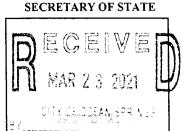
Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2021 Municipal Election



| Name of Candidate ROBERT BLACKAAN | BYOTTY CRED WAY SPAIN IS | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--|--|--|
| Address 801 MAGNOLIA BAYOU BLVD, City/State/Zip Ocean SPRINGS, MS 39564 | | | | | |
| Telephone (Work) 228-388-1951) (Home) 228-381-0830 (Fax) N/A | | | | | |
| Contact Name ROB BLACKMAN Email Address TICKCTT @ BELLSOWTH. NET | | | | | |
| Office Sought ALNELMAN WARD S Political Party (if any) REPUBLICAN | | | | | |
| Check here if above information is different from previous report TYPE OF REPORT | | | | | |
| | mary Pre-Election Report | | | | |
| Tuesday, April 20, 2021 (March 28, 2021 through April 17, 2021) | re-Runoff Election Report | | | | |
| Tuesday, June 1, 2021 (January 1, 2021 through May 29, 2021*) | neral 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.

| <u>REP</u> Itemized | <u> </u> | ONTRIBUTIONS Non-Itemized | AND I | DISBURSEMENTS This Period | Calendar year-to-date |
|------------------------------------------|----------|----------------------------|-------|---------------------------|--------------------------|
| Total amount of contributions \$ 1100.00 | +\$ | 2148.00 | \$ | 32 49.00 | \$ 3248.00 |
| Total amount of disbursements \$ 1852.44 | + \$ | 304,00 | \$ | 2156.64 | \$ 2156 64 |
| Total amount of cash on hand | | | \$ | 1091.36 | |

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).

