

From:

11/01/2011 11:14

#510 P.001/005

2011 ELECTION CYCLE



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 District 111 Political Party Republican  
 Email Address Charles.busby@orion-ny.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
- 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	\$ 64,723.00 +\$ 1,050.00	\$ 65,773.00	\$ 123,975.64
Total amount of disbursements	\$ 80,235.58 +\$ 465.50	\$ 80,701.08	\$ 109,626.32
Total amount of cash on hand		\$ 14,349.32	

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

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.

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Name of Candidate or Committee Charles H. Busby  
 Reporting period October 1, 2011 through October 29, 2011

### ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input 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>2007 Conservative Victory Committee</u>	<u>10/27/11</u>	\$ <u>500.00</u>
Mailing Address	<u>4101 Chain Bridge Rd Suite 313</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Fairfax VA 22030-4100</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>ABC Recycling, Inc.</u>	<u>10/27/11</u>	\$ <u>7000.00</u>
Mailing Address	<u>PO Box 8613</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Miss Point, MS 39563</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>7000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input 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>Contractor's PAC</u>	<u>10/15/11</u>	\$ <u>250.00</u>
Mailing Address	<u>PO Box 116522</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Jackson MS 39236</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Georgia - Pacific Financial Management</u>	<u>10/18/11</u>	\$ <u>750.00</u>
Mailing Address	<u>PO Box 161270</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Phoenix AZ 85082-1270</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee Charles H. Busby  
 Reporting period October 1, 2011 through October 29, 2011

### ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>In Kind contribution Voter Contact Mail</u>			
Full name	<u>JMPAC (Improve MS PAC)</u>	<u>10/17/11</u>	\$ <u>12099.<sup>00</sup></u>
Mailing Address	<u>PO Box 23021</u>	<u>10/23/11</u>	\$ <u>4124.<sup>00</sup></u>
City, State, Zip Code	<u>Jackson MS 39225-0021</u>		\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ <u>16,223.<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Magnolia Bolt Inc.</u>	<u>10/23/11</u>	\$ <u>1000.<sup>00</sup></u>
Mailing Address	<u>8500 Fowler Ave</u>		\$
City, State, Zip Code	<u>Pensacola FL 32534</u>		\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input 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>Mississippi Medical PAC - State</u>	<u>10/13/11</u>	\$ <u>2000.<sup>00</sup></u>
Mailing Address	<u>PO Box 2548</u>		\$
City, State, Zip Code	<u>Ridgeland MS 39158</u>		\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000.<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>In Kind Contribution Advertising</u>			
Full name	<u>Mississippi Republican Party</u>	<u>10/28/11</u>	\$ <u>36,000.<sup>00</sup></u>
Mailing Address	<u>PO Box 160</u>	<u>10/25/11</u>	\$ <u>15,000.<sup>00</sup></u>
City, State, Zip Code	<u>Jackson MS 39205</u>		\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ <u>51,000.<sup>00</sup></u>

Name of Candidate or Committee Charles H. Busby  
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### ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input 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>Mrs Federation of Republican Women</u>	<u>10/27/11</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address	<u>104 Boxwood Cove</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Brandon MS 39047</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.<sup>00</sup></u>
B. 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>Thomas E. Robertson</u>	<u>10/15/11</u>	\$ <u>1000.<sup>00</sup></u>
Mailing Address	<u>PO Box 81022</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Miss Point, MS 39502</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.<sup>00</sup></u>
C. 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>Trent Lett</u>	<u>10/13/11</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address	<u>58 Watercolor Blvd</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<u>Santa Rosa Beach, FL 32459</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

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Name of Candidate or Committee Charles H. Busby  
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### ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Winning Edge Communications LLC	<b>Date</b> (Mo., Day, Year) 10/4/11	<b>Amount of each disbursement this period</b> \$ 2,299.01
<b>Mailing Address</b> PO Box 13643		
<b>City, State, Zip Code</b> Jackson MS 39236-3143	10/25/11	\$ 1,599.01
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ Continued
<b>B. Full name</b> Winning Edge Communications LLC	<b>Date</b> (Mo., Day, Year) 10/27/11	<b>Amount of each disbursement this period</b> \$ 2,299.01
<b>Mailing Address</b> PO Box 13643		
<b>City, State, Zip Code</b> Jackson MS 39236-3143	—/—/—	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 9,057.59
<b>C. Full name</b> Rainbow Water	<b>Date</b> (Mo., Day, Year) 10/10/11	<b>Amount of each disbursement this period</b> \$ 998.40
<b>Mailing Address</b> 3310 Old Mobile Hwy		
<b>City, State, Zip Code</b> Pascagoula MS 39581	—/—/—	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 998.40
<b>D. Full name</b> IMPAC (Improve MS PAC)	<b>Date</b> (Mo., Day, Year) 10/17/11	<b>Amount of each disbursement this period</b> \$ 2,009.00
<b>Mailing Address</b> PO Box 23021		
<b>City, State, Zip Code</b> Jackson MS 39225-3021	10/25/11	\$ 4,124.00
<b>Purpose of Disbursement (Optional)</b> In Kind contribution Voter Contact Mail	<b>Aggregate Year-to-date</b>	\$ 6,223.00
<b>E. Full name</b> Goodgames	<b>Date</b> (Mo., Day, Year) 10/20/11	<b>Amount of each disbursement this period</b> \$ 797.15
<b>Mailing Address</b> PO Box 11663		
<b>City, State, Zip Code</b> Pascagoula MS 39568-11663	—/—/—	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$ 6,803.06
<b>F. Full name</b> Mississippi Republican Party	<b>Date</b> (Mo., Day, Year) 10/25/11	<b>Amount of each disbursement this period</b> \$ 30,020.00
<b>Mailing Address</b> PO Box 60		
<b>City, State, Zip Code</b> Jackson MS 39205	10/28/11	\$ 36,000.00
<b>Purpose of Disbursement (Optional)</b> In Kind Contribution + Advertising	<b>Aggregate Year-to-date</b>	\$ 66,020.00