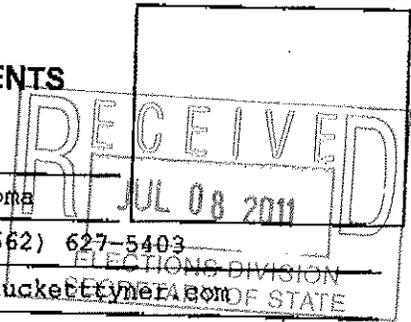


2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

CANDIDATE
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election



Name of Candidate Bill Lockett

Address PO Drawer 1000 Clarksdale, MS 38614 County Coahoma

Telephone Work (662) 627-5004 Home (662) 624-2591 (Fax) (662) 627-5403

Contact Name Brent Caldwell Email Address wol@lucchetto.com

Office Sought Governor Political Party Democratic

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 18, 2011 Pre-Election Report (July 24, 2011 through August 13, 2011) Runoff Candidates Only
- October 10, 2011 Periodic Report (July 24, 2011 through September 30, 2011) Mandatory
- November 1, 2011 Pre-Election Report (October 1, 2011 through October 23, 2011) Mandatory
- November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) Runoff Candidates Only
- January 10, 2012 Periodic Report (October 30, 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) 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 municipal clerk 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	(\$90,661.00 + \$7,378.00)	\$98,039.00	\$721,256.75
Total amount of disbursements	(\$80,604.28 + \$193.65)	\$80,797.93	\$551,091.04
Total amount of cash-on-hand		\$441,827.37	

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

[Signature]
Signature of Candidate

7/8/11
Date

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 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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Clouit Clerk.

