2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

RECEIVED
JAN 10 2012
Campaign Finance
Secretary of State

Name of Candidate Douglas D McLeod

Address 1211 Bexley Church Rd County George

Telephone Work 601-947-3125 Home 601-508-0288 Fax -0-

Contact Name Doug McLeod Email Address dougmcleod60@yahoo.com

Office Sought Representative Dist 107 Political Party Republican

☐ 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 23, 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) — 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	$4150.00 + $ 500.00	$ 4650.00	$ 29,710.00
Total amount of disbursements	$5784.40 + $ 2571.70	$ 8356.10	$ 21,447.10
Total amount of cash on hand		$	

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

Douglas D McLeod
Signature of Candidate

1-10-12
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 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

Name of Candidate or Committee Douglas D McLeod

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) In Kind	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms Republican Party	11/5/11	$ 2271.08
Mailing Address: PO Box 60	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☑ Other (please specify) In Kind	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Im PAC (Improve MS PAC)	10/13/11	$ 3384.00
Mailing Address: PO BOX 23021	10/19/11	$ 3135.00
City, State, Zip Code: Jackson MS 39225-3021	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 6519.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Republican Women	11/1/11	$ 500.00
Mailing Address: PO Box 5476	__/__/__	$
City, State, Zip Code: Brandon MS 39047	__/__/__	$
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: Steven Plazzo	11/1/11	$ 250.00
Mailing Address: PO Box 6888	__/__/__	$
City, State, Zip Code: Gulfport MS 39506	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Doug McLeod

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: MS Association of Realtors	12/19/11	$ 1000.00
Mailing Address: PO Box 321000	__/__/__	$
City, State, Zip Code: Jackson MS 39232	__/__/__	$
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: MS Hospital Association	12/28/11	$ 1000.00
Mailing Address: PO Box 1909	__/__/__	$
City, State, Zip Code: Madison MS 39130	__/__/__	$
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: AT&T	12/16/11	$ 300.00
Mailing Address: 175 East Capitol St Suite 702	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
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: Electric Power Association of MS	12/2/11	$ 300.00
Mailing Address: PO Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Doug McLeod

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: ENPAC MS (Entergy)	12/16/11	$ 500.00
Mailing Address: PO BOX 1640	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
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: MS Power Company	12/16/11	$ 300.00
Mailing Address: P O Box 4079	__/__/__	$
City, State, Zip Code: Gulfport MS 39502	__/__/__	$
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 Doug McLeod

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

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Carnes Catfish House Mailing Address: City, State, Zip Code: Purpose of Disbursement (Optional):	10/27/11	$ 300.00
	__/__/__	$
	Aggregate Year-to-date	$ 300.00
B. Full name: Rocky Creek Catfish Mailing Address: 4140 Hwy 63 N City, State, Zip Code: Lucedale MS 39452 Purpose of Disbursement (Optional):	10/29/11	$ 250.00
	__/__/__	$
	Aggregate Year-to-date	$ 250.00
C. Full name: Stone County Enterprise Mailing Address: PO Box 157 City, State, Zip Code: Wiggins MS 39577 Purpose of Disbursement (Optional): Advertising	11/1/11	$ 900.00
	12/1/11	$ 150.00
	Aggregate Year-to-date	$ 2512.75
D. Full name: WCBE Mailing Address: 3276 Hwy 198 W City, State, Zip Code: Lucedale MS 39452 Purpose of Disbursement (Optional): Advertising	11/1/11	$ 736.00
	__/__/__	$
	Aggregate Year-to-date	$ 1216.00
E. Full name: Winning Edge Communications Mailing Address: P O Box 13643 City, State, Zip Code: Jackson MS 39236-3643 Purpose of Disbursement (Optional): Mail Outs	11/3/11	$ 1750.00
	__/__/__	$
	Aggregate Year-to-date	$ 6083.98
F. Full name: Leals Meat Market Mailing Address: 181 Winter St City, State, Zip Code: Lucedale MS 39452 Purpose of Disbursement (Optional): Gas	11/4/11	$ 465.40
	12/12/11	$ 750.00
	Aggregate Year-to-date	$ 2415.65

SS04-06

Name of Candidate or Committee Doug McLeod

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

ITEMIZED DISBURSEMENTS

A. Full name George County Times	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 238	11/21/11	$ 162.00
City, State, Zip Code Lucedale MS 39452	__/__/__	$
Purpose of Disbursement (Optional) Ad	Aggregate Year-to-date	$ 887.00
B. Full name Stone Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2919 Hwy 26	12/30/11	$ 321.00
City, State, Zip Code Wiggins MS 39577	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1462.69
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	$