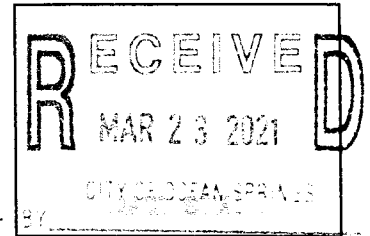


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2021 Municipal Election



Name of Candidate ROBERT BLACKMAN
 Address 801 MAGNOLIA BAYOU BLVD. City/State/Zip OCEAN SPRINGS, MS 39564
 Telephone (Work) 228-388-1950 (Home) 228-381-0830 (Fax) N/A
 Contact Name ROB BLACKMAN Email Address TICKC37@BELLSOUTH.NET
 Office Sought ALDERMAN WARD 5 Political Party (if any) REPUBLICAN

Check here if above information is different from previous report

TYPE OF REPORT

- Tuesday, March 30, 2021** (January 1, 2021 through March 27, 2021) **Primary Pre-Election Report**
- Tuesday, April 20, 2021** (March 28, 2021 through April 17, 2021) **Primary Pre-Runoff Election Report**
- Tuesday, June 1, 2021** (January 1, 2021 through May 29, 2021*) **General Pre-Election Report**
- Monday, January 31, 2022** (January 1, 2021 through December 31, 2021) **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

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the Pre-Election Report due Tuesday, June 1, 2021 is March 28, 2021 through May 29, 2021.
- (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.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2021.
- (4) 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 \$	1100.00	+	2148.00	\$ 3248.00	\$ 3248.00
Total amount of disbursements \$	1852.64	+	304.00	\$ 2156.64	\$ 2156.64
Total amount of cash on hand				\$ 1091.36	

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

Robert Blackman
 Signature of Candidate

3-26-2021
 Date

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).

Name of Candidate or Committee ROBERT BLACKMAN

Reporting period JANUARY 1 2021 through MARCH 27 2021

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>OCEAN SPRINGS BASEBALL BOOSTER CLUB</u>	<u>1/26/21</u>	\$ <u>300.00</u>
Mailing Address <u>2730 BIENVILLE BLVD.</u>	<u>1/26/21</u>	\$ <u>300.00</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u>1/26/21</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u>POLITICAL ADVERTISING</u>	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SHAUGHNESSY PRINTING</u>	<u>1/27/21</u>	\$ <u>780.63</u>
Mailing Address <u>234 CAULAVET ST</u>	<u>1/27/21</u>	\$ <u>780.63</u>
City, State, Zip Code <u>BILOXI, MS 39530</u>	<u>1/27/21</u>	\$ <u>780.63</u>
Purpose of Disbursement (Optional) <u>Political Mail OUT</u>	Aggregate Year-to-date	\$ <u>780.63</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALORE</u>	<u>1/29/21</u>	\$ <u>42.90</u>
Mailing Address <u>3002 BIENVILLE BLVD STE A</u>	<u>1/29/21</u>	\$ <u>42.90</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u>1/29/21</u>	\$ <u>42.90</u>
Purpose of Disbursement (Optional) <u>VINYL SIGNS</u>	Aggregate Year-to-date	\$ <u>SEE BELOW</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALORE</u>	<u>2/10/21</u>	\$ <u>284.09</u>
Mailing Address <u>3002 BIENVILLE BLVD STE A</u>	<u>2/10/21</u>	\$ <u>284.09</u>
City, State, Zip Code <u>3002 BIENVILLE & OCEAN SPRINGS, MS 39564</u>	<u>2/10/21</u>	\$ <u>284.09</u>
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>SEE BELOW</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>IMAGES GALORE</u>	<u>3/8/21</u>	\$ <u>445.12</u>
Mailing Address <u>3002 BIENVILLE BLVD STE A</u>	<u>3/8/21</u>	\$ <u>445.12</u>
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	<u>3/8/21</u>	\$ <u>445.12</u>
Purpose of Disbursement (Optional) <u>Door Hangers</u>	Aggregate Year-to-date	\$ <u>772.01</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/26/21</u>	\$
Mailing Address	<u>1/26/21</u>	\$
City, State, Zip Code	<u>1/26/21</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee ROBERT BLACKMAN

Reporting period JANUARY 1 2021 through MARCH 27 2021

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MARC FOSTER</u>	<u>1/25/21</u>	\$ <u>500.00</u>
Mailing Address <u>4003 DUNSTINANE ST</u>	___/___/___	\$
City, State, Zip Code <u>OCEAN SPRINGS, MS 39564</u>	___/___/___	\$
Name of Employer (Required) <u>CYPRESS ENVIRONMENT & INFRASTRUCTURE</u>	___/___/___	\$
Occupation (Required) <u>PLANNING</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TYLER COX</u>	<u>2/8/21</u>	\$ <u>400.00</u>
Mailing Address <u>102 N. Mill St.</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>	___/___/___	\$
Name of Employer (Required) <u>SELF</u>	___/___/___	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PALACE CASINO & RESORT</u>	<u>2/1/21</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. BOX 309</u>	___/___/___	\$
City, State, Zip Code <u>BLOXTON, MS 39533</u>	___/___/___	\$
Name of Employer (Required) <u>PALACE CASINO</u>	___/___/___	\$
Occupation (Required) <u>GAMING</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$

Name of Candidate or Committee ROBERT BLACKMAN

Reporting period JANUARY 1 2021 through MARCH 27 2021

ITEMIZED RECEIPTS – IN-KIND CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name		___/___/___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

N/A

B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)
Full name		___/___/___
Mailing Address		Estimated Amount of In-Kind Contribution*
City, State, Zip Code		
Name of Employer (Required)		\$
Occupation (Required)		

In-Kind Description:

N/A

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.