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W Abernethy Jr. Mailing Address 110 Leighton Rd City, State, Zip Code Oxford, MS 38655-2333 Name of Employer (Required) Self	06/30/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Afendakis Mailing Address 1599 Cherry Glen Way City, State, Zip Code San Jose, CA 95125 Name of Employer (Required) McKesson	06/12/2011	\$200.00
Occupation (Required) Director	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Afendakis Mailing Address 1599 Cherry Glen Way City, State, Zip Code San Jose, CA 95125 Name of Employer (Required) McKesson	06/12/2011	\$200.00
Occupation (Required) Director	Aggregate year-to-date	\$400.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Allen	06/24/2011	\$250.00
Mailing Address 297 Westover Dr		
City, State, Zip Code Clarksdale, MS 38614-9770		
Name of Employer (Required) Hunt Ross & Allen		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Malcolm Bailey	06/13/2011	\$500.00
Mailing Address 130 Lee Drive		
City, State, Zip Code Clarksdale, MS 38614		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Balch III	06/30/2011	\$250.00
Mailing Address PO Box 195		
City, State, Zip Code Walnut, MS 38683-0195		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred L. Banks Jr.	06/30/2011	\$250.00
Mailing Address 976 Metairie Rd		
City, State, Zip Code Jackson, MS 39209-6948		
Name of Employer (Required) Phelps Dunbar		
Occupation (Required) Attorney	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Barrett	06/30/2011	\$250.00
Mailing Address 3881 Majestic Oaks Drive		
City, State, Zip Code Oxford, MS 38655		
Name of Employer (Required) Law Office of Richard R. Barrett, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Beard	06/25/2011	\$500.00
Mailing Address PO Box 285		
City, State, Zip Code Booneville, MS 38829-0285		
Name of Employer (Required) Gregory E. Beard, P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Bennett Esq. Mailing Address 845 3rd Ave City, State, Zip Code New York, NY 10022-6601 Name of Employer (Required) Wolf Popper LLP Occupation (Required) Attorney	06/25/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rusty Bennett Mailing Address 108 Dogwood Cv City, State, Zip Code Clarksdale, MS 38614-9711 Name of Employer (Required) First National Bank Occupation (Required) CEO	06/09/2011	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blues Express, LLC Mailing Address 143 Yazoo Ave. City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Occupation (Required)	06/30/2011	\$20,300.00
Aggregate year-to-date		\$49,800.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sheila Bossier	06/30/2011	\$500.00
Mailing Address PO Box 55567		
City, State, Zip Code Jackson, MS 39296-5567		
Name of Employer (Required) Bossier & Assoc		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M. Bost, Jr.	06/25/2011	\$200.00
Mailing Address 1221 Grove St		
City, State, Zip Code Vicksburg, MS 39183		
Name of Employer (Required) William M. Bost, Jr., P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce Brumfield	06/28/2011	\$500.00
Mailing Address 232 Brumfield Plantation Road		
City, State, Zip Code Inverness, MS 38753		
Name of Employer (Required) Brumfield Plantation		
Occupation (Required) Owner	Aggregate year-to-date	\$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burns & Associates PLLC Mailing Address 16 Northtown Dr City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) 	06/13/2011	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Byrd Mailing Address P.O. Box 10 City, State, Zip Code Rena Lara, MS 38767 Name of Employer (Required) Self 	06/25/2011	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip E Carby Mailing Address PO Box 1047 City, State, Zip Code Natchez, MS 39121-1047 Name of Employer (Required) Self-Employed 	06/25/2011	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John B. Carson Mailing Address PO Box 1974 City, State, Zip Code Tunica, MI 38676 Name of Employer (Required) Carson Flying Service, INC Occupation (Required) Pilot	06/30/2011	\$500.00
		Aggregate year-to-date \$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Cesare Mailing Address 2000 N State Street City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) The Woman's Clinic Occupation (Required) Owner	06/27/2011	\$500.00
		Aggregate year-to-date \$1,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clarksdale Country Club Apartments Corp Mailing Address PO Drawer 1000 City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) 	06/30/2011	\$1,000.00
Occupation (Required)		Aggregate year-to-date \$1,000.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Cocke Mailing Address 92 Foster Landing Rd. City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Self Occupation (Required) Attorney	06/09/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Community Hospice, Inc Mailing Address PO Box 333 City, State, Zip Code Sherman, MS 38869 Name of Employer (Required) 	06/09/2011	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Coombs Mailing Address 6740 County Road 825 City, State, Zip Code Blue Mountain, MS 38610-9674 Name of Employer (Required) none	06/30/2011	\$500.00
Aggregate year-to-date		\$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Borum Cooper Mailing Address 903 N 47th St City, State, Zip Code Rogers, AR 72756-9622 Name of Employer (Required) Cooper Communities Inc Occupation (Required) Director	06/25/2011	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom Cooper Mailing Address 188 Westover Dr City, State, Zip Code Clarksdale, MS 38614-9767 Name of Employer (Required) Self Occupation (Required) Ophthalmologist	06/25/2011	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott and Cindy Coopwood Mailing Address PO Box 117 City, State, Zip Code Cleveland, MS 38732-0117 Name of Employer (Required) Coopwood Communication Occupation (Required) Media consultant	06/09/2011	\$1,000.00
Aggregate year-to-date		\$1,500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cotton Blossoms, Inc Mailing Address 1190 N. State St City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) Occupation (Required)	06/25/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie Cozzi Mailing Address 45 5th Ave, Apt 5A City, State, Zip Code New York City, NY 10003 Name of Employer (Required) Giorgio Armani Corp. Occupation (Required) Vice President	06/12/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David E Crawley Mailing Address PO Box 947 City, State, Zip Code Louisville, MS 39339 Name of Employer (Required) The Crawley Law Offices Occupation (Required) Attorney	06/25/2011	\$250.00
Aggregate year-to-date		\$250.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harvey Dallas Mailing Address 104 Cypress Cv City, State, Zip Code Flowood, MS 39232-5500 Name of Employer (Required) Harvey Dallas Printing & Graphics Occupation (Required) Owner	06/27/2011	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George G Daniel Mailing Address PO Box 1309 City, State, Zip Code Pine Mountain, GA 31822-1309 Name of Employer (Required) Rosemont Records Occupation (Required) President	06/05/2011	\$200.00
Aggregate year-to-date		\$1,050.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid Davis Mailing Address PO Box 700 City, State, Zip Code Mendenhall, MS 39114-0700 Name of Employer (Required) Self Occupation (Required) Attorney	06/25/2011	\$250.00
Aggregate year-to-date		\$750.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Davis Mailing Address 1015 University Ave City, State, Zip Code Oxford, MS 38655 Name of Employer (Required) State Farm	06/30/2011	\$500.00
Occupation (Required) Insurance Agent	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Dawley Mailing Address 97444 Diamondhead Dr W City, State, Zip Code Diamondhead, MS 39525-4136 Name of Employer (Required) Retired	06/05/2011	\$25.00
Occupation (Required) Psychologist	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Donaldson Mailing Address 3430 Carson Rd City, State, Zip Code Yazoo City, MS 39194 Name of Employer (Required) Self	06/30/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dudley M Barnes CFP Mailing Address 14 Oak Knoll Dr City, State, Zip Code Clarksdale, MS 38614-1951 Name of Employer (Required) self Occupation (Required) Financial Planner	06/24/2011	\$300.00
