2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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**Candidate**

**REPORT OF RECEIPTS AND DISBURSEMENTS**
**2011 Elections**

Name of Candidate Committee to Elect Jeffrey Guice
Address 1208 Folk Rd County Jackson
Telephone 228 875 6383 Fax 228 875 1043
Office Sought Representative District 114 Political Party Republican
Email Address jeffguice@gmail.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 | $ 0 | +$ 0 | $ 0 | $ 6485 |
| Total amount of disbursements | $ 0 | +$ 716.57 | $ 716.57 | $ 5619 |
| Total amount of cash on hand | | | $ 866.00 | |

*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

Date 1-9-12

**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.

Name of Candidate or Committee Jeffrey Guise, Committee to Elect

Reporting period Oct 30 2014 through Dec 31 2014

# ITEMIZED DISBURSEMENTS

| A. 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 | $ |
| **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 Jeffrey Guice Committee to Elect

Reporting period Oct 30 2011 through Dec 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 | ___/___/___ | $ |
| Mailing Address 0 | ___/___/___ | $ |
| 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 | $ |