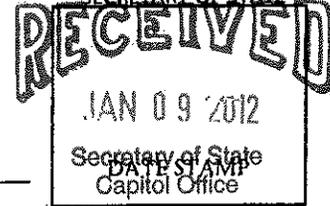


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Donnie Bell
 Address 436 Tucker Rd Fulton, MS County ITTA
 Telephone 662-462-3385 Fax _____
 Office Sought Rep. Dist 21 Political Party Rep.
 Email Address dbell@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 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 DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 7,500	+\$			\$	\$
Total amount of disbursements	\$ 5,189	+\$	2,300		\$	\$
Total amount of cash on hand	\$ 7,775.00					

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

Donnie Bell
 Signature of Candidate

1/10/12
 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.

Name of Candidate or Committee Donnie Bell
 Reporting period Oct 31 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ITA Times</u>	<u>10/31/11</u>	\$ <u>150.00</u>
Mailing Address <u>Main St</u>	<u>11/11/11</u>	\$ <u>467.35</u>
City, State, Zip Code <u>Fulton</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mid South Printing</u>	<u>11/11/11</u>	\$ <u>3,665.00</u>
Mailing Address <u>Main St</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Amory, ms</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>W.D.W.</u>	<u>11/17/11</u>	\$ <u>500.00</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Tupelo, ms</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
<u>Radio Ad</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ITA Times</u>	<u>11/18/11</u>	\$ <u>270.00</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cooper Cleaners</u>	<u>11/14/11</u>	\$ <u>135.06</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$ <u> </u>
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>

Name of Candidate or Committee Donnie Bell

Reporting period Oct 31 through Dec 31

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DBA Cash Services</u>	<u>12/21/11</u>	\$ <u>1,000</u>
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fulton, MS</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Montgomery Enterprises</u>	<u>12/21/11</u>	\$ <u>1,000</u>
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fulton</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Approved Auto Sales</u>	<u>12/21/11</u>	\$ <u>1,000</u>
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fulton, MS</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Great Spirits</u>	<u>12/21/11</u>	\$ <u>1,000</u>
Mailing Address _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fulton, MS</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee Donnie Bell

Reporting period Oct 31 through Dec 31

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Johnny Crane</u>	<u>12/21/11</u>	\$ <u>1,000</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Fulton, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chip Crane</u>	<u>12/21/11</u>	\$ <u>2,500</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Fulton, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____