(1 of 3)

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

DATE STAMP

2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate
2011 Elections

Name of Candidate Ben G. "Buddy" Coggin County Lee
Address 4509 Union Ave. Nettleton Fax
Telephone 662-315-9095 Political Party Republican
Office Sought District #16 MS House Email Address buddycoggin@yahoo.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
CH ✓ **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.

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$ 300	+$	210	$	510.00	$ 3420.00
Total amount of disbursements	$ 370.40	+$	100.00	$	470.40	$ 3416.30
Total amount of cash on hand	$ 3.31			$	3.31	

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

1 Dec. 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 in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).
Report [illegible] in fines of $50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).
[illegible] State district, multi county and all legislative offices should return form to Secretary of State, Elections Division, [illegible]
[illegible]
2. Candidates for county wide and county district offices should return forms to their county circuit clerk.

Name of Candidate or Committee Ben G. Buddy Coggin

Reporting period 1 Nov → through Termination

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	11/3/11	$ 300.00
Full name: Ben G. Coggin (LOAN)	11/14/11	$ 60.00
Mailing Address: 4509 Union	/ /	$
City, State, Zip Code: Nettleton, Ms.	/ /	$
Name of Employer (Required): Farmer (Self)	Aggregate year-to-date	$ 2360.00
Occupation (Required)		

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	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)	Aggregate year-to-date	$
Occupation (Required)		

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	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)	Aggregate year-to-date	$
Occupation (Required)		

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	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)	Aggregate year-to-date	$
Occupation (Required)		

Name of Candidate or Committee Benj G. "Buddy" Coggin

Reporting period Nov. 1st → through Termination

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Daily Journal	11/3/11	$ 370.40
Mailing Address: P.O. Box 909	__/__/__	$
City, State, Zip Code: Tupelo, Ms. 38802	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

	Date (Mo., Day, Year)	Amount of each disbursement this period
B. Full name: N.E. Ms. Daily Journal	11/3/11	$ 370.40
Mailing Address: P.O. Box 909	__/__/__	$
City, State, Zip Code: Tupelo, Ms. 38802	Aggregate Year-to-date	$ 2360.00
Purpose of Disbursement (Optional)		

	Date (Mo., Day, Year)	Amount of each disbursement this period
C. Full name: METROCAST	11/14/11	$ 100.00
Mailing Address: 105 Allison	__/__/__	$
City, State, Zip Code: Oxford, Ms. 38655	Aggregate Year-to-date	$ 100.00
Purpose of Disbursement (Optional)		

	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

	Date (Mo., Day, Year)	Amount of each disbursement this period
E. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		

	Date (Mo., Day, Year)	Amount of each disbursement this period
F. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		