		Aggregate year-to-date \$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry D Duffie Mailing Address PO Box 5678 City, State, Zip Code Dothan, AL 36302 Name of Employer (Required) Scenic Productions Occupation (Required) Video Production/Promotion	06/30/2011	\$250.00
		Aggregate year-to-date \$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack F Dunbar Mailing Address PO Box 707 City, State, Zip Code Oxford, MS 38655-0707 Name of Employer (Required) Holcomb Dunbar Occupation (Required) Attorney, Founding Partner	06/05/2011	\$250.00
		Aggregate year-to-date \$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nathan Elmore Mailing Address 401 E Capitol St City, State, Zip Code Jackson, MS 39201-2608 Name of Employer (Required) Attorney at Law Occupation (Required) Attorney	06/30/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ed Exum Mailing Address 224 8th St City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Temperature Control Occupation (Required) CEO	06/27/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Finer Mailing Address 3424 Carson St., Ste 500 City, State, Zip Code Torrance, CA 90503 Name of Employer (Required) W. A. Finer, APLC Occupation (Required) Lawyer	06/12/2011	\$500.00
Aggregate year-to-date		\$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Fountain Mailing Address 1729 Clubhouse Rd City, State, Zip Code Utica, MS 39175 Name of Employer (Required) Fountain Construction Occupation (Required) Owner	06/25/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Francis Mailing Address 1527 16th St NW City, State, Zip Code Washington, DC 20036-1462 Name of Employer (Required) DCI Group Occupation (Required) Consultant	06/24/2011	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Clayton Gardner Sr. Mailing Address 3012 Canty Street City, State, Zip Code Pascagoula, MS 39567 Name of Employer (Required) Gardner Law Firm Occupation (Required) Attorney	06/25/2011	\$500.00
Aggregate year-to-date		\$1,000.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Gooden Mailing Address 1408 Farris St City, State, Zip Code Clarksdale, MS 38614-7035 Name of Employer (Required) N/a Occupation (Required) Retired teacher	06/30/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gore, Kilpatrick, & Dambrino, PLLC Mailing Address PO Box 901 City, State, Zip Code Grenada, MS 38902 Name of Employer (Required) 	06/09/2011	\$200.00
Aggregate year-to-date		\$400.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gore, Kilpatrick, & Dambrino, PLLC Mailing Address PO Box 901 City, State, Zip Code Grenada, MS 38902 Name of Employer (Required) 	06/09/2011	\$200.00
Aggregate year-to-date		\$400.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Anthony Grishaj Mailing Address 55 W . Railroad Ave 3B City, State, Zip Code Garnerville, NY 10923 Name of Employer (Required) Pisces Beverage Corp Occupation (Required) Interim CEO	06/25/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ground Zero Blues Club Mailing Address PO Box 69 City, State, Zip Code Clarksdale, MS 38614-0069 Name of Employer (Required) Occupation (Required)	06/30/2011	\$500.00 IN-KIND CONTRIBUTION DESCRIPTION: Donation of venue for rally
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel Hamner Mailing Address 799 Broadway City, State, Zip Code New York, NY 10003-6818 Name of Employer (Required) Self Occupation (Required) Physician	06/25/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Harper Mailing Address 135 Leighton Road City, State, Zip Code Oxford, MS 38655 Name of Employer (Required) James D. Harper, Attorney, PLLC Occupation (Required) Attorney	06/27/2011	\$250.00
		Aggregate year-to-date \$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cliff Heaton Mailing Address 212 Westover Dr City, State, Zip Code Clarksdale, MS 38614-9769 Name of Employer (Required) Self Occupation (Required) Farmer	06/24/2011	\$1,000.00
		Aggregate year-to-date \$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H Lee Hethorington Mailing Address 151 E Griffith St City, State, Zip Code Jackson, MS 39201-1302 Name of Employer (Required) Mississippi College Occupation (Required) Professor of Law	06/27/2011	\$250.00
		Aggregate year-to-date \$250.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryant Hirsberg Mailing Address 785 Ohio Avenue, Ste 3H City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Self Occupation (Required) Orthodontist	06/25/2011	\$1,000.00
Aggregate year-to-date		\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edwin Hussey Mailing Address 2458 Morning Sun Rd City, State, Zip Code Cordova, TN 38016-5316 Name of Employer (Required) None Occupation (Required) Retired	06/09/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Jacobs Mailing Address 3985 Robertson Gin Rd City, State, Zip Code Hernando, MS 38632-8227 Name of Employer (Required) Self Occupation (Required) Small Businessperson	06/09/2011	\$100.00
Aggregate year-to-date		\$250.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Jacobs Mailing Address 3985 Robertson Gin Rd City, State, Zip Code Hernando, MS 38632-8227 Name of Employer (Required) Self	06/30/2011	\$100.00
Occupation (Required) Small Businessperson	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bettie Ruth Johnson Mailing Address 135 Dale Ct City, State, Zip Code Jackson, MS 39213-4435 Name of Employer (Required) Self	06/25/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aurelia Jones-Taylor Mailing Address 470 Hopson Pixley Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Aaron E. Henry CHC	06/05/2011	\$250.00
Occupation (Required) Chief Executive Officer	Aggregate year-to-date	\$250.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Jordan Mailing Address 368 Kingsbridge Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Self-employed	06/27/2011	\$250.00
Occupation (Required) Education	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry Jordan Mailing Address PO Drawer 459 City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) Jordan & White Attorneys, PLLC	06/09/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Erin Susanna Kelly Mailing Address 55 Barrow St Apt 9 City, State, Zip Code New York, NY 10014 Name of Employer (Required) Self-employed	06/24/2011	\$250.00
Occupation (Required) Social Worker	Aggregate year-to-date	\$250.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Klein Mailing Address 17 Highview Ave. City, State, Zip Code Old Greenwich, CT 68700 Name of Employer (Required) Columbia University	06/25/2011	\$250.00
Occupation (Required) Student	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shane Langston Mailing Address PO Box 23307 City, State, Zip Code Jackson, MS 39225-3307 Name of Employer (Required) Langston & Langston	06/25/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Larry Latham Mailing Address 270 Trace Colony City, State, Zip Code Ridgeland, MS 39157-8810 Name of Employer (Required) Self	06/30/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Lewis Mailing Address PO Box 2430 City, State, Zip Code Oxford, MS 38655-6200 Name of Employer (Required) Self	06/09/2011	\$5,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$5,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pauline Lewis Mailing Address PO Box 2430 City, State, Zip Code Oxford, MS 38655-6200 Name of Employer (Required) N/A	06/09/2011	\$5,000.00
Occupation (Required) Homemaker	Aggregate year-to-date	\$5,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H Liston Mailing Address 126 North Quitman Street City, State, Zip Code Winona, MS 38967 Name of Employer (Required) Self	06/30/2011	\$1,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jewell Lockhart <hr/> Mailing Address 1804 Spruce St. <hr/> City, State, Zip Code Greenville, MS 11111 <hr/> Name of Employer (Required) Not Employed	06/30/2011	\$250.00
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Lockett <hr/> Mailing Address PO Box 1000 <hr/> City, State, Zip Code Clarksdale, MS 38614-1000 <hr/> Name of Employer (Required) Self	06/30/2011	\$550.00 IN-KIND CONTRIBUTION DESCRIPTION: Donation of vehicle use
Occupation (Required) Businessman	Aggregate year-to-date	\$11,562.78
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Lockett <hr/> Mailing Address PO Box 1000 <hr/> City, State, Zip Code Clarksdale, MS 38614-1000 <hr/> Name of Employer (Required) Self	06/30/2011	\$2,136.00 IN-KIND CONTRIBUTION DESCRIPTION: Staff Housing In Kind
Occupation (Required) Businessman	Aggregate year-to-date	\$11,562.78

