

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2024 Annual Report

RECEIVED

By Mississippi Secretary of State at 4:47 pm, Jan 31, 2025

Name of Candidate Bradford J. Blackmon
 Address 374 N. West Street City/State/Zip Canton, MS 39046
 Telephone (Work) 601-859-1567 (Home) _____ (Fax) _____
 Contact Name Bradford J. Blackmon Email Address bjblackmon@blackmonlawfirm.com
 Office Sought Senate District 21

Check here if above information is different from previous report

TYPE OF REPORT

Friday, January 31, 2025 (January 1, 2024 through December 31, 2024) **Annual Report**
 Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) **Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.**
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
 ACCUMULATED *PRIOR TO JANUARY 1, 2018***

JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE			\$3,646.45
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$6,250	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$1,319.10	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$8,577.35

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

11/31/25
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. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Bradford J. BlackmonReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. 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>Sports Betting Alliance</u>	<u>12/8/23</u>	\$ 250
Mailing Address <u>5109 82nd Street, Ste 7-111</u>	___/___/___	\$
City, State, Zip Code <u>Lubbock, Texas, 79424</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
B. 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>CVS Health, CVS Pharmacy Inc.</u>	<u>6/23/24</u>	\$ 500
Mailing Address <u>1 CVS Drive</u>	___/___/___	\$
City, State, Zip Code <u>Woonsocket, RI 02895</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
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>Distilled Spirits Council US</u>	<u>10/29/24</u>	\$ 500
Mailing Address <u>101 Constitution Ave NW, Suite 350 West</u>	___/___/___	\$
City, State, Zip Code <u>Washington, DC 20001</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
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 <u>Mississippi Bail Agents Associations</u>	<u>11/12/24</u>	\$ 500
Mailing Address <u>P.O. Box 2567</u>	___/___/___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

Name of Candidate or Committee Bradford J. BlackmonReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" 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 Caresource Mission PAC	9/4/24	\$ 250
Mailing Address 65 E. State St. Suite 201	__/__/__	\$
City, State, Zip Code Columbus, OH 43215-4255	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 250
B. 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 LYFT, Inc	9/16/24	\$ 1000
Mailing Address 185 Berry St. Suite 400	__/__/__	\$
City, State, Zip Code San Francisco, CA 94107	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
C. Source: <input type="radio"/> Corporation <input checked="" 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 Ten One PAC	12/19/24	\$ 250
Mailing Address 200 N. Congress St. Suite 403	12/19/24	\$ 500
City, State, Zip Code Jackson, MS 39201-1917	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 750
D. 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 Cornerstone Government Affairs	7/18/24	\$ 500
Mailing Address 800 Maine Ave SW 7th Floor	__/__/__	\$
City, State, Zip Code Washington, D.C. 200024	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

Name of Candidate or Committee Bradford J. Blackmon

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. 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>AT&T</u>	<u>10/23/24</u>	\$ 500
Mailing Address <u>1010 Pine St.</u>	__/__/__	\$
City, State, Zip Code <u>St. Louis, MO 63101</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: <input type="radio"/> Corporation <input checked="" 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>MS Ambulance Alliance</u>	<u>12/19/24</u>	\$ 500
Mailing Address <u>P.O. Box 17889</u>	__/__/__	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
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>Comcast Corporation</u>	<u>10/1/24</u>	\$ 500
Mailing Address <u>1701 JFK Blvd</u>	__/__/__	\$
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source: <input type="radio"/> Corporation <input checked="" 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>MAE-PAC</u>	<u>12/20/24</u>	\$ 500
Mailing Address <u>1657 McFarland Blvd N Ste. G3e</u>	__/__/__	\$
City, State, Zip Code <u>Tuscaloosa, AL 35406-2201</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ 500

Name of Candidate or Committee Bradford J. Blackmon

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED DISBURSEMENTS

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

A. Full name	Date	Amount of each
Johnny T's Bistro Jackson	(Mo., Day, Year)	disbursement this period
Mailing Address	1/3/24	\$
538 N. Farish Street		1,319.10
City, State, Zip Code	_ / _ / _	\$
Jackson, MS 39202		
Purpose of Disbursement (Optional)	Aggregate	\$
Campaign Supporters Event	Year-to-date	1,319.10
B. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
C. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
D. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
E. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	
F. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate	\$
	Year-to-date	