2011 ELECTION CYCLE

Candidate
2011 Elections

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
Delbert Hosemann
SECRETARY OF STATE
JAN 10 2012
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Name of Candidate Charles L. Young, Jr

Address P.O. Box 5393 Mdn. MS 39301 County Lauderdale

Telephone 601 693-1961 Fax

Office Sought House District 82 Political Party Democratic

Email Address youngdistrict82.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	$ 3,400	+$	–	$	3,400	$ 26,849.70
Total amount of disbursements	$ 1,085	+$	$10.48	$	1,595.48	$ 22,941.54
Total amount of cash on hand				$	1,804.22	

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 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~~. 576-2545
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 L Young, Jr

Reporting period 10/31/2011 through 12/31/2011

ITEMIZED DISBURSEMENTS

A. Full name Village Jewelry & Sports	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 31 / 11	$ 285.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) T-shirts	Aggregate Year-to-date	$ 285.00
B. Full name Meridian Coach & Travel	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12 / 20 / 11	$ 200.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Chatered Buses	Aggregate Year-to-date	$ 200.00
C. Full name GM Card Services	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12 / 28 / 11	$ 600.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional) Misc Campaign Parapernalia	Aggregate Year-to-date	$ 2900.00
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 Young, Jr

Reporting period: 10/30/2011 through 12/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C Patel	12 / 25 / 11	$ 200.00
Mailing Address: 903 22nd Avenue	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): MEridian 1 Hopur Cleaners	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Burns	12 / 22 / 11	$ 200.00
Mailing Address: P.O. Box 2896	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): Burns & Burns	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 200.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA PAC	12 / 28 / 11	$ 1000.00
Mailing Address: P.O> Box 909	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): PAC	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wallace Strickland	12 / 21 / 11	$ 500.00
Mailing Address: 8219 Sycamore Creek Drive	/ /	$
City, State, Zip Code: Meridian, MS	/ /	$
Name of Employer (Required): Rush Nasp	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Charles Young, Jr

Reporting period: 10/30/2011 through 12/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Dulaney	12 / 20 / 11	$ 1000.00
Mailing Address: 5805 Windsor Circle	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Structural Steel	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT & T PAC	12 / 3 / 11	$ 300.00
Mailing Address: 175 E Capital Street Landmark Center Rm 703	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): PAC	/ /	$
Occupation (Required): PAC	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 / 9 / 11	$ 200.00
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required): PAC	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 200.00

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	$