2012 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 10 2012
Secretary of State
Capitol Office

REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate
2012 Election

Name BILL DENNY

Address 36 AUTUMN HILL DR, JACKSON County MS 39211

Telephone (601-956-6807 Fax (601-956-5145

Office Sought HOUSE OF REP. DIST 64 Email Address DENNY822@AOL.COM

☐ Check here if above is different from previous report

____ May 10, 2012 Periodic Report (January 1, 2012, through April 30, 2012).....Mandatory

____ June 8, 2012 Periodic Report (May 1, 2012, through May 31, 2012).....Mandatory

____ July 10, 2012 Periodic Report (June 1, 2012, through June 30, 2012).....Mandatory

____ October 10, 2012 Periodic Report (July 1, 2012 through September 30, 2012).....Mandatory

____ October 30, 2012 Pre-Election Report (October 1, 2012, through October 27, 2012).....Mandatory

____ November 20, 2012 Pre-Election Report (October 28, 2012, through November 17, 2012).....Runoff Candidates only

✓ January 10, 2013 Periodic Report (~~October 28, 2012~~ OCTOBER 1 2011, through December 31, 2012).....Mandatory

____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

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	$ 14,382 +$ 1,325	$ 15,707	$ 72,082
Total amount of disbursements	$ 70,921 +$ —	$ 70,921	$ 70,921
Total amount of cash on hand		$ 1,161	

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: [signature] Date: JAN. 10, 2012

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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. §§ 23-15-811 and 813 (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 countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee BILL DENNY

Reporting period Oct. 1, 2011 through DEC 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name FRANCES W. WARE	10/31/11	$ 250
Mailing Address 271 HIGHLAND PLACE	/ /	$
City, State, Zip Code JACKSON, MS 39211	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) HOUSEWIFE	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MISSISSIPPI AUTOMOBILE DEALERS	10/31/11	$ 500
Mailing Address 800 WOODLAND PKWY STE 100	/ /	$
City, State, Zip Code RIDGELAND, MS 39157	/ /	$
Name of Employer (Required) SAME	/ /	$
Occupation (Required) AUTO SALES	Aggregate year-to-date	$ 500

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MISSISSIPPI BANKERS ASSOC	10/31/11	$ 3,000
Mailing Address 640 NORTH STATE	/ /	$
City, State, Zip Code JACKSON, MS 39205	/ /	$
Name of Employer (Required) SAME	/ /	$
Occupation (Required) PAC	Aggregate year-to-date	$ 3,000

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MISSISSIPPI MEDICAL ASSOC	10/10/11	$ 2,000
Mailing Address P.O. BOX 2548	/ /	$
City, State, Zip Code RIDGELAND, MS 39158	/ /	$
Name of Employer (Required) SAME	/ /	$
Occupation (Required) PAC	Aggregate year-to-date	$ 2,000

Name of Candidate or Committee BILL DENNY

Reporting period OCT. 1, 2011 through DEC 31, 2011

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAY STREET CORP	10/10/11	$ 250
Mailing Address: P.O. BOX 16505	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): CORPORATION	Aggregate year-to-date	$ 250

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CAPITOL STREET CORP	10/10/11	$ 250
Mailing Address: P.O. BOX 12485	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): CORPORATION	Aggregate year-to-date	$ 250

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GALAXIE CORPORATION	10/10/11	$ 250
Mailing Address: P.O. BOX 12485	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): CORPORATION	Aggregate year-to-date	$ 250

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMET STREET, INC	10/10/11	$ 250
Mailing Address: P.O. BOX 13609	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PETROLEUM PRODUCTS	Aggregate year-to-date	$ 250

Name of Candidate or Committee BILL DENNY

Reporting period OCT. 1, 2011 through DEC. 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASSOC. BUILDERS CONTRACTORS	10/17/11	$ 250
Mailing Address: P.O. BOX 16522	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PAC	Aggregate year-to-date	$ 250

