2011 ELECTION CYCLE

Dolbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Chuck Espy
Address PO 1508 County
Telephone 627 4182 Fax 627 9090
Office Sought State Rep Dist 26 Political Party Dem
Email Address cespy@house.ms.gov

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	$ -0-	+$	-0-	$	-0-	$ 4700
Total amount of disbursements	$ 4490	+$	-0-	$	4490	$ 4490
Total amount of cash on hand				$	210.00	

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 1/9/2012

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 Chuck Espy

Reporting period Oct 30 through Nov 19

ITEMIZED DISBURSEMENTS

A. Full name: Zeta Phi Beta	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1007 Mississippi	11/1/11	$ 1200
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Purpose of Disbursement (Optional): Ads	Aggregate Year-to-date	$ 1200.00
B. Full name: Popeyes Chicken	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 325 HWY 61	11/8/11	$ 490
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Purpose of Disbursement (Optional): Food for Workers	Aggregate Year-to-date	$ 490
C. Full name: Tawana Grace	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 518 Ashton Ave	11/8/11	$ 1800
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Purpose of Disbursement (Optional): GOTV	Aggregate Year-to-date	$ 1800.00
D. Full name: Wal-Mart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 431 HWY 61	11/17/11	$ 1000.00
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
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 CHESY

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. 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	$

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	$