2012 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Election

Name of Committee Friends of Flip Phillips, Supreme Court

Address P.O. Box 62 County Panola

Telephone 662-267-4001 Fax 662-563-1546

Treasurer Blair Jernigan Email Address Blair@phillipsforjustice.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**

____ **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	$ 31,000.00	+$ 2600.00	$ 33600.00	$ 121,190.00
Total amount of disbursements	$ 6018.25	+$ 64.26	$ 6082.51	$ 6082.51
Total amount of cash on hand			$ 115107.49	

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

[signature] 6-6-2012

Signature of Director or Treasurer **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, mutli-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 Friends of Flip Phillips, Supreme Court

Reporting period 5-1-12 through 5-31-12

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Denny King	5 / 1 / 12	$ 1000.00
Mailing Address: 114 Coachman Rd.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Hesselbein Tire Co., Inc.	/ /	$
Occupation (Required): Pres. / Director	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: Huron Smith Oil Co., Inc	5 / 10 / 12	$ 1000.00
Mailing Address: P.O. Drawer 1569	/ /	$
City, State, Zip Code: Batesville MS 38606	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Donald F. Smith	5 / 15 / 12	$ 2500.00
Mailing Address: P.O. Drawer 1569	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required): Huron Smith Oil Co., Inc.	/ /	$
Occupation (Required): Pres.	Aggregate year-to-date	$ 2500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LP	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gunnoe Investment Group, LP	5 / 18 / 12	$ 1000.00
Mailing Address: 4002 Links Cove	/ /	$
City, State, Zip Code: Oxford MS 38655	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Friends of Flip Phillips, Supreme Court

Reporting period 5-1-12 through 5-31-12

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J + J Realty, LLC	5 / 18 / 12	$ 1000.00
Mailing Address: P.O. Box 890	/ /	$
City, State, Zip Code: Booneville, MS 38829	/ /	$
Name of Employer (Required):	/ /	$
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: Paul R. Scott	5 / 18 / 12	$ 5000.00
Mailing Address: P.O. Box 346	/ /	$
City, State, Zip Code: Hernando MS 38632	/ /	$
Name of Employer (Required): SPMS + N - Desoto LP	/ /	$
Occupation (Required): Gen. Ptr.	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: Bobby P. Martin	5 / 18 / 12	$ 1000.00
Mailing Address: 896 S Main Street	/ /	$
City, State, Zip Code: Ripley MS 38663	/ /	$
Name of Employer (Required): The Peoples Bank	/ /	$
Occupation (Required): Chairman CEO Pres.	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pine Lodge, LLC	5 / 21 / 12	$ 2000.00
Mailing Address: 1667 Pine Lodge Rd.	/ /	$
City, State, Zip Code: Batesville MS 38606	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2000.00

Name of Candidate or Committee Friends of Flip Phillips, Supreme Court

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: L. F. Sams, Jr.	5 / 21 / 12	$ 500.00
Mailing Address: P.O. Box 466	/ /	$
City, State, Zip Code: Tupelo MS 38802	/ /	$
Name of Employer (Required): Mitchell, McNutt & Sams	/ /	$
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: Hal D. Crenshaw	5 / 22 / 12	$ 5000.00
Mailing Address: P.O. Box 347	/ /	$
City, State, Zip Code: Southaven MS 38671	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 5,000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas S. Elmore	5 / 29 / 12	$ 5,000.00
Mailing Address: P.O. Box 36	/ /	$
City, State, Zip Code: Aberdeen, MS 39730	/ /	$
Name of Employer (Required): Eutaw Construction Company	/ /	$
Occupation (Required): CEO	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: Justin Beard	5 / 29 / 12	$ 500.00
Mailing Address: 116 Timbercrest Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Sales Representative	/ /	$
Occupation (Required): Daily Equipment Company	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Friends of Flip Phillips, Supreme Court

Reporting period 5-1-12 through 5-31-12

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)		
Full name: Bradford Dye, III	5 / 29 / 12	$ 500.00
Mailing Address: 904 S. 11th Street	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Physician	/ /	$
Occupation (Required): Ears, Nose & Throat Consultants of North Mississippi	Aggregate year-to-date	$ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Political Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Renasant Bank-Employees Voluntary Political Committee	5 / 29 / 12	$ 1000.00
Mailing Address: P.O. Box 709	/ /	$
City, State, Zip Code: Tupelo MS 38802	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00
C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nicole Martin	5 / 31 / 12	$ 1000.00
Mailing Address: 1152 Lee Jennings Rd.	/ /	$
City, State, Zip Code: Como, MS 38619	/ /	$
Name of Employer (Required): Smith, Phillips, Mitchell, Scott & Nowak	/ /	$
Occupation (Required): Secretary	Aggregate year-to-date	$ 1000.00
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sheldon G. Alston	5 / 31 / 12	$ 1000.00
Mailing Address: 4134 Hawthorne Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Brunini Law Firm	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Grenada Family Medicine Clinic	5 / 31 / 12	$ 1000.00
Mailing Address: 1300 Sunset Drive - Suite F	/ /	$
City, State, Zip Code: Grenada, MS 38901	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JWE Holdings, LLC	5 / 31 / 12	$ 1000.00
Mailing Address: P.O. Box 7	/ /	$
City, State, Zip Code: Tunica MS 38676	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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	$

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Reporting period 5-1-12 through 5-31-12

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Baldwin + Associates, Inc.		
Mailing Address: P.O. Box 905	5/08/12	$ 5250.00
City, State, Zip Code: Tupelo MS 38802	__/__/__	$
Purpose of Disbursement (Optional): Consulting Services	Aggregate Year-to-date	$ 5250.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Sweeney South Commercial Photography		
Mailing Address: 4850 Goodman Rd. - Suite 102	5/29/12	$ 768.25
City, State, Zip Code: Olive Branch, MS 38654	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 768.25
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	$