2011 ELECTION CYCLE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

RECEIVED
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Delbert Hosemann
SECRETARY OF STATE
DATE STAMP
Campaign Finance
Secretary of State

Name of Candidate Bennett Malone

Address PO Box 528, Carthage County LEAKE-NESH-SCOT

Telephone 601-201-4879 Fax

Office Sought State Representative District 45 Political Party DEMOCRAT

Email Address

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	$ 24,211.00	+$	400.00		$ 24,611.00	$
Total amount of disbursements	$ 20,502.00	+$	2,230.53		$ 22,832.53	$
Total amount of cash on hand					$ 2,310.58	

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

Bennett Malone
Signature of Candidate

11-1-11
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

AMENDED FILING

Name of Candidate or Committee: Barnett Malone

Reporting period: 10-1 through 10-29

ITEMIZED RECEIPTS

A. Source: Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASSOC OF EDUCATORS	/ /	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Concrete Industries PAC	/ /	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations of MS	/ /	$ 300.00
Mailing Address	/ /	$
City, State, Zip Code: Ridgeland, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Healthcare PAC	/ /	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

EN-PAC [X] PAC 10/13/11 500.00

JACKSON, MS YTD 500.00

SS04-05

AMENDED

576 2545

Name of Candidate or Committee: Bennett Malone

Reporting period: 10-1 through 10-29

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PLUM CREEK	/ /	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: COLUMBIA FALLS, MT	/ /	$
Name of Employer (Required)	/ /	$ 250.00
Occupation (Required)	Aggregate year-to-date	$

B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS MALT BEVERAGE ASSOC	/ /	$ 300.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TAKEDA	/ /	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: Deerfield, IL	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GEO Group PAC	/ /	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code: BOCA RATON, FLORIDA	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

[X] PAC

Sierra Club PAC	10/28/11	500.00
JACKSON, MS	YTD	500.00

SB04-05

AMENDED

Name of Candidate or Committee: Bennett Malone

Reporting period: Oct 1 - ~~Oct 29~~ through Oct 29

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: I Believe PAC	10 / 27 / 11	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
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: MS American Life Insurance	/ /	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
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: MS AFL-CIO	/ /	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
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: AMERISTAR CASINO	/ /	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code: VICKSBURG, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

JM-PAC PAC (in kind contribution) $8,170
PO Box 1992
JACKSON, MS 39215

SS04-05

YTD $8,170

AMENDED

Name of Candidate or Committee BENNETT MALONE

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: I-BELEIVE PAC (IN-KIND)	10/27/11	$ 9447.00
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. 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	$

C. 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	$

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	$

SS04-05

AMENDED

Name of Candidate or Committee Bennett Malone

Reporting period 10-1 through 10-29

ITEMIZED DISBURSEMENTS

A. Full name: SIR SPEEDY PRINTING Mailing Address City, State, Zip Code: JACKSON, MS Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 127.00 $ 354.00
B. Full name: TGC Solutions Mailing Address City, State, Zip Code: Walnut Grove, MS 39189 Purpose of Disbursement (Optional): Signs Reimbursement	Date (Mo., Day, Year): 10/28/11 Aggregate Year-to-date	Amount of each disbursement this period: $ 360.00 $ 5,723.62
C. Full name: Scott County Times Mailing Address City, State, Zip Code: Forest, MS Purpose of Disbursement (Optional): Advertising	Date (Mo., Day, Year): 10/27/11 Aggregate Year-to-date	Amount of each disbursement this period: $ 1460.00 $ 1460.00
D. Full name: The Carthaginian Mailing Address City, State, Zip Code: Carthage MS 39051 Purpose of Disbursement (Optional): Advertising	Date (Mo., Day, Year): 10/27/11 Aggregate Year-to-date	Amount of each disbursement this period: $ 944.00 $ 1266.00
E. Full name: JMPAC-inkind to MACK-CROUSE GROUP Mailing Address City, State, Zip Code: Alexandria, VA Purpose of Disbursement (Optional): consulting services	Date (Mo., Day, Year): 10/27/11 Aggregate Year-to-date	Amount of each disbursement this period: $ 6980.00 $ 6980.00
F. Full name: VBR Design (JMPAC-inkind) Mailing Address City, State, Zip Code: Ridgeland, MS Purpose of Disbursement (Optional): consulting services	Date (Mo., Day, Year): 10/27/11 Aggregate Year-to-date	Amount of each disbursement this period: $ 500 $ 500.00

SS04-06

AMENDED

Name of Candidate or Committee Bennett Malone

Reporting period 10-1 through 10-29

ITEMIZED DISBURSEMENTS

A. Full name: Quality Printing (JMPAC inkind)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/20/11	$ 690.00
City, State, Zip Code: JACKSON, MS	__/__/__	$
Purpose of Disbursement (Optional): printing	Aggregate Year-to-date	$ 690.00
B. Full name: III-Believe PAC-inkind to MACK-CROUSE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/29/11	$ 9,441.00
City, State, Zip Code: Alexandria, VA	__/__/__	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 9441.00
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	$

SS04-06

AMENDED