2011 ELECTION CYCLE

Candidate
2011 Elections

Delbert Hosemann
SECRETARY OF STATE

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Capitol Office
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REPORT OF RECEIPTS AND DISBURSEMENTS

Name of Candidate: Charles H. Busby

Address: 907 Grant Avenue, Pascagoula, MS 39567 County: Jackson

Telephone: 228-769-0501 Fax: 228-769-0502

Office Sought: House of Representatives 111 Political Party: Republican

Email Address: charles.busby@orion-eng.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 24, 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

X **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)

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

	Itemized	+ Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 9,329.00	+$ 1,280.00	$ 10,609.00	$ 134,584.64
Total amount of disbursements	$ 13,781.15	+$ 2,050.51	$ 15,831.66	$ 125,457.98
Total amount of cash on hand			$ 9,126.66	

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

Signature of Candidate: [signature] Date: 1-10-12

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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 06-11

Name of Candidate or Committee Charles Busby

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Winning Edge Communications, Inc.	11/1/11	$ 2,299.01
Mailing Address: P.O. Box 13643	11/2/11	$ 731.39
City, State, Zip Code: Jackson, MS 39236-3643	Aggregate Year-to-date	$ 12,087.99
Purpose of Disbursement (Optional):		
B. Full name: Good games	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1663	11/1/11	$ 476.15
City, State, Zip Code: Pascagoula, MS 39568-1663	11/8/11 ~~12/4/11~~	$ 236.20 157.76
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 7,653.17
C. Full name: WPMO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 5115 Telephone Rd.	11/2/11	$ 400.00
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 400.00
D. Full name: WOSM Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 4720 Radio Rd.	11/2/11	$ 500.00
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 500.00
E. Full name: Charles Busby	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 907 Grant Ave.	11/2/11	$ 2500.00
City, State, Zip Code: Pascagoula, MS 39567	11/8/11 ~~12/20/11~~	$ 607.23 964.41
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 5,916.59
F. Full name: Improve MS PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 23021	10/31/11	$ 1,929.00
City, State, Zip Code: Jackson, MS 39225-3021	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 8,152.00

SS04-06

Name of Candidate or Committee Charles Busby

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Republican party		
Mailing Address P.O. Box 60	11/4/11	$ 3,000.00
City, State, Zip Code Jackson, MS 39205	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,000.00
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	$

Name of Candidate or Committee Charles Busby

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Greg & Laura Cronin	11 / 1 / 11	$ 500.00
Mailing Address: 105 Surgeons Place	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): In Kind contribution	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Improve MS PAC	10 / 31 / 11	$ 17,929.00
Mailing Address: P.O. Box 23021	/ /	$
City, State, Zip Code: Jackson, MS 39225-3021	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 18,152.00

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Association of Realtors	12 / 20 / 11	$ 2000.00
Mailing Address: P.O. Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: Charles Busby

Reporting period: October 30, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): In Kind Contributions	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Republican Party	11 / 4 / 11	$ 3000
Mailing Address: P.O. Box 60	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 18,000

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	12 / 20 / 11	$ 300.00
Mailing Address: 2992 West Beach Blvd.	/ /	$
City, State, Zip Code: Gulfport, MS 39502-4079	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	12 / 20 / 11	$ 500.00
Mailing Address: 2630 Ridgewood	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi PAC	12 / 20 / 11	$ 300.00
Mailing Address: 175 E. Capital Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Charles Busby

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EmPAC	12 / 20 / 11	$ 500.00
Mailing Address: 1340 Echelon Pkwy	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Association PAC	12 / 20 / 11	$ 300.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158-3300	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$