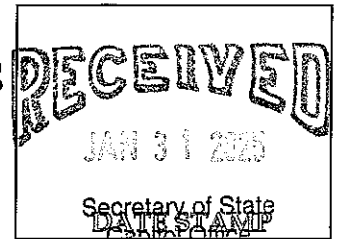




REPORT OF RECEIPTS AND DISBURSEMENTS

2024 Annual Report



Name of Candidate Hillman Terome Frazier

Address 2066 Queensroad Avenue City/State/Zip Jackson 39213

Telephone (Work) 601-359-2220 (Home) _____ (Fax) 601-359-2889

Contact Name Hillman Frazier Email Address hillmanfrazier@gmail.com

Office Sought Senate District 27



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

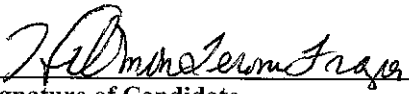
JAN. 1, 2024 CASH ON HAND BALANCE	\$		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$ -0-	\$ 100 -0-	\$ -0-
TOTAL AMT OF DISBURSEMENTS	\$ -0-	\$ -0-	\$ -0-
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 19,115.00		

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	\$ 17,043.70		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 4250.00	\$ -0-	\$ 4250.00
TOTAL AMT OF DISBURSEMENTS	\$ 1441.00	\$ 650.00	\$ 2091.00
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 19,202.70		

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

01-31-2025
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 Hillman Terone FrazierReporting 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 <u>MPG State PA</u>	<u>11/18/24</u>	\$ <u>500.00</u>
Mailing Address <u>2292 West Beach Blvd.</u>	___/___/___	\$
City, State, Zip Code <u>Gulfport MS 39501</u>	___/___/___	\$
Name of Employer (Required) <u>Mississippi Power</u>	___/___/___	\$
Occupation (Required) <u>Energy</u>	Aggregate year-to-date	\$ <u>500.00</u>
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>Mississippi Bail Agents Association</u>	<u>11/27/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 2567</u>	___/___/___	\$
City, State, Zip Code <u>Madison MS 39110</u>	___/___/___	\$
Name of Employer (Required) <u>Mississippi Bail Agents Association</u>	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>Comcast Corporation</u>	<u>12/11/24</u>	\$ <u>500.00</u>
Mailing Address <u>One Comcast Center, 1701 JFK Blvd</u>	___/___/___	\$
City, State, Zip Code <u>Philadelphia, PA 19103-2838</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Harper & Bailey Governmental Solutions LLC</u>	<u>12/4/24</u>	\$ <u>250.00</u>
Mailing Address <u>317 E. Capitol Street, Suite 100</u>	___/___/___	\$
City, State, Zip Code <u>Jackson MS 39201-3405</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Hillman Terome Frazier
 Reporting 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 <u>Financial Service Centers of Mississippi PAC</u>	<u>12/20/24</u>	\$ <u>250.00</u>
Mailing Address <u>219 Panola Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ferriday, LA 71334</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Financial Services Centers of Mississippi</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Financial Services</u>	Aggregate year-to-date	\$ <u>250.00</u>
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>Mississippi Ambulance Alliance PAC</u>	<u>12/21/24</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 17889</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39404</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>EMPAC Mississippi</u>	<u>12/22/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1604</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>EMPAC Mississippi</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Energy Supplier</u>	Aggregate year-to-date	\$ <u>500.00</u>
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>Ten One PAC</u>	<u>12/23/24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress Street, Suite 403</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201-1917</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Ten One PAC</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Political Action Committee</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Hillman Terome FrazierReporting 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 <u>Ten One Strategies</u>		<u>12/26/24</u>	\$ <u>250.00</u>
Mailing Address <u>200 North Congress Street, Suite 403</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201-1917</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Ten One Strategies</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Public Consultant - Governmental Affairs</u>		Aggregate year-to-date	\$ <u>750.00</u>
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>ECM CO-PAC</u>		<u>12/31/24</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>ECM CO-PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Energy</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. 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> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
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> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Hillmon Terome Frazier
 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 <u>Jackson Advocate</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 3708</u>	<u>06/19/24</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39207</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>NAAEP Clinton Branch</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 812</u>	<u>10/25/24</u>	\$ <u>225.00</u>
City, State, Zip Code <u>Clinton, MS 39060</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>225.00</u>
C. Full name <u>State Innovation Exchange</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2021 L Street, NW</u>	<u>11/18/24</u>	\$ <u>375.00</u>
City, State, Zip Code <u>Washington DC 20036</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>375.00</u>
D. Full name <u>American Airlines</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>On/line</u>	<u>05/25/24</u>	\$ <u>641.00</u>
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>641.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$