

CANDIDATE'S REPORT  
OF RECEIPTS AND DISBURSEMENTS  
2009 MUNICIPAL ELECTION

4/27/09  
11:00 am  
DATE STAMP

Candidate's Name MARNITH N. Henderson  
 Full Address 208 Pinebrook Rd STARKVILLE, MS  
 Telephone 662-323-5856 (Fax) \_\_\_\_\_  
 Municipality STARKVILLE E-mail mnh@ms.netcast.net  
 Office Sought MAYOR Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- \_\_\_\_ April 28, 2009 Pre-Election Report (January 1, 2009, through April 25, 2009) ..... All Primary Candidates  
 \_\_\_\_ May 12, 2009 Pre-Runoff Report (April 26, 2009, through May 9, 2009) ..... Runoff Candidates Only  
 \_\_\_\_ May 26, 2009 Pre-General Report (May 10, 2009, through May 23, 2009)..... All General Candidates  
 \_\_\_\_ June 09, 2009 Pre-Runoff Report (May 24, 2009, through June 6, 2009)..... Runoff Candidates Only  
 \_\_\_\_ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)..... All Candidates and Political Committees  
 \_\_\_\_ 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) Pre-Election reports are mandatory, 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 this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) 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. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$	2600.00	\$ 2600.00
Total amount of disbursements	\$	1786.47	\$ 1786.47
Total amount of cash on hand	\$	813.53	

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

Marnith N. Henderson  
Signature of Candidate

4/27/09  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: Candidates associated with municipal elections should return the completed form to their Municipal Clerk.

Name of Candidate or Committee MARNITAN HENDERSON  
 Reporting period 03/07/09 through 04/27/09

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MARY Catherine Cole</u>	<u>03/15/09</u>	\$ <u>500.00</u>
Mailing Address <u>104 Dumbrook</u>	__/__/__	\$
City, State, Zip Code <u>Starkville MS 39759</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required) <u>House wife</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles + Marnita Henderson</u>	<u>03/27/09</u>	\$ <u>2100.00</u>
Mailing Address <u>208 Pinebrook Rd</u>	__/__/__	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	__/__/__	\$
Name of Employer (Required) <u>Retired</u>	__/__/__	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 MARNITA N. HENDERSON  
 Reporting period 03/07/09 through 04/30/09

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cross + Oberlie</u>	<u>03/24/09</u>	\$ <u>1008.00</u>
Mailing Address <u>916 Byrd Ave</u>		
City, State, Zip Code <u>Neenah WI 54956</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>LAWN Signs</u>	Aggregate Year-to-date	\$
B. Full name <u>Vista Print USA INC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>95 Hayden Ave</u>	<u>03/25/09</u>	\$ <u>358.84</u>
City, State, Zip Code <u>Lexington MA 02421</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>CARDS</u>	Aggregate Year-to-date	\$
C. Full name <u>Other Items total \$200 each</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$ <u>419.63</u>
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<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>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$