2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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ELECTIONS DIVISION
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Committee Friends of Pat Nelson
Address PO Box 246, Southaven, MS 38671 County DeSoto
Telephone 9014939393 Fax
Treasurer Rex Haynes Email Address mnelson99@aol.com

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
X **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)

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	$ 1893.25	+	$ 3578.35	=	$ 5471.60	$ 46,448.60
Total amount of disbursements	$ 5321.61	+	$ 0	=	$ 5321.61	$ 24,265.20
Total amount of cash on hand					$ 22183.40	

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

Miles Patrick Nelson
Signature of Director or Treasurer

12/31/2011
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: Friends of Pat Nelson

Reporting period: Oct 30, 2011 through Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Police Benevolent Assn (in-kind advertising)	10/31/11	$ 243.25
Mailing Address: 2155 Hwy 42 South	/ /	$
City, State, Zip Code: McDonough, GA 30252	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 243.25

B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	11/28/11	$ 300
Mailing Address: PO Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300

C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Assns of Mississippi	12/11/11	$ 300
Mailing Address: PO Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300

D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T PAC	12/11/11	$ 300
Mailing Address: 175 East Capitol St, Suite 702	/ /	$
City, State, Zip Code: Jackson, MS 39201-2135	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300

Name of Candidate or Committee Friends of Pat Nelson

Reporting period Oct 30, 2011 through Dec 31, 2011

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Hospital Assn PAC	12/31/11	$ 750.00
Mailing Address PO Box 1909	/ /	$
City, State, Zip Code Madison, MS 39130	/ /	$
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	$

Name of Candidate or Committee Friends of Pat Nelson

Reporting period Oct 30, 2011 through Dec 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 6463	11/7/11	$ 109.69
City, State, Zip Code Carol Stream, IL 60197	12/10/11	$ 53.49
Purpose of Disbursement (Optional) monthly cell svc, new battery for cell phone	Aggregate Year-to-date	$ 993.37
B. Full name U.S. Postal Svc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7550 Airways	10/31/11	$ 18.30
City, State, Zip Code Southaven, MS 38671	11/15/11 12/15/11	185.80 $ 29.70
Purpose of Disbursement (Optional) stamps mailings	Aggregate Year-to-date	$ 1338.35
C. Full name Havard Printing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7431 Meadowbrook Drive	11/6/11	$ 1431.66
City, State, Zip Code Horn Lake, MS 38637	__/__/__	$
Purpose of Disbursement (Optional) yard signs, 4x8 signs, stakes	Aggregate Year-to-date	$ 1431.66
D. Full name Print Services Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7282 Maygan Drive	11/7/11	$ 299.60
City, State, Zip Code Olive Branch, MS 38654	__/__/__	$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$ 2384.39
E. Full name City of Southaven Veteran's Day Luncheon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8710 Northwest Drive	11/11/11	$ 500.00
City, State, Zip Code Southaven, MS 38671	__/__/__	$
Purpose of Disbursement (Optional) Veterans Day Luncheon Sponsor	Aggregate Year-to-date	$ 525.00
F. Full name Samaritans	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 576	12/10/11	$ 496.00
City, State, Zip Code Horn Lake, MS 38637	__/__/__	$
Purpose of Disbursement (Optional) contribution	Aggregate Year-to-date	$ 496.00

Name of Candidate or Committee Friends of Pat Nelson

Reporting period Oct 30, 2011 through Dec 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name: P H Publishing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Hwy 51	11/1/11	$ 477 00
City, State, Zip Code: Hernando, MS 38637	__/__/__	$
Purpose of Disbursement (Optional): voter's guide advertising	Aggregate Year-to-date	$ 477 00
B. Full name: Boomerang Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/1/11	$ 40 97
City, State, Zip Code: Cordova TN 38018	__/__/__	$
Purpose of Disbursement (Optional): tee shirts	Aggregate Year-to-date	$ 40 97
C. Full name: Brown Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Stateline Road	11/1/11	$ 250 00
City, State, Zip Code: Southaven, MS 38671	__/__/__	$
Purpose of Disbursement (Optional): contribution to church	Aggregate Year-to-date	$ 250 00
D. Full name: De Soto County Prayer Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Commerce Street	11/1/11	$ 100 00
City, State, Zip Code: Hernando, MS 38632	__/__/__	$
Purpose of Disbursement (Optional): contribution	Aggregate Year-to-date	$ 100 00
E. Full name: Fellowship of Christian Athletes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Goodman Road	11/1/11	$ 100 00
City, State, Zip Code: Southaven, MS 38671	__/__/__	$
Purpose of Disbursement (Optional): contribution	Aggregate Year-to-date	$ 100 00
F. Full name: Sudden Cardiac Assn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Goodman Road	11/1/11	$ 100 00
City, State, Zip Code: Southaven, MS 38671	__/__/__	$
Purpose of Disbursement (Optional): contribution	Aggregate Year-to-date	$ 100 00

Name of Candidate or Committee Friends of Pat Nelson

Reporting period Oct 30, 2011 through Dec 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Junior Auxiliary		
Mailing Address: Catfish & Khakis Fundraiser	11/1/11	$ 250.00
City, State, Zip Code: Southaven MS 38671	__/__/__	$
Purpose of Disbursement (Optional): contribution	Aggregate Year-to-date	$ 250.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Visa		
Mailing Address: PO Box 851001	11/1/11	$ 880.00
City, State, Zip Code: Dallas, TX 75285	__/__/__	$
Purpose of Disbursement (Optional): gasoline expenses during campaign	Aggregate Year-to-date	$ 880.00
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	$