2012 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Election

Name of Committee COMMITTEE TO ELECT JOSIAH DENNIS [illegible]

Address PO BOX 1960 OXFORD MS 38655 County LAFAYETTE

Telephone 662-234-0703 Fax 662-234-0704

Treasurer D. COLBY CARMICHIEL Email Address CCARMICHIEL@DEVOECARR.COM

☐ Check here if above is different from previous report

____ **May 10, 2012 Periodic Report** (January 1, 2012, through April 30, 2012).....Mandatory

____ **June 8, 2012 Periodic Report** (May 1, 2012, through May 31, 2012).....Mandatory

X **July 10, 2012 Periodic Report** (June 1, 2012, through June 30, 2012).....Mandatory

____ **October 10, 2012 Periodic Report** (July 1, 2012 through September 30, 2012).....Mandatory

____ **October 30, 2012 Pre-Election Report** (October 1, 2012, through October 27, 2012).....Mandatory

____ **November 20, 2012 Pre-Election Report** (October 28, 2012, through November 17, 2012).....Runoff Candidates only

____ **January 10, 2013 Periodic Report** (October 28, 2012, through December 31, 2012).....Mandatory

____ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

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	$ 31,050.00	+$ 2,775.31	$ 33,825.31	$ 51,027.31
Total amount of disbursements	$ 15,127.90	+$ 14.48	$ 15,142.38	$ 26,466.19
Total amount of cash on hand			$ 24,561.12	

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 Director or Treasurer

JULY 10, 2012
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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. §§ 23-15-811 and 813 (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 countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee: COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period: JUNE 1, 2012 through JUNE 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FIRST HERITAGE CREDIT, LLC	06 / 12 / 12	$ 1000.00
Mailing Address: 605 CRESCENT BLVD SUITE 101	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	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: MS CONCRETE INDUSTRIES ASSOCIATION PAC	06 / 28 / 12	$ 500.00
Mailing Address: 6700 OLD CANTON RD, SUITE K	06 / 25 / 12	$ 1000.00
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1500.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: INDEPENDENT INSURANCE AGENTS OF MISSISSIPPI PAC	06 / 28 / 12	$ 3000.00
Mailing Address: 124 RIVERVIEW	/ /	$
City, State, Zip Code: FLOWOOD, MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 3000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify):	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LEN PAC	06 / 25 / 12	$ 5000.00
Mailing Address: 3 LAKELAND CR STE 201	/ /	$
City, State, Zip Code: JACKSON, MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