Date

| | | • | | 2 | |
|------|---|---|----|---|--|
| Page | / | | of | | |

Name of Candidate or Committee ROBERT BLACKMAN

Reporting period JANUARY 1 2021

AN through <u>MARCH</u> 27 2021

ITEMIZED DISBURSEMENTS

| A. Full name OCCAN SPRINIS BASEBALL BOCSTER CLUB Mailing Address 2730 BIENVILLE BLD. City, State, Zip Code CLEM SPRINIS MS 39549 Purpose of Disbursement (Optional) B. Full name SHAUGHNECSY PRINISUL City, State, Zip Code SHAUGHNECSY PRINISUL City, State, Zip Code BILOXI, MS 37530 Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this purpose of Disbursement (Disbursement this purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement (Optional) Year-to-date Amount of each disbursement (Optional) Year-to-date Amount of each disbursement (Optional) Year-to-date Amount of each disbursement (Mo., Day, Year) STOOL BIENVALLE BLVD STE A City, State, Zip Code OLEN SIRVY, MS 39549 Purpose of Disbursement (Optional) Year-to-date YENTL SIGNS D. Full name Date (Mo., Day, Year) SEE BELOW Amount of each disbursement this purpose of Disbursement (Diptional) YENTL SIGNS D. Full name Amount of each disbursement (Mo., Day, Year) SEE BELOW Amount of each disbursement (Mo., Day, Year) SEE BELOW D. Full name Amount of each disbursement this purpose of Disbursement (Diptional) YENTL SIGNS D. Full name Amount of each disbursement (Mo., Day, Year) SEE BELOW Amount of each disbursement this purpose of Disbursement (Mo., Day, Year) See Below Amount of each disbursement (Mo., Day, Year) See Below Amount of each disbursement this purpose of Disbursem | eriod |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Mailing Address 273D BIENVILLE BLD. City, State, Zip Code CLEAN SPRINGS. MS 39549 Purpose of Disbursement (Optional) Aggregate SHAUGHNECSY PRINTING Mailing Address 234 CARLIANET City, State, Zip Code BILOXI MS 79530 Purpose of Disbursement (Optional) Aggregate Year-to-date SHAUGHNECSY PRINTING Authority MS 79530 Purpose of Disbursement (Optional) Aggregate Year-to-date S 780. 63 Aggregate Year-to-date TMAGES GALORE Mailing Address 3002 BIENNILLE BLND STE A Date (Mo., Day, Year) S 4290 City, State, Zip Code LINAGES GALORE Amount of each disbursement this p Aggregate Year-to-date S 780. 63 Aggregate Year-to-date S 4290 LINAGES GALORE Amount of each disbursement this p Aggregate Year-to-date SEE BELOW D. Full name LINAGES GALORE Mailing Address Aggregate Year-to-date SEE BELOW D. Full name Amount of each disbursement this p Aggregate Year-to-date SEE BELOW Amount of each disbursement this p Aggregate Year-to-date SEE BELOW D. Full name Amount of each disbursement this p Aggregate Year-to-date SEE BELOW Amount of each disbursement this p Aggregate Year-to-date SEE BELOW Amount of each disbursement this p Date (Mo., Day, Year) Amount of each disbursement this p Amount of each disbursement this p | eriod |
| City, State, Zip Code CLEAN SPRINGS. MS 39544 Purpose of Disbursement (Optional) ROLING ADVERTISING E. Full name Mailing Address 300. W Aggregate Year-to-date SHAUGHNEGSY PRINTING Mailing Address L127121 TBO. IS City, State, Zip Code BILOXI MS 39530 Purpose of Disbursement (Optional) Rolling Address C. Full name Date (Mo., Day, Year) S CITY, State, Zip Code C. Full name Date (Mo., Day, Year) S CITY, State, Zip Code Color State, Zip Code OCEAN SPRINGS D. Full name D. Full nam | riod |
| Rolliname SHAUGHNECSY PRINTING SHAUGHNECSY PRINTING Mailing Address 1/27/21 \$ 780.63 Steep to Gode Steep to Godd Steep t | riod |
| E. Full name SHAUGHNEGSY PRINTING Mailing Address Address Address Aggregate Year-to-date That I Amount of each disbursement this purpose of Disbursement (Optional) Tolitical Mail Out C. Full name Tima Gest Galore Mailing Address Aggregate Year-to-date Suppose of Disbursement (Optional) Year-to-date Suppose of Disbursement (Optional) Year-to-date Suppose of Disbursement (Optional) Year-to-date Suppose of Disb | riod |
| Mailing Address 234 CATUAVET TT City, State, Zip Code Purpose of Disbursement (Optional) Political Mail Out C. Full name Amount of each disbursement this p Mailing Address 2002 BIENVILLE BLVD STE A Date (Mo., Day, Year) City, State, Zip Code OCEAN Strings MS 39569 Purpose of Disbursement (Optional) V=N(L SIGNS Amount of each disbursement this p Aggregate Y=N(L SIGNS D. Full name IMAGES GALORE Mailing Address 2/10/21 SQ84.09 City, State, Zip Code (Mo., Day, Year) SEE BEWW Amount of each disbursement this p SEE BEWW City, State, Zip Code (Mo., Day, Year) SQ84.09 City, State, Zip Code | |
| City, State, Zip Code BILOXI MS 39530 Purpose of Disbursement (Optional) Political Mail Out C. Full name Images Galore Mailing Address Date Oceans Inings Ms 39569 Purpose of Disbursement (Optional) Aggregate Year-to-date The Amount of each disbursement this perpose of Disbursement (Optional) Very Code Oceans Inings Ms 39569 Purpose of Disbursement (Optional) Aggregate Year-to-date See Reww D. Full name Images Galore Mailing Address Date (Mo., Day, Year) See Reww Amount of each disbursement this perpose of Disbursement (Optional) Very C. Signer Galore Mailing Address 3002 Biloveful Bun Ste A City, State, Zip Code See Reww City, State, Zip Code See Reww See Reww Amount of each disbursement this perpose of Disbursement this perpose of Disbursement this perpose of Disbursement this perpose of Disbursement Coptional See Reww See Reww See Reww City, State, Zip Code See Reww | |
| BILOXI MS 39530 Purpose of Disbursement (Optional) Political Mail Out C. Full name Image: Galore (Mo., Day, Year) Mailing Address 3002 BIENVILLE BLVD STE A Dete (Mo., Day, Year) City, State, Zip Code OCEAN Shings MS 39569 Purpose of Disbursement (Optional) VINTL SIGNS Mailing Address 3002 BIENVILLE BLVD STE A D. Full name Image: Galore (Mo., Day, Year) Date (Mo., Day, Year) Aggregate Sellow Year-to-date SEE BELOW Mailing Address 3002 BIENVILLE BLVD STE A City, State, Zip Code See Below Mailing Address 3002 BIENVILLE BLVD STE A City, State, Zip Code See See See See See See See See See S | |
| Pointical Mail Out C. Full name IMAGES GALORE Mailing Address 3007 BIENVILLE BLVD STE A City, State, Zip Code OCEAN Strings MS 39569 Purpose of Disbursement (Optional) D. Full name IMAGES GALORE Mailing Address D. Full name IMAGES GALORE Mailing Address 3002 BIENVILLE BLVD STE A Date (Mo., Day, Year) City, State, Zip Code OCEAN Strings MS 39569 Purpose of Disbursement (Optional) Aggregate Year-to-date SEE BELOW Mo., Day, Year) disbursement this p Mailing Address 3002 BIENVILLE BLVP STE A City, State, Zip Code S | |
| C. Full name TMAGES GALORE Mailing Address 3002 BIENVILLE BLVD STE A City, State, Zip Code OCEAN Strings, MS 39569 Purpose of Disbursement (Optional) VINTL SIGNS D. Full name IMAGES GALORE Mailing Address 3002 BIENVILLE BLVD STE A City, State, Zip Code VENTL SIGNS Mailing Address 3002 BIENVILLE BLVD STE A City, State, Zip Code S City, State, Zip Code S Amount of each disbursement this p | |
| 3002 BJENNJUE BLVD STE A City, State, Zip Code OCEAN Strings MS 39569 Purpose of Disbursement (Optional) VINTL SIGNS D. Full name Jate Amount of each (Mo., Day, Year) Mailing Address 3002 BJENNFUE BLVP STE A City, State, Zip Code S | |
| City, State, Zip Code OCEAN Strivys, MS 39569 Purpose of Disbursement (Optional) VINTL SIGNS D. Full name IMAGES GALORE Mailing Address 3002 BIENNFUL BUN SIEA City, State, Zip Code S City, State, Zip Code | |
| VENTL SIGNS D. Full name IMAGES GALORE Mailing Address 3002 BIENNFUL BUN SIEA City, State, Zip Code Year-to-date SEE BELOW Amount of each (Mo., Day, Year) disbursement this p | |
| Date Amount of each (Mo., Day, Year) Mailing Address 3002 BIENNFUL BUN STEA City, State, Zip Code Amount of each (Mo., Day, Year) \$ 284.09 | |
| 3002 BIENVFUE BLUD STEA City, State, Zip Code \$ | |
| City, State, Zip Code | |
| \$\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\finter{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frick}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{ | |
| Purpose of Disbursement (Optional) Aggregate Year-to-date SEE BEWW | |
| E. Full name Date Amount of each (Mo., Day, Year) Amount of each (Mo., Day, Year) disbursement this p | |
| Mailing Address 3002 BIENVALLE BLUD STE 1 318121 \$ 445.12 | |
| City, State, Zip Code Of Face SPETINGS TO FIGURE | |
| City, State, Zip Code OCEAN SPEINES, MS 39564 Purpose of Disbursement (Optional) Aggregate Year-to-date 772.01 | |
| F. Full name Date Amount of each (Mo., Day, Year) disbursement this p | |
| Mailing Address \$ | |
| City, State, Zip Code \$// \$ | |
| Purpose of Disbursement (Optional) Aggregate Year-to-date \$ | |

