



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Candidate Angela Y. Cockerham
 Address Post Office Box 613, Magnolia, MS 39652 County Amite
 Telephone (601) 783-6600; (601) 783-4979 Fax (601) 783-3670
 Office Sought House District 96 Political Party Democrat
 Email Address angelacockerham@hotmail.com

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 1, 2011, through September 30, 2011) _____ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 1, 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 DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$16,900.00	+	\$ 600.00	=	\$ 17,500.00	\$ 19,150.00
Total amount of disbursements	\$7,661.00	+	\$354.47	=	\$8,015.47	\$11,106.33
Total amount of cash on hand					\$ 13,615.91	

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

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 601-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Professional Association</u>		
Full name <u>Stevens & Ward, P.A.</u>	<u>10</u> / <u>11</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address <u>1855 Lakeland Drive, Ste. Q-200</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39216-4943</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Electric Power Associations of Mississippi State PAC</u>	<u>10</u> / <u>14</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>Post Office Box 3300</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Round Sky, Inc.</u>	<u>10</u> / <u>29</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>7336 Santa Monica Blvd., #829</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>West Hollywood, CA 90046-6616</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u> </u>		
Full name <u>Robert E. Simmons d/b/a The Simmons Network</u>	<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>692 Mulberry Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Biloxi, MS 39532</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>D & E Enterprises, LLC</u>	<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>800.00</u>
Mailing Address <u>628 Chaney Drive, Ste. D</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Collierville, TN 38017</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Grand Trunk Western Railroad Company</u>	<u>06</u> / <u>28</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 5025</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Troy, MI 48007-5025</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Jerry Walters</u>	<u>10</u> / <u>15</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>262 Idle Brook Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39212</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Penn Marketing</u>	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>AT&T Mississippi Political Action Committee</u>	<u>10</u> / <u>03</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>175 East Capital Street, Landmark Center Room 703</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>South MS Title Company, Inc.</u>	<u>10</u> / <u>5</u> / <u>11</u>	\$ <u>800.00</u>
Mailing Address <u>Post Office Box 1703</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS 39649</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Buddy Medlin & Associates, Inc.</u>	<u>10</u> / <u>7</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address <u>Post Office Box 24087</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</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) _____		
Full name <u>Mississippi Medical Political Action Committee</u>	<u>10</u> / <u>5</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 2548</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Capitol Advocacy Group</u>	<u>10</u> / <u>5</u> / <u>11</u>	\$ <u>800.00</u>
Mailing Address <u>Post Office Box 217</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Cable PAC MCTA		9 / 26 / 11	\$ 200.00
Mailing Address P.O. Box 55867		□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS 39296		□ / □ / □	\$ _____
Name of Employer (Required) _____		□ / □ / □	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 200.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Southwest Distributors		9 / 28 / 11	\$ 800.00
Mailing Address Post Office Box 1148		□ / □ / □	\$ _____
City, State, Zip Code Summit, MS 39666		□ / □ / □	\$ _____
Name of Employer (Required) _____		□ / □ / □	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 800.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Mississippi Power Company State Pac		7 / 19 / 11	\$ 200.00
Mailing Address Post Office Box 4079		□ / □ / □	\$ _____
City, State, Zip Code Gulfport, MS 39502		□ / □ / □	\$ _____
Name of Employer (Required) _____		□ / □ / □	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Worth Thomas d/b/a Worth Thomas Consultants		9 / 29 / 11	\$ 800.00
Mailing Address Post Office Box 774		□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS 39205		□ / □ / □	\$ _____
Name of Employer (Required) _____		□ / □ / □	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ 800.00

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name L & H Distributors	10 / 7 / 11	\$ 800.00
Mailing Address Post Office Box 23002	/ /	\$
City, State, Zip Code Jackson, MS 39225	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Fund</u>		
Full name MAP Employee Fund	10 / 14 / 11	\$ 800.00
Mailing Address 1751 Morson Raod	/ /	\$
City, State, Zip Code Jackson, MS 39209	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>Association</u>		
Full name Mississippi Bail Agents Association	10 / 10 / 11	\$ 800.00
Mailing Address 413 South President St., Ste. 111	/ /	\$
City, State, Zip Code Jackson, MS 39201	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Natchez, Inc.	10 / 13 / 11	\$ 800.00
Mailing Address 211 Main Street, Suite B	/ /	\$
City, State, Zip Code Natchez, MS 39120	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00