Name of Candidate or Committee COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period JUNE 1, 2012 through JUNE 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI REALTORS PAC	06 / 27 / 12	$ 5000.00
Mailing Address: PO BOX 321000	/ /	$
City, State, Zip Code: FLOWOOD, MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA PAC	06 / 19 / 12	$ 5000.00
Mailing Address: PO BOX 1909	/ /	$
City, State, Zip Code: MADISON, MS 39130	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HOME BUILDERS ASSOCIATION OF MISSISSIPPI PAC	06 / 25 / 12	$ 5000.00
Mailing Address: PO BOX 3556	/ /	$
City, State, Zip Code: JACKSON, MS 39207	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR WILLIAM G JACKSON	06 / 28 / 12	$ 1000.00
Mailing Address: 6317 N SHILOH RD	/ /	$
City, State, Zip Code: CORINTH, MS 38834	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): PHYSICIAN	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee: COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period: JUNE 1, 2012 through JUNE 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: VAN HEDGES	06 / 28 / 12	$ 500.00
Mailing Address: PO BOX 1575	/ /	$
City, State, Zip Code: CORINTH, MS 38835	/ /	$
Name of Employer (Required): SOUTHERN INSURANCE CONSULTING	/ /	$
Occupation (Required): INSURANCE CONSULTING	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RANDALL LONG	06 / 28 / 12	$ 500.00
Mailing Address: 3201 N MADISON	/ /	$
City, State, Zip Code: CORINTH, MS 38834	/ /	$
Name of Employer (Required): LONG DISTRIBUTION, INC.	/ /	$
Occupation (Required): PRESIDENT	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR ROBERT ROBINSON	06 / 28 / 12	$ 500.00
Mailing Address: 29 COUNTY RD 406	/ /	$
City, State, Zip Code: IUKA, MS 38852	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J CLAYTON STANLEY	06 / 25 / 12	$ 500.00
Mailing Address: 4302 SHILOH RD	/ /	$
City, State, Zip Code: CORINTH, MS 38834	/ /	$
Name of Employer (Required): CAPITOL RESOURCES, LLC	/ /	$
Occupation (Required): LOBBYIST	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period: JUNE 1, 2012 through JUNE 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WILLIAM H DAVIS, JR.	06 / 20 / 12	$ 500.00
Mailing Address: PO BOX 1613	/ /	$
City, State, Zip Code: CORINTH, MS 38835	/ /	$
Name of Employer (Required): CLAYTON O'DONNELL	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LENOIR W. STANLEY	06 / 25 / 12	$ 500.00
Mailing Address: 4305 SHILOH RD	/ /	$
City, State, Zip Code: CORINTH, MS 38834	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): HOMEMAKER	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROGER M FLYNT JR.	06 / 20 / 12	$ 500.00
Mailing Address: 1006 HAYES AVE	/ /	$
City, State, Zip Code: OXFORD, MS 38655	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JB YATES	06 / 04 / 12	$ 500.00
Mailing Address: 103 PICKENTS ST	/ /	$
City, State, Zip Code: LEXINGTON, MS 39095	/ /	$
Name of Employer (Required): BANK PLUS	/ /	$
Occupation (Required): VICE CHAIRMAN	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period JUNE 1, 2012 through JUNE 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROBERT WILLIAMS	06 / 28 / 12	$ 300.00
Mailing Address: 504 FOOTE ST	/ /	$
City, State, Zip Code: CORINTH, MS 38835	/ /	$
Name of Employer (Required): BAILEY WILLIAMS REAL ESTATE	/ /	$
Occupation (Required): REAL ESTATE AGENT	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: F. JOE VANN	06 / 28 / 12	$ 250.00
Mailing Address: PO BOX 913	/ /	$
City, State, Zip Code: CORINTH, MS 38834	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 250.00

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 COMMITTEE TO ELECT JOSIAH DENNIS COLEMAN

Reporting period JUNE 1, 2012 **through** JUNE 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name ROB TAGGART	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 1960	06 / 15 / 12	$ 1000.00
City, State, Zip Code OXFORD, MS 38655	06 / 30 / 12	$ 1000.00
Purpose of Disbursement (Optional) CAMPAIGN DIRECTOR	Aggregate Year-to-date	$ 2000.00
B. Full name 3DT, LLC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 198 HAND DRIVE	06 / 06 / 12	$ 225.00
City, State, Zip Code FLOWOOD, MS39232	/ /	$
Purpose of Disbursement (Optional) DESIGN SERVICES	Aggregate Year-to-date	$ 1275.00
C. Full name ADDISON HALL DESIGN	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 506 GRANTS FERRY RD SUITE 204	06 / 01 / 12	$ 1123.50
City, State, Zip Code BRANDON, MS 39047	/ /	$
Purpose of Disbursement (Optional) WEBSITE DESIGN AND DEVELOPMENT	Aggregate Year-to-date	$ 1123.50
D. Full name STRATEGIC MARKETING GROUP	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO BOX 2223	06 / 01 / 12	$ 5000.00
City, State, Zip Code MADISON, MS 39110	06 / 15 / 12	$ 6000.00
Purpose of Disbursement (Optional) MARKETING FEES	Aggregate Year-to-date	$ 21000.00
E. Full name AIA PIN BELT PROMOS	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO BOX 872	06 / 06 / 12	$ 497.52
City, State, Zip Code NEENAH, WI 54597	/ /	$
Purpose of Disbursement (Optional) PRINTING	Aggregate Year-to-date	$ 497.52
F. Full name DOCUMART	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1105 JACKSON AVE WEST	06 / 04 / 12	$ 140.94
City, State, Zip Code OXFORD, MS 38655	06 / 06 / 12	$ 140.94
Purpose of Disbursement (Optional) PRINTING	Aggregate Year-to-date	$ 466.25