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Lockett Mailing Address PO Box 1000 City, State, Zip Code Clarksdale, MS 38614-1000 Name of Employer (Required) Self	06/30/2011	\$2,400.00 IN-KIND CONTRIBUTION DESCRIPTION: In Kind Employee Housing
Occupation (Required) Businessman	Aggregate year-to-date	\$11,562.78
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francine Lockett Mailing Address 333 Westover Drive City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Lockett Properties	06/30/2011	\$3,000.00
Occupation (Required) Property Manager	Aggregate year-to-date	\$153,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oliver Lockett Mailing Address 1999 Avenue of the Stars City, State, Zip Code Los Angeles, CA 90067-4623 Name of Employer (Required) iBlast Networks	06/24/2011	\$2,000.00
Occupation (Required) Chief Technical Officer	Aggregate year-to-date	\$27,000.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Saucier Lundy	06/30/2011	\$300.00
Mailing Address 89 James Switzer Rd		
City, State, Zip Code Purvis, MS 39475-3036		
Name of Employer (Required) USM		
Occupation (Required) Nursing Professor	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W P McMullan III	06/12/2011	\$1,000.00
Mailing Address 607 6th St.		
City, State, Zip Code Brooklyn, NY 11215		
Name of Employer (Required) Barclay's Capital		
Occupation (Required) Investment Banker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lindsey Meador	06/05/2011	\$50.00
Mailing Address PO Box 1319		
City, State, Zip Code Cleveland, MS 38732-1319		
Name of Employer (Required) Meador and Crump		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,050.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norman Moore Mailing Address 100 Foxgate PL City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Horn Group CPA	06/13/2011	\$500.00
Occupation (Required) Partner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F. Marvin Morris Mailing Address 285 River Rd City, State, Zip Code Hattiesburg, MS 39401-8123 Name of Employer (Required) Morris Sakalaris & Blackwell	06/30/2011	\$2,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rosalin Moss Mailing Address 12830 Glenwolde Dr City, State, Zip Code Houston, TX 77099-1250 Name of Employer (Required) Shell Oil Co.	06/05/2011	\$100.00
Occupation (Required) Application Specialist	Aggregate year-to-date	\$1,050.00