| Page | | of_ | <u>/</u> |
|------|--|-----|----------|
|------|--|-----|----------|

| Name of | Candidate or Committee | _\ |
|---------|------------------------|------|

Name of Candidate or Committee ROBERT BLACKMAN

Reporting period JANARY / 2021 through MARCH 27 2021

ITEMIZED RECEIPTS

| A. Source: OCorporation OPAC SIndividual OLoan | Date (Ma. Day Year) | Amount of each receipt |
|--------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name MARC FOSTER | 1/25/21 | \$ 500.0 |
| Mailing Address | / | \$ |
| HOD3 DUNSTNANE ST City, State, Zip Code | | S |
| | // | J |
| OCEAN SPRINGS, MS 39564 Name of Employer (Required) CYPRESS ENVIRONMENT & INFRASTRUCTURE | // | \$ |
| Occupation (Required) | Aggregate year–to-date | \$ 500,00 |
| B. Source: Corporation PAC Individual Loan | | Amount of each |
| Other (please specify) | Date (Mo., Day, Year) | receipt this period |
| Full name | 218121 | \$ 400,00 |
| Mailing Address | | \$ |
| City, State, Zip Code | | |
| Name of Employer (Required) | // | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate | \$ 1/00 00 |
| ATTORNEY | year-to-date | \$ 400.00 |
| C. Source: Ochor (places specific) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full name | 3 | |
| PALACE CASTNO & RESURT Mailing Address | <u>211121</u> | \$ 200.00 |
| P.O. BOX 309 City, State, Zip Code | // | 3 |
| | // | \$ |
| BFLOXI MS 39.533 Name of Employer (Required) | , , | \$ |
| PALACE CASINA Occupation (Required) | Aggregate | \$ 0.500 |
| GAMIN É | year-to-date | 3200.00 |
| D. Source: OCorporation OPAC OIndividual OLoan | Date | Amount of each receipt |
| Other (please specify) | (Mo., Day, Year) | this period |
| Full name | // | \$ |
| Mailing Address | // | s |
| City, State, Zip Code | // | \$ |
| Name of Employer (Required) | // | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| | | |

| \circ | Page of |
|-------------------------------------------------------|--------------------------|
| Name of Candidate or Committee ROBERI BLACKMAN | |
| Reporting period JANUARY 2021 through MARCH 27 2021 | DIDITIONS |
| ITEMIZED RECEIPTS – IN-KIND CONT | RIBUTIONS |
| A. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) |
| Other (please specify) Full name | (IVIO., Day, Tear) |
| | |
| Mailing Address | Estimated Amount of |
| City, State, Zip Code | In-Kind Contribution* |
| Name of Employer (Required) | \$ |
| Occupation (Required) | |
| | |
| In-Kind Description: | |
| | |
| , | |
| N/A | |
| | |
| · · | |
| | |
| | |
| B. Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) |
| Other (please specify) Full name | (into, buy, rear) |
| | |
| Mailing Address | Estimated Amount of |
| City, State, Zip Code | In-Kind Contribution* |
| Name of Employer (Required) | S |
| Occupation (Required) | 9 |
| | |
| In-Kind Description: | |
| | |
| | |
| $\alpha \neq \beta = 0$ | |
| NIA | |
| | |
| | |
| | |

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