of cash on hand				\$ 3	591.76	

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

Signature of Candidate

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

	Page	of
Name of Candidate or Committee RORERT BLACKMAN		
Name of Candidate or Committee KORERT BLACKMAN Reporting period JANUARY 1, 2025 through M. ITEMIZED DICRIPSE	ARCH 23.20	75
ITEMIZED DISBURSI		7
	71417141	3
Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. 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	\$
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) RAN 2 5 2025	Aggregate	\$

Aggregate Year-to-date

Name of Candidate or Committee ROBERT BLACKMAN	Page _	/_ of _/_
Reporting period Jamary 1, 2025 through MARCH 23, 2025		
ITEMIZED CONTRIBUTION	VS	
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TIEWIZED CONTINUE	110110	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	
Other (please specify)Full name	//	this period \$
Mailing Address	//	\$
City, State, Zip Code	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$
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: OCorporation OPAC OIndividual OLoan 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) MAN 2.5 2025	Aggregate	\$