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Nabholz <hr/> Mailing Address 301 Main St. <hr/> City, State, Zip Code North Little Rock, AR 72114 <hr/> Name of Employer (Required) Nabholz Properties <hr/> Occupation (Required) Real Estate Developer	06/27/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jacqueline Nassar <hr/> Mailing Address 141 Florence Ave <hr/> City, State, Zip Code Clarksdale, MS 38614 <hr/> Name of Employer (Required) Self <hr/> Occupation (Required) Musician	06/30/2011	\$500.00 IN-KIND CONTRIBUTION DESCRIPTION: Musical services
Aggregate year-to-date		\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Next Fuel, INC <hr/> Mailing Address 821 Frank St <hr/> City, State, Zip Code Sheridan, WY 82801 <hr/> Name of Employer (Required) 	06/24/2011	\$1,000.00
Aggregate year-to-date		\$1,000.00

Name of Candidate or Committee Bill Lockett
 Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Orr Mailing Address 736 W 2nd St City, State, Zip Code Clarksdale, MS 38614-3804 Name of Employer (Required) Retired	06/30/2011	\$250.00
Occupation (Required) Educator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name D Parker Mailing Address 95 Hillcrest Dr City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Farm Press/Division of Penton Media, Inc	06/26/2011	\$250.00
Occupation (Required) Marketing Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. David Peterson Mailing Address PO Box 13960 City, State, Zip Code Jackson, MS 39236 Name of Employer (Required) Jones, Fundergurg, Sessum, & Peterson PLLC	06/09/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Holley and Linda M Raney Mailing Address 81 County Road 231 City, State, Zip Code Oxford, MS 38655-5809 Name of Employer (Required) Self Occupation (Required) Attorney	06/25/2011	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lindsay Reid Mailing Address 103 3rd St City, State, Zip Code Clarksdale, MS 38614-4209 Name of Employer (Required) AG Edwards & Sons, Inc Occupation (Required) Financial Consultant	06/30/2011	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas U. Reynolds Mailing Address 15 County Road 429 City, State, Zip Code Water Valley, MS 38965-4875 Name of Employer (Required) MS House of Representatives Occupation (Required) State Representative	06/30/2011	\$300.00
Aggregate year-to-date		\$800.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald Borod <hr/> Mailing Address 437 D Street <hr/> City, State, Zip Code Boston, MA 22100 <hr/> Name of Employer (Required) DLA Piper LLP (US)	06/24/2011	\$500.00
Occupation (Required) Lawyer	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full Name Russell Davis, CPA, P.C. <hr/> Mailing Address 703 McKinney Ave <hr/> City, State, Zip Code Dallas, TX 75202-6011 <hr/> Name of Employer (Required)	06/27/2011	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00
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 Regan Russell <hr/> Mailing Address PO Box 909 <hr/> City, State, Zip Code New Albany, MS 38652 <hr/> Name of Employer (Required) Self	06/30/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanwich Group LLC Mailing Address 30 East Elm St City, State, Zip Code Greenwich, CT 06830 Name of Employer (Required) 	06/24/2011	\$250.00
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dana Swan Mailing Address 1665 Toccoola Junction Rd City, State, Zip Code Thaxton, MS 38871 Name of Employer (Required) Chapman, Lewis and Swan	06/13/2011	\$500.00
Occupation (Required)	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Talbot Mailing Address 001 Commisary Circle City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Shack Up Inn	06/25/2011	\$250.00
Occupation (Required)	Aggregate year-to-date	\$250.00

