2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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DATA PROCESSING
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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Chris Massey
Address P.O. Box 208 Nesbit Ms 38651 County Desoto
Telephone 901. 550. 0334 Fax
Office Sought Senate Political Party GOP
Email Address masseyforsenate@bellsouth.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
X **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	$ 2150.00	+$	500.00		$ 2650.00	$ 71164.00
Total amount of disbursements	$ 3240.42	+$	142.60		$ 3383.02	$ 60721.38
Total amount of cash on hand					$ 10442.62	

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

CHRIS MASSEY
Signature of Candidate

01-09-12
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.

SOS 07-11

Name of Candidate or Committee: Friends of Chris Massey

Reporting period: 10-30-11 through 12-31-11

ITEMIZED RECEIPTS

A. Source: [x] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Corporation	11 / 4 / 11	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code: St Louis MO 63105	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

B. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] x Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RAI Services Company	11 / 4 / 11	$ 250.00
Mailing Address: P.O. Box 464	/ /	$
City, State, Zip Code: Winston Salem NC 27102	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source [ ] Corporation [x] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC Mississippi	11 / 4 / 11	$ 750.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215-1640	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 750.00

D. Source: [ ] Corporation [x] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT+T Mississippi	11 / 4 / 11	$ 400.00
Mailing Address: 175 East Capitol Street	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Friends of Chris Massey

Reporting period 10-30-11 through 12-31-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Bail Agents Association	11/4/11	$ 250.00
Mailing Address: 413 South President Street Suite 111	__/__/__	$
City, State, Zip Code: Jackson Ms 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. 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	$

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	$

Name of Candidate or Committee Friends of Chris Massey

Reporting period 10-30-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cathy Massey		
Mailing Address		
3911 Magnolia Lane	11/3/11	$ 1240.42
City, State, Zip Code		
Nesbit Ms 38651	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Expenses from Campaigning Reimbuse		$ 1240.42

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chris Massey		
Mailing Address		
3911 Magnolia Lane	11/3/11	$ 2000.00
City, State, Zip Code		
Nesbit Ms 38651	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	
Reimbursement of Loan		$ 2000.00

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	
		$