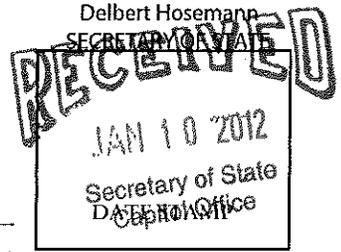




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Candidate Carolyn Crawford
 Address 23155 Stable Circle, Pass Christian, MS 39571 County Harrison
 Telephone 228-452-5029 Fax _____
 Office Sought State House 121 Political Party Republican
 Email Address mikeardcrawford@kellsouth.net

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) _____ Mandatory
 - June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) _____ Mandatory
 - July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) _____ Mandatory
 - July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) _____ Primary Candidates
 - August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
 - October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) _____ Mandatory
 - November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
 - November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
 - January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) _____ Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3138 ⁰⁰	+	\$ 200 ⁰⁰	=	\$ 3338 ⁰⁰	\$ 77,810.56
Total amount of disbursements	\$ 6040 ⁶⁸	+	0	=	\$ 6040 ⁶⁸	\$ 36,692.96
Total amount of cash on hand	\$ 1,770.78					

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

Carolyn Crawford
Signature of Candidate

1-10-12
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

- SEND TO :** 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Carolyn Crawford
 Reporting period Oct 31, 2011 through Dec 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Loretta M Smith</u>	<u>11/11/11</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>810 Scroggs Dr.</u>	<u>11/11/11</u>	\$ _____
City, State, Zip Code <u>Long Beach, MS 39560</u>	<u>11/11/11</u>	\$ _____
Name of Employer (Required) <u>Retired</u>	<u>11/11/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MS Power Company</u>	<u>12/14/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>Post Office Box 39502 4079</u>	<u>12/14/11</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>12/14/11</u>	\$ _____
Name of Employer (Required) _____	<u>12/14/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>ENPAC MS</u>	<u>12/14/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1640</u>	<u>12/14/11</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>12/14/11</u>	\$ _____
Name of Employer (Required) _____	<u>12/14/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>AF + I MS - PAC</u>	<u>12/30/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>175 E. CAPITAL ST., Landmark Center RM 203</u>	<u>12/30/11</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>12/30/11</u>	\$ _____
Name of Employer (Required) _____	<u>12/30/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee Carolyn Crawford
 Reporting period Oct 31, 2011 through Dec 31, 2012

ITEMIZED RECEIPTS

A. 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 <u>M/S Agents + Employee PAC</u>	<u>12 / 30 / 11</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>600 Hogan Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Starkville, MS 39759</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Inkmedia Contact mail</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Improve MS Political Action Committee</u>	<u>10 / 31 / 11</u>	\$ <u>1638⁰⁰</u>
Mailing Address <u>P.O. Box 23021</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39225-3021</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1638⁰⁰</u>
C. Source <input 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Carolyn Crawford
 Reporting period Oct 31, 2011 through Dec 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS Republican Party</u>	<u>12/31/11</u>	\$ <u>5000⁰⁰</u>
Mailing Address <u>P.O. Box 60</u>		
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>11/11/11</u>	\$ <u>520⁰⁰</u>
Purpose of Disbursement (Optional) <u>TV Ad, RADIO AD.</u>	Aggregate Year-to-date	\$
B. Full name <u>Carolyn Crawford</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2355 Stablewood Circle</u>	<u>12/14/11</u>	\$ <u>352⁵⁸</u>
City, State, Zip Code <u>Pass Christian, MS 39571</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>ORIENTATION REIMBURSEMENT</u>	Aggregate Year-to-date	\$
C. Full name <u>Harrison County Republican Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>12/14/11</u>	\$ <u>40⁰⁰</u>
City, State, Zip Code <u>Gulfport, MS 39503</u>	<u>12/25/11</u>	\$ <u>25⁰⁰</u>
Purpose of Disbursement (Optional) <u>dues</u>	Aggregate Year-to-date	\$
D. Full name <u>Harrison County Republican Women</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 60</u>	<u>12/25/11</u>	\$ <u>35⁰⁰</u>
City, State, Zip Code <u>Pass Christian, MS 39571</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>dues</u>	Aggregate Year-to-date	\$
E. Full name <u>Walmart</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>HWY 90</u>	<u>12/15/11</u>	\$ <u>48 48¹⁰</u>
City, State, Zip Code <u>Pass Christian, MS 39571</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional) <u>office supplies, printer ink</u>	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$