Name of Candidate or Committee Angela Y. CockerhamReporting period: October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>WB Consolidated</u>	<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>550.00</u>
Mailing Address <u>770 North West Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>550.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Precious Martin, Sr. & Associates, PLLC</u>	<u>10</u> / <u>12</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 373</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Brothers Commissary Services</u>	<u>10</u> / <u>5</u> / <u>11</u>	\$ <u>800.00</u>
Mailing Address <u>204 Toledo Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Lafayette, LA 70506</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MS Primary Health Care Associates, Inc. PAC</u>	<u>10</u> / <u>14</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>6400 Lakeover Road, Ste. A</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39213</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Angela Y. Cockerham

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Tellus Operating Group, LLC</u>	<u>10</u> / <u>13</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>602 Crescent Place, Ste. 100</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Bobby Moak Campaign</u>	<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>Post Office Box 242</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Bogue Chitto, MS 39629-0242</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Marcus Ward</u>	<u>10</u> / <u>24</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address <u>5865 Kristen Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>James Jeff</u>	<u>10</u> / <u>14</u> / <u>11</u>	\$ <u>800.00</u>
Mailing Address <u>805 Leeds Court</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Madison, MS 39110</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Comcast Corporation	10 / 11 / 11	\$ 250.00
Mailing Address 1701 JFK Boulevard	□ / □ / □	\$ _____
City, State, Zip Code Philadelphia, PA 19103-2838	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Enterqy PAC	10 / 17 / 11	\$ 800.00
Mailing Address Post Office Box 1640	□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS 39215-1640	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Advantage Capital Corporation	10 / 17 / 11	\$ 800.00
Mailing Address 909 Poydras Street, Ste. 2230	□ / □ / □	\$ _____
City, State, Zip Code New Orleans, LA 70112	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 800.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Abbott Laboratories Employee PAC	10 / 18 / 11	\$ 300.00
Mailing Address 100 Abbott Park Road	□ / □ / □	\$ _____
City, State, Zip Code Abbott Park, IL 60064-6028	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Mississippi Dental PAC	6 / 17 / 11	\$ 500.00
Mailing Address 439 Katherine Drive	/ /	\$
City, State, Zip Code Flowood, MS 39232	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Milcreek Management Corporation	10 / 14 / 11	\$ 200.00
Mailing Address Post Office Box 1130	3 / 14 / 11	\$ 200.00
City, State, Zip Code Magee, MS 39111	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 400.00
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Altria Client Services, Inc.	9 / 13 / 11	\$ 250.00
Mailing Address 6601 West Broad Street	/ /	\$
City, State, Zip Code Richmond, VA 23230	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	/ /	\$
Mailing Address _____	/ /	\$
City, State, Zip Code _____	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee Angela Y. CockerhamReporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name David Green	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3519 Berwick Cassels Road	10 / 7 / 11	\$ 300.00
City, State, Zip Code Gloster, MS 39638	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
B. Full name Mississippi Prison Industries	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 663 North State Street	10 / 14 / 11	\$ 211.86
City, State, Zip Code Jackson, MS 39202	9 / 22 / 11	\$ 214.26
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 426.12
C. Full name Napoleon Hodges	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3024 Gibson Road	10 / 17 / 11	\$ 875.00
City, State, Zip Code McComb, MS 39649	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 875.00
D. Full name Quail Hollow Golf Course	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1102 Percy Quin Drive	10 / 17 / 11	\$ 1,475.00
City, State, Zip Code McComb, MS 39649	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,475.00
E. Full name Zylavian Watley	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 135 Henderson Lane	10 / 19 / 11	\$ 500.00
City, State, Zip Code Pearl, MS 39208	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name VPAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2742	10 / 26 / 11	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	9 / 21 / 11	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,500.00

Angela Y. Cockerham

Name of Candidate or Committee

Reporting period

October 1, 2011

through

December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Diane Peranich	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25176 Le Chene Drive	10 / 26 / 11	\$ 1,000.00
City, State, Zip Code Pass Christian, MS 39571	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,000.00
B. Full name Angela Cockerham	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 613	10 / 31 / 11	\$1,800.00
City, State, Zip Code Magnolia, MS 39652	__ / __ / __	\$
Purpose of Disbursement (Optional) reimbursement for loan to campaign	Aggregate Year-to-date	\$1,800.00
C. Full name Laura Veal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4039 Kahnville Road	10 / 31 / 11	\$00.00
City, State, Zip Code Gloster, MS	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$100.00
D. Full name Amite County Elementary Parent Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3457 S. Greensburg Road	10 / 31 / 11	\$100.00
City, State, Zip Code Liberty, MS 49645	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$100.00
E. Full name Firset Pentecostal Church Natchez	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 606 Hwy. 61 North	20 / 31 / 11	\$100.00
City, State, Zip Code Natchez, MS 3912-	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$100.00
F. Full name VPAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2742	11 / 21 / 11	\$200.00
City, State, Zip Code Jackson, MS 39207	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,700.00

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