2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate: Ashley Skellie
Address: PO Box 38, Long Beach, MS 39560 County: Harrison
Telephone: 228-596-9855 Fax:
Office Sought: State Senate District 48 Political Party: Republican
Email Address: ashley@skellieforsenate.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
X **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	$ 31,075	+$	3,935.00		$ 34,760.00	$ 67,110.00
Total amount of disbursements	$ 16,775.95	+$	5,695.25		$ 22,471.20	$ 30,816.49
Total amount of cash on hand					$ 36,293.51	

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

Ashley Skellie
Signature of Candidate

11/01/11
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.

SOS 07-11

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: International Fishery Development Services Inc.	10 / 4 / 11	$ 500.00
Mailing Address: PO Box 207	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dukes, Dukes, Keating & Faneca	10 / 19 / 11	$ 250.00
Mailing Address: PO Drawer W	/ /	$
City, State, Zip Code: Gulfport, MS 395	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Republican Club of Harrison County	10 / 19 / 11	$ 1,500.00
Mailing Address: 225 Cowan Rd	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: S.H. Anthony, Inc.	10 / 19 / 11	$ 1,000.00
Mailing Address: PO Box 3719	/ /	$
City, State, Zip Code: Gulfport, MS 39505	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Campaign Fund	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Philip Moran Campaign Fund	10 / 19 / 11	$ 250.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Harral	10 / 19 / 11	$ 250.00
Mailing Address: PO Box 4248	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wayne Tisdale	10 / 19 / 11	$ 500.00
Mailing Address: 9161 Ridge Rd	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): Stewart Sneed Hewes	/ /	$
Occupation (Required): VP	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pete Wilson	10 / 18 / 11	$ 500.00
Mailing Address: 453 Camargue Lane	/ /	$
City, State, Zip Code: Biloxi, MS 39531	/ /	$
Name of Employer (Required): BancorpSouth	/ /	$
Occupation (Required): VP	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Campaign Fund	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: [redacted]	[redacted] / [redacted] / [redacted]	$ [redacted]
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ [redacted]

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sidney Allen	10 / 19 / 11	$ 250.00
Mailing Address: 740 Orleans Circle	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brent Warr	10 / 19 / 11	$ 250.00
Mailing Address: 1814 Beach Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): self employed	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Thrasher	10 / 19 / 11	$ 750.00
Mailing Address: 103 Eaton Court	/ /	$
City, State, Zip Code: Franklin, TN 37064	/ /	$
Name of Employer (Required): Volkert	/ /	$
Occupation (Required): VP	Aggregate year-to-date	$ 750.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Haley's PAC	10 / 17 / 11	$ 5,000.00
Mailing Address: PO Box 1186	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ron Peresich	10 / 19 / 11	$ 1,000.00
Mailing Address: PO Box 289	/ /	$
City, State, Zip Code: Biloxi, MS 39533	/ /	$
Name of Employer (Required): Page Mannino	/ /	$
Occupation (Required): lawyer	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MCPA PAC	10 / 21 / 11	$ 400.00
Mailing Address: P.O. Box 16630	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ben Stone	10 / 24 / 11	$ 500.00
Mailing Address: PO Box 130	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Oil Plus Inc	10 / 12 / 11	$ 250.00
Mailing Address: 19006 Pineville Rd	/ /	$
City, State, Zip Code: Long Beach, MS 39560	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mary Bankston	10 / 11 / 11	$ 250.00
Mailing Address: 2588 Rue Palafox	/ /	$
City, State, Zip Code: Biloxi, MS 39531	/ /	$
Name of Employer (Required): retired	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific Financial Management	10 / 12 / 11	$ 750.00
Mailing Address: P.O. Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082-1270	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Contractor's PAC	10 / 13 / 11	$ 500.00
Mailing Address: PO Box 16522	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Scott Walker	10 / 19 / 11	$ 250.00
Mailing Address: 104 Temple Terrace	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): governmental affairs	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Genzer	10 / 19 / 11	$ 250.00
Mailing Address: 145 Saint Jude St	/ /	$
City, State, Zip Code: Biloxi, MS 39530	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tom Harvey	10 / 18 / 11	$ 250.00
Mailing Address: 2354 Beau Chene	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
Name of Employer (Required): self employed	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) club	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Federation of Republican Women	10 / 26 / 11	$ 250.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elvis Gates	10 / 19 / 11	$ 500.00
Mailing Address: PO Box 326	09 / 26 / 11	$ 500.00
City, State, Zip Code: Long Beach, MS 39560	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Henry Kinney	10 / 17 / 11	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code: Pass Christian, MS 39571	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Doug Rackley	10 / 19 / 11	$ 250.00
Mailing Address: 2515 Provence Place	/ /	$
City, State, Zip Code: Biloxi, MS 39531	/ /	$
Name of Employer (Required): Garner Russell & Associates	/ /	$
Occupation (Required): engineer	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Maxwell & Associates	10 / 19 / 11	$ 250.00
Mailing Address: PO Box 1665	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Sneed	10 / 19 / 11	$ 2,500.00
Mailing Address: 141 Bayou Circle	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Stewart Sneed Hewes	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Palazzo for Congress Putting MS First	10 / 11 / 11	$ 500.00
Mailing Address: PO Box 4634	/ /	$
City, State, Zip Code: Biloxi, MS 39535	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GOPAC	10 / 7 / 11	$ 1,000.00
Mailing Address: 1101 16th St SW, Ste 400	/ /	$
City, State, Zip Code: Washington, DC 20036	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy Gouras	10 / 02 / 11	$ 500.00
Mailing Address: 1100 Cherry Street	/ /	$
City, State, Zip Code: Vicksburg, MS 39183	/ /	$
Name of Employer (Required): Urban Planning Consultants, Inc	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank and Margaret Cannon	10 / 11 / 11	$ 250.00
Mailing Address: 2262 Beach Dr	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Breeze Properties	10 / 13 / 11	$ 500.00
Mailing Address: PO Drawer AA	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roderick Alexander	10 / 19 / 11	$ 250.00
Mailing Address: 45 Greenbriar Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terese Wyly	10 / 24 / 11	$ 250.00
Mailing Address: 216 North Beach Blvd.	/ /	$
City, State, Zip Code: Bay St. Louis, MS 39520	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Ashley Skellie

