

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).....Mandatory
- 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	\$85,600.00 +\$ 1,990.00	\$ 87,590.00	\$ 87,590.00
Total amount of disbursements	\$ 0 +\$ 0	\$ 0	\$ 0
Total amount of cash on hand		\$ 87,590.00	

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 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, 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 countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Flip Phillips, Supreme CourtReporting period 1-1-12 through 4-30-12

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Michael E. Dunlap</u>	<u>4/25/12</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 720</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Dunlap + Kyle Co., Inc.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Pres. / Director</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ray Poole</u>	<u>4/25/12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1120</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Business Owner - Ray Poole's State Farm Insurance</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Cyd C. Dunlap</u>	<u>4/25/12</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 720</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>NA</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Homemaker</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>R. H. Dunlap</u>	<u>4/25/12</u>	\$ <u>5,000.00</u>
Mailing Address <u>P.O. Box 720</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Dunlap + Kyle Co., Inc.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Director</u>	Aggregate year-to-date	\$ <u>5,000.00</u>

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

Reporting period 1-1-12 through 4-30-12

# ITEMIZED RECEIPTS

A. Source: <input checked="" 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>Batesville Security Building Corp</u>	<u>4/25/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 690</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" 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>First Security Bank</u>	<u>4/25/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 690</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source <input checked="" 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>First Security Insurance Inc</u>	<u>4/25/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 690</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" 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>Security Capital Corporation</u>	<u>4/25/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 690</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Flip Phillips Supreme CourtReporting period 1-1-12 through 4-30-12

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>First Security Armored Car, Inc.</u>	<u>4/25/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 690</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BancorpSouth Bank</u>	<u>4/26/12</u>	\$ <u>50,000.00</u>
Mailing Address <u>178 Commerce St.</u>	□/□/□	\$ _____
City, State, Zip Code <u>Batesville MS 38606</u>	□/□/□	\$ _____
Name of Employer (Required) _____	□/□/□	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>50,000.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>R. B. Dosssett, Jr.</u>	<u>4/26/12</u>	\$ <u>1000.00</u>
Mailing Address <u>818 Sunnyside Drive</u>	□/□/□	\$ _____
City, State, Zip Code <u>Tupelo MS 38804</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Dosssett Big 4, Pontiac, Cadillac, GMC Truck Inc.</u>	□/□/□	\$ _____
Occupation (Required) <u>Pres. - Director</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Bo Russell</u>	<u>4/27/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 28</u>	□/□/□	\$ _____
City, State, Zip Code <u>Tupelo MS 38802</u>	□/□/□	\$ _____
Name of Employer (Required) <u>self-employed</u>	□/□/□	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Flip Phillips Supreme CourtReporting period 1-1-12 through 4-30-12

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>4/21/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 428</u>	□/□/□	\$ _____
City, State, Zip Code <u>Fulton, MS 38843</u>	□/□/□	\$ _____
Name of Employer (Required) <u>F.L. Crane &amp; Sons Inc</u>	□/□/□	\$ _____
Occupation (Required) <u>incorporator</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Dr. Kelly S. Segars, Sr.</u>	<u>4/30/12</u>	\$ <u>1100.00</u>
Mailing Address <u>52 CR 150</u>	□/□/□	\$ _____
City, State, Zip Code <u>Iuka MS 38852</u>	□/□/□	\$ _____
Name of Employer (Required) <u>retired</u>	□/□/□	\$ _____
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>1100.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Vick Etheridge</u>	<u>4/30/12</u>	\$ <u>5000.00</u>
Mailing Address <u>4212 North Harper Rd.</u>	□/□/□	\$ _____
City, State, Zip Code <u>Corinth MS 38834</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Corinthian Inc</u>	□/□/□	\$ _____
Occupation (Required) <u>Pres.</u>	Aggregate year-to-date	\$ <u>5000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Bobby L. Chain</u>	<u>4/30/12</u>	\$ <u>4000.00</u>
Mailing Address <u>P.O. Box 2058</u>	□/□/□	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	□/□/□	\$ _____
Name of Employer (Required) <u>Chain Electric</u>	□/□/□	\$ _____
Occupation (Required) <u>Director</u>	Aggregate year-to-date	\$ <u>4000.00</u>

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

Reporting period 1-1-12 through 4-30-12

# 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) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chained Two, LLC</u>	<u>4/30/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 2058</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39403</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Larry E. Homan</u>	<u>4/30/12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 39</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Fulton MS 38843</u>	□ / □ / □	\$ _____
Name of Employer (Required) <u>Homan Industries, Inc.</u>	□ / □ / □	\$ _____
Occupation (Required) <u>Pres / Director</u>	Aggregate year-to-date	\$ <u>1000.00</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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____