2011 ELECTION CYCLE

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Delbert Hosemann
SECRETARY OF STATE
JAN 19 2012
Campaign Finance
Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate Eric Powell

Address 11 CR 173 Corinth, MS County Alcorn

Telephone Work _____ Home _____ Fax _____

Contact Name _____ Email Address _____

Office Sought Senate Dist. 4 Political Party Dem

☐ 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	$ 2000.00 + $ 0	$ 2000.00	$ 52,815.00
Total amount of disbursements	$ 5440.56 + $ 1,600.00	$ 7,040.56	$ 51,956.27
Total amount of cash on hand		$ 858.73	

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

Eric Powell
Signature of Candidate

Jan 16, 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 [illegible], Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2818.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

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Name of Candidate or Committee: Eric Powell

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: ERFW	11/1/11	$ 1,750.00
Mailing Address: 900 Seventh Street N.W.	__/__/__	$
City, State, Zip Code: Washington, D.C. 20001	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,750.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAL-PAC	11/1/11	$ 250.00
Mailing Address: 702 SW 8th Street	__/__/__	$
City, State, Zip Code: Bentonville, AR. 72716	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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	$

SS06-03 (B)

Name of Candidate or Committee Eric Powell

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Reporting period 11-1-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name: Zeta 3 Consul Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Phone Calling	Date (Mo., Day, Year): 11/7/11 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 1,100.00 $ $ 1,100.00
B. Full name: GOTV Mailing Address City, State, Zip Code: Corinth, MS. Purpose of Disbursement (Optional): Get out the Vote	Date (Mo., Day, Year): __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 2620.00 $ $ 2620.00
C. Full name: Daily Corinthian Mailing Address City, State, Zip Code: Corinth, MS. 38834 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/4/11 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 855.94 $ $ 3,047.75
D. Full name: Southern Sentinal Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/8/11 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 864.62 $ $ 2084.73
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ $ $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ $ $

SS04-06