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 Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tompkins Barron, PLLC Mailing Address 6520 Dogwood View Pkwy City, State, Zip Code Jackson, MS 39213 Name of Employer (Required)	06/24/2011	\$1,000.00
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William E. Trusty Mailing Address 161 Commerce St City, State, Zip Code Batesville, MS 38606 Name of Employer (Required) Trusty Law Firm	06/13/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ellis Turnage Mailing Address 108 N Pearman Ave City, State, Zip Code Cleveland, MS 38732-2632 Name of Employer (Required) Self employed	06/05/2011	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mr. and Mrs. R. M. Tyner Mailing Address PO Box 68 City, State, Zip Code Clarksdale, MS 38614-0068 Name of Employer (Required) J.H. Johnson Insurance	06/30/2011	\$300.00
Occupation (Required) Insurance agent	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Vance Mailing Address PO Box 159 City, State, Zip Code Grenada, MS 38902-0159 Name of Employer (Required) Self	06/30/2011	\$1,000.00
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barry Walker Mailing Address P.O. Box 1023 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required) Self	06/30/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roderick Ward Mailing Address 1855 Lakeland Dr City, State, Zip Code Jackson, MS 39216-4938 Name of Employer (Required) Stevens & Ward Occupation (Required) Attorney	06/27/2011	\$250.00
		Aggregate year-to-date \$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Williamson Mailing Address PO Box 588 City, State, Zip Code Philadelphia, MS 39350-0588 Name of Employer (Required) Self Occupation (Required) Attorney	06/25/2011	\$1,000.00
		Aggregate year-to-date \$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Win Delta Air Inc Mailing Address 20 Airport Rd City, State, Zip Code Lyon, MS 38645 Name of Employer (Required)	06/27/2011	\$500.00
		Aggregate year-to-date \$500.00

Name of Candidate or Committee Bill Lockett
 Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Herbert Winokur Mailing Address 30 E Elm St City, State, Zip Code Greenwich, CT 06830-6529 Name of Employer (Required) Capricorn Management, LLC	06/25/2011	\$1,000.00
Occupation (Required) Managing Partner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Winter Mailing Address 104 Cotton St. City, State, Zip Code Greenwood, MS 38930-4302 Name of Employer (Required) Self	06/30/2011	\$250.00
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George P. Word Mailing Address 813 Cobblestone Cir. City, State, Zip Code North Little Rock, AR 72116 Name of Employer (Required) US State Department	06/27/2011	\$500.00
Occupation (Required) Federal Agent	Aggregate year-to-date	\$500.00

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wright Law Firm PA	06/27/2011	\$1,000.00
Mailing Address PO Box 12745		
City, State, Zip Code Jackson, MS 39236-2745		
Name of Employer (Required) Wright Law Firm PA		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Bill LockettReporting Period 6/1/2011 through 6/30/2011**ITEMIZED DISBURSEMENTS**

