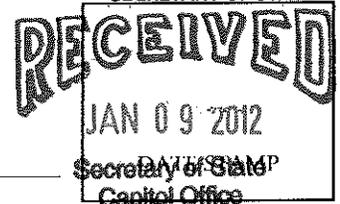




Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate CECIL BROWN
 Address P O BOX 55502 JACKSON, MS 39296 County HINDS
 Telephone 601-362-8383 Fax 601-366-0013
 Office Sought HOUSE OF REPRESENTATIVES DISTRICT 66 Political Party DEMOCRATIC
 Email Address cecil@medleybrown.com

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.

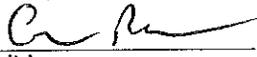
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(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	\$ 2,950.00	+			\$ 2,950.00	\$ 53,000.00
Total amount of disbursements	\$ 14,864.25	+			\$ 14,864.25	\$ 87,880.59
Total amount of cash on hand					\$ 36,227.89	

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

1/9/12
 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 CECIL BROWN

Reporting period OCTOBER 29, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. 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	\$ □
B. 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	\$ □
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 CECIL BROWNReporting period OCTOBER 29, 2011 through DECEMBER 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name ATTACHED	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	\$

FRIENDS OF CECIL BROWN					
DISBURSEMENTS					
OCTOBER 30, 2011- DECEMBER 31, 2011					
<u>DATE</u>	<u>PAYEE</u>	<u>ADDRESS</u>	<u>AMOUNT</u>	<u>YTD</u>	
11/2/2011	BENNETT MALONE CAMPAIGN	P O BOX 528 CARTHAGE, MS 39051	\$500.00	\$ 1,000.00	
11/7/2011	BILLY GRAY CAMPAIGN	540 MCKAY RD HICKORY FLAT, MS 38633	\$250.00	\$ 750.00	
11/7/2011	BOB EVANS CAMPAIGN	P O BOX 636 MONTICELLO, MS 39654	\$500.00	\$ 500.00	
11/15/2011	GENESIS COMMUNICATIONS	P O BOX 1185 JACKSON, MS 39215	\$2,500.00	\$ 2,500.00	
11/22/2011	MEDIA DIRECTIONS	P O BOX 7406 RICHMOND, VA 23221	\$1,000.00	\$ 1,000.00	
12/21/2012	POSTMASTER	JACKSON, MS	\$70.00		
12/20/2011	PROMINENT TECHNOLOGIES	P O BOX 5089 JACKSON, MS 39296	\$294.25	\$ 294.25	
11/9/2011	VPAC	P O BOX 2742 JACKSON, MS 39205	\$1,250.00		
12/5/2011	VPAC	P O BOX 2742 JACKSON, MS 39205	\$1,000.00	\$ 48,250.00	
11/8/2011	ZATA 3	458 NEW JERSEY AVE SE WASHINGTON DC	\$5,000.00		
11/9/2011	ZATA 3	458 NEW JERSEY AVE SE WASHINGTON DC	\$2,500.00	\$ 7,500.00	
			\$14,864.25		