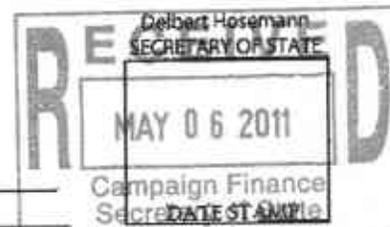


2011 ELECTION CYCLE

Political Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2011 Elections



Name of Candidate Adrian L. "Chip" Wood, III  
 Address 2905 Pinecrest Circle, Corinth MS 38834 County Alcorn  
 Telephone 662-286-9486 Fax 662-287-0952  
 Treasurer Chris Porterfield Email Address cwood@corinth.ms

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) \_\_\_\_\_ Mandatory
- June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) \_\_\_\_\_ Mandatory
- July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) \_\_\_\_\_ Mandatory
- July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) \_\_\_\_\_ Primary Candidates
- August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) \_\_\_\_\_ Runoff Candidates Only
- October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) \_\_\_\_\_ Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) \_\_\_\_\_ Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

**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 receiving authority 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**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2520.00 + \$ 5624.99	\$ 8144.99	\$ 8144.99
Total amount of disbursements	\$ 889.97 + \$ 0	\$ 889.97	\$ 889.97
Total amount of cash on hand		\$ 7255.02	

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

Adrian L. Wood III  
 Signature of Candidate

MAY 06, 2011  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.  
 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. §§ 23-15-8-11 (1972).

**SEND TO:** 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee ADRIAN L. "CHIP" WOOD III Page 1 of 1  
 Reporting period 01-01-2011 through 04-30-2011

## 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>CHRIS PORTERFIELD</u>	<u>02/10/11</u>	\$ <u>520.00</u>
Mailing Address <u>113 CR 754</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>COCA COLA</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>HR DIRECTOR</u>	Aggregate year-to-date	\$ <u>520.00</u>
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>DR. B. WAYNE MCALPIN</u>	<u>04/28/11</u>	\$ <u>1000.00</u>
Mailing Address <u>209 N HARPER ROAD</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>1000.00</u>
C. 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>DR. J ROBERT DAVIS</u>	<u>04/29/11</u>	\$ <u>500.00</u>
Mailing Address <u>6508 N SHILDH ROAD</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF EMPLOYED</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>PHYSICIAN</u>	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>EDWARD B. MCKINNEY</u>	<u>04/25/11</u>	\$ <u>500.00</u>
Mailing Address <u>15 CR 459</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>CORINTH MS 38834</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>QUICKWAY</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee ADRIAN L. "CHIP" WOOD, III  
 Reporting period 01-01-2011 through 04-30-2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>DAILY CORINTHIAN</u>		
Mailing Address <u>1607 HARPER ROAD</u>	<u>01/15/11</u>	\$ <u>190.00</u>
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>03/17/11</u>	\$ <u>187.50</u>
Purpose of Disbursement (Optional) <u>LISTING, MEET THE CANDIDATES</u>	Aggregate Year-to-date	\$ <u>377.50</u>
<b>B. Full name</b> <u>DIRECT NIC, LTD</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>PO BOX 11207</u>	<u>03/31/11</u>	\$ <u>15.00</u>
City, State, Zip Code <u>GRAND CAYMAN, KYI-1008</u>	<u>04/20/11</u>	\$ <u>47.52</u>
Purpose of Disbursement (Optional) <u>WEB DOMAIN + HOSTING</u>	Aggregate Year-to-date	\$ <u>62.52</u>
<b>C. Full name</b> <u>ZACK STEEN</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>119 WEBSTER</u>	<u>03/10/11</u>	\$ <u>400.00</u>
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>WEB DEVELOPER</u>	Aggregate Year-to-date	\$ <u>400.00</u>
<b>D. Full name</b> <u>K ADV SIGNS</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>1901-B S HARPER ROAD</u>	<u>03/21/11</u>	\$ <u>49.95</u>
City, State, Zip Code <u>CORINTH, MS 38834</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>PRINTING</u>	Aggregate Year-to-date	\$ <u>49.95</u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$