Reporting period: 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NRA Political Victory Fund	10 / 19 / 11	$ 250.00
Mailing Address: 11250 Waples Mill Rd	/ /	$
City, State, Zip Code: Fairfax, VA 22030	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ricky Cox	10 / 26 / 11	$ 500.00
Mailing Address: 21 Colonel Wink Dr	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) IN-KIND Contribution voter contact mail	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: IMPAC (Improve MS PAC)	10 / 17 / 11	$ 2,813.00
Mailing Address: P.O. Box 23021	10 / 19 / 11	$ 2,762.00
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5,575.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 Ashley Skellie

Reporting period 10/1/11 **through** 10/29/11

ITEMIZED DISBURSEMENTS

A. Full name Bull's Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 300 Jeff Davis Avenue	10 / 25 / 11	$ 800.00
City, State, Zip Code Long Beach, MS 39560	/ /	$
Purpose of Disbursement (Optional) fundraiser	Aggregate Year-to-date	$ 800.00
B. Full name US Postal Service	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 24 / 11	$ 425.10
City, State, Zip Code Gulfport, MS 39503	/ /	$
Purpose of Disbursement (Optional) postage	Aggregate Year-to-date	$ 425.10
C. Full name Southern Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 21 / 11	$ 1,249.11
City, State, Zip Code Pass Christian, MS 39571	07 / 22 / 11	$ 374.61
Purpose of Disbursement (Optional) campaign materials	Aggregate Year-to-date	$ 1,623.72
D. Full name Magnolia Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 18 / 11	$ 643.71
City, State, Zip Code Gulfport, MS 39501	/ /	$
Purpose of Disbursement (Optional) invitations	Aggregate Year-to-date	$ 643.71
E. Full name Ashley Skellie	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO Box 38	10 / 10 / 11	$ 2,773.00
City, State, Zip Code Long Beach, MS 39560	/ /	$
Purpose of Disbursement (Optional) reimbursement for web hosting and supplies	Aggregate Year-to-date	$ 5,023.00
F. Full name Tel Opinion Research	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 11 / 11	$ 1,300.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) poll	Aggregate Year-to-date	$ 1,300.00

Name of Candidate or Committee Ashley Skellie

Reporting period 10/1/11 through 10/29/11

ITEMIZED DISBURSEMENTS

A. Full name Winning Edge Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 27 / 11	$ 9,585.03
City, State, Zip Code Jackson, MS	___/___/___	$
Purpose of Disbursement (Optional) mail	Aggregate Year-to-date	$ 14,155.71
B. Full name Girrard Parker	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10 / 25 / 11	$ 500.00
City, State, Zip Code Gulfport, MS 39501	___/___/___	$
Purpose of Disbursement (Optional) coordinator	Aggregate Year-to-date	$ 500.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$