Full Name ActBlue Mississippi	Date (Mo., Day, Year) 06/27/2011	Amount of each disbursement this period \$84.93
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising fees	Aggregate year-to-date	\$840.23
Full Name ActBlue Mississippi	Date (Mo., Day, Year) 06/27/2011	Amount of each disbursement this period \$9.88
Mailing Address 14 Arrow St Ste 11		
City, State, Zip Code Cambridge, MA 02138-5106		
Purpose of Disbursement (Optional) Fundraising fees	Aggregate year-to-date	\$840.23
Full Name American Express	Date (Mo., Day, Year) 06/22/2011	Amount of each disbursement this period \$454.93
Mailing Address PO Box 650448		
City, State, Zip Code Dallas, TX 75265-0448		
Purpose of Disbursement (Optional) food expense	Aggregate year-to-date	\$3,565.18
Full Name AT & T Mobility	Date (Mo., Day, Year) 06/28/2011	Amount of each disbursement this period \$82.21
Mailing Address PO Box 538695		
City, State, Zip Code Atlanta, GA 30353-8695		
Purpose of Disbursement (Optional) cellular phone service	Aggregate year-to-date	\$1,181.35
Full Name AT & T	Date (Mo., Day, Year) 06/20/2011	Amount of each disbursement this period \$298.01
Mailing Address PO Box 105262		
City, State, Zip Code Atlanta, GA 30348-5262		
Purpose of Disbursement (Optional) phone services	Aggregate year-to-date	\$1,813.00

Name of Candidate or Committee Bill LockettReporting Period 6/1/2011 through 6/30/2011**ITEMIZED DISBURSEMENTS**

Full Name Bank of America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 851001	06/22/2011	\$2,349.77
City, State, Zip Code Dallas, TX 75285-1001		
Purpose of Disbursement (Optional) airplane fuel	Aggregate year-to-date	\$9,874.05
Full Name Begley Law Firm, PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 287	06/06/2011	\$1,900.00
City, State, Zip Code Jackson, MS 39205		
Purpose of Disbursement (Optional) legal services	Aggregate year-to-date	\$2,707.50
Full Name Bennett & Brown Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3707 Bailey Avenue	06/14/2011	\$936.70
City, State, Zip Code Jackson, MS 39213		
Purpose of Disbursement (Optional) reimburse for fuel expenses	Aggregate year-to-date	\$13,636.70
Full Name Bennett & Brown Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3707 Bailey Avenue	06/16/2011	\$5,000.00
City, State, Zip Code Jackson, MS 39213		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$13,636.70
Full Name Cable One	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 119 Court Street	06/10/2011	\$213.68
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) cable service	Aggregate year-to-date	\$905.15

Name of Candidate or Committee Bill Lockett

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Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED DISBURSEMENTS

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brent Caldwell	06/01/2011	\$22.50
Mailing Address P O Drawer 1000		
City, State, Zip Code Clarksdale, MS 38614		
Purpose of Disbursement (Optional) reimburse for Wal Mart receipt	Aggregate year-to-date	\$13,872.11
Citi Cards	06/07/2011	\$1,329.92
Mailing Address PO Box 183051		
City, State, Zip Code Columbus, OH 43218-3051		
Purpose of Disbursement (Optional) airplane fuel, freight	Aggregate year-to-date	\$1,565.82
Rickey Lynn Cole	06/01/2011	\$1,500.00
Mailing Address 351 Eastside Dr		
City, State, Zip Code Ovett, MS 39464-3915		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$9,000.00
Cunningham & Associates, Inc.	06/01/2011	\$4,000.00
Mailing Address 201 Grand Central Ave		
City, State, Zip Code Ripley, WV 25271		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$21,283.05
Cunningham & Associates, Inc.	06/13/2011	\$593.16
Mailing Address 201 Grand Central Ave		
City, State, Zip Code Ripley, WV 25271		
Purpose of Disbursement (Optional) reimbursement for expenses (mileage/hotel/food/phone	Aggregate year-to-date	\$21,283.05

Name of Candidate or Committee Bill Lockett
 Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED DISBURSEMENTS

