



Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2012 Election

Delbert Hosemann  
 SECRETARY OF STATE



Name Billy Hudson  
 Address 27 Moon Circle, Natick, MS 39461 County Forrest  
 Telephone 601-466-3573 Fax \_\_\_\_\_  
 Office Sought \_\_\_\_\_ Email Address \_\_\_\_\_

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, 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	\$ <u>1200.00</u> +\$	\$ <u>1200.00</u>	\$
Total amount of disbursements	\$ <u>4626.88</u> +\$	\$ <u>4626.88</u>	\$
Total amount of cash on hand		\$	

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 \_\_\_\_\_

Date 1/10/12

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 Billy Hudson  
 Reporting period 10/30/11 through 12/31/11

## ITEMIZED DISBURSEMENTS

A. Full name <u>Billy Hudson</u>	Date (Mo., Day, Year) <u>12/14/11</u>	Amount of each disbursement this period \$ <u>4626.88</u>
Mailing Address <u>27 Iron Circle</u>		\$
City, State, Zip Code <u>Hattiesburg, MS 39215</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4626.88</u>
B. 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	\$
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	\$