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SPECTRA ENERGY	10/17/11	$ 300
Mailing Address: P.O. BOX 1642	__/__/__	$
City, State, Zip Code: HOUSTON, TX 77251	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): ENERGY TRANSMISSION	Aggregate year-to-date	$ 300

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RAI SERVICE COMPANY	10/17/11	$ 500
Mailing Address: P.O. BOX 464	__/__/__	$
City, State, Zip Code: WINSTON-SALEM, NC 27102	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PAC	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LOGISTICARE SOLUTIONS, LLC	10/17/11	$ 500
Mailing Address: 1275 PEACHTREE ST NE	__/__/__	$
City, State, Zip Code: ATLANTA, GA 30309	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PAC	Aggregate year-to-date	$ 500

Name of Candidate or Committee BILL DENNY

Reporting period OCT. 1, 2011 through DEC. 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: IMPAC (IMPROVE MS PAC)	10/23/11	$ 2,582
Mailing Address: P.O BOX 23021	__/__/__	$
City, State, Zip Code: JACKSON, MS 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,582

B. 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: GEORGIA-PAC	10/28/11	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS FED	10/28/11	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI FORWARD	10/28/11	$ 1,000
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee: BILL DENNY

Reporting period: OCT. 1, 2011 through DEC. 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NATIONAL RIFLE ASSOC	10 / 28 / 11	$ 250
Mailing Address: CNRA	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: U.S. OIL & GAS ASSOC	11 / 3 / 11	$ 250
Mailing Address: 513 NORTH STATE STREET	/ /	$
City, State, Zip Code: JACKSON, MS 39201	/ /	$
Name of Employer (Required): OIL + GAS	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 250

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TELLUS OPERATING GROUP	11 / 3 / 11	$ 500
Mailing Address: 602 CRESENT PLACE	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): OIL + GAS CO	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GENERAL MOTORS COMPANY	11 / 3 / 11	$ 500
Mailing Address: 25 MASS AVENUE	/ /	$
City, State, Zip Code: WASHINGTON DC 20001	/ /	$
Name of Employer (Required): AUTO MFG	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 500

Name of Candidate or Committee BILL DENNY

Reporting period OCT. 1, 2011 through DEC 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WINNINGEDGE COMMUNICATIONS	10/23/11	$ 8074 6170
Mailing Address P.O. BOX 13643		
City, State, Zip Code JACKSON, MS 39236	11/2/11	$ 7,239
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 21,483

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
NORTHSIDE SUN	10/6/11	$ 500
Mailing Address P.O. BOX 16,709		
City, State, Zip Code JACKSON, MS 39236	12/5/11	$ 768
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1268

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AMERIMAIL DIGITAL DIRECT	10/16/11	$ 881
Mailing Address P.O. BOX 2174		
City, State, Zip Code JACKSON, MS 39225	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 881

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SUNSHINE STATE COMM	10/21/11	$ 10,405
Mailing Address 1080 8th AVE WEST, STE 259		
City, State, Zip Code PALMETTO FL 34221	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10,405

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FUNDS TRANSFER #14093454 LOAN	10/22/11	$ 25,000
Mailing Address 36 AUTUMN HILL DRIVE		
City, State, Zip Code JACKSON, MS 39211	__/__/__	$
Purpose of Disbursement (Optional) CERTIFICATE (LOAN RETURN) W.C. DENNY	Aggregate Year-to-date	$ 25,000

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
THE CLEARWATER CO	10/31/11	$ 2500
Mailing Address REGIONS BANK BLDG		
City, State, Zip Code JACKSON, MS 39202	11/7/11	$ 2500
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,000

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Reporting period OCT. 1, 2011 through DEC. 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
TELESOUTH RADIO		
Mailing Address RIDGEWOOD ROAD	10/31/11	$ 1050
City, State, Zip Code JACKSON, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1050
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
MS REPUBLICAN PARTY		
Mailing Address OF MISSISSIPPI	11/21/11	$ 2,100
City, State, Zip Code JACKSON, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,100
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CONQUEST CO		
Mailing Address AUTOMATED	12/13/11	$ 288
City, State, Zip Code JACKSON, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 288
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	$