2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 1 1 2012
Secretary of State
Capitol Office
DATE STAMP

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Earle S. Banks

Address 2307 M. L. King Dr. County Hinds

Telephone 601-355-5574 Fax

Office Sought House District 67 Political Party D

Email Address

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	$	+$	200.00	$		$ 200.00
Total amount of disbursements	$	+$	0	$		$ 0
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.

Signature of Candidate

1/3/12
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.

SOS 07-11

Name of Candidate or Committee _____

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	$