Full Name Eleison Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3711 Albemarle St NW	06/01/2011	\$3,000.00
City, State, Zip Code Washington, DC 20016-1805		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$25,482.22
Full Name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 216 Linton Ave	06/01/2011	\$1,375.00
City, State, Zip Code Natchez, MS 39120		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$9,694.90
Full Name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 216 Linton Ave	06/15/2011	\$1,375.00
City, State, Zip Code Natchez, MS 39120		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$9,694.90
Full Name James Hull	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 213	06/28/2011	\$750.00
City, State, Zip Code Tupelo, MS 38802-0213		
Purpose of Disbursement (Optional) mileage reimbursement	Aggregate year-to-date	\$750.00
Full Name Lockett Tyner Law firm, PA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1000	06/03/2011	\$450.72
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) copies and postage	Aggregate year-to-date	\$1,394.72

Name of Candidate or Committee Bill LockettReporting Period 6/1/2011 through 6/30/2011**ITEMIZED DISBURSEMENTS**

Full Name Lockett Tyner Law Firm, PA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1000	06/08/2011	\$53.42
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) reimburse for FedEx	Aggregate year-to-date	\$1,394.72
Full Name Lockett Tyner Law Firm, PA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1000	06/22/2011	\$275.12
City, State, Zip Code Clarksdale, MS 38614-1000		
Purpose of Disbursement (Optional) reimburse for postage	Aggregate year-to-date	\$1,394.72
Full Name Whitney Lockett	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2029 Airport Blvd	06/01/2011	\$1,250.00
City, State, Zip Code Mobile, AL 36606-1754		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$2,500.00
Full Name Whitney Lockett	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2029 Airport Blvd	06/15/2011	\$1,250.00
City, State, Zip Code Mobile, AL 36606-1754		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$2,500.00
Full Name Precious Martin, Sr.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 373	06/01/2011	\$6,000.00
City, State, Zip Code Jackson, MS 39205		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$86,000.00

Name of Candidate or Committee Bill LockettReporting Period 6/1/2011 through 6/30/2011**ITEMIZED DISBURSEMENTS**

Full Name Precious Martin, Sr.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 373	06/04/2011	\$28,000.00
City, State, Zip Code Jackson, MS 39205		
Purpose of Disbursement (Optional) consulting	Aggregate year-to-date	\$86,000.00
Full Name Brown Miller	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1212 Windsor Dr	06/17/2011	\$2,400.00
City, State, Zip Code Hattiesburg, MS 39402-2849		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$2,504.00
Full Name MS Freedom 50th Anniversary	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 1126	06/03/2011	\$250.00
City, State, Zip Code Jackson, MS 39289		
Purpose of Disbursement (Optional) Ad	Aggregate year-to-date	\$250.00
Full Name Starving Artists Cafe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 411 Main St	06/02/2011	\$1,575.00
City, State, Zip Code North Little Rock, AR 72114		
Purpose of Disbursement (Optional) event food expense	Aggregate year-to-date	\$1,575.00
Full Name Samantha Styers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1363 Memorial Drive	06/01/2011	\$950.00
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$8,143.75

Name of Candidate or Committee Bill Lockett

Reporting Period 6/1/2011 through 6/30/2011

ITEMIZED DISBURSEMENTS

Full Name Samantha Styers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1363 Memorial Drive	06/15/2011	\$950.00
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$8,143.75
Full Name Samantha Styers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1363 Memorial Drive	06/17/2011	\$28.50
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional) reimburse for office supplies	Aggregate year-to-date	\$8,143.75
Full Name Samantha Styers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1363 Memorial Drive	06/28/2011	\$26.51
City, State, Zip Code Cleveland, MS 38732		
Purpose of Disbursement (Optional) reimburse for office supplies	Aggregate year-to-date	\$8,143.75
Full Name U.S. Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 790408	06/22/2011	\$2,369.32
City, State, Zip Code Saint Louis, MO 63179-0408		
Purpose of Disbursement (Optional) advertising, plane fuel, lodging	Aggregate year-to-date	\$10,937.39
Full Name Julienne Uhlich	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 69	06/01/2011	\$4,500.00
City, State, Zip Code Clarksdale, MS 36814		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$13,500.00

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ITEMIZED DISBURSEMENTS

Full Name Julienne Uhlich	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 69	06/15/2011	\$4,500.00
City, State, Zip Code Clarksdale, MS 36814		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$13,500.00
Full Name Zata3	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 458 New Jersey Avenue, SE	06/01/2011	\$500.00
City, State, Zip Code Washington, DC 20003		
Purpose of Disbursement (Optional) contract services	Aggregate year-to-date	\$3,005.59