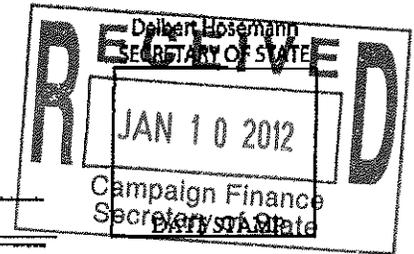


2011 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
 2011 Elections



Name of Committee: Friends of Trey Lamar
 Address: 214 South Ward St. County: _____ State: _____
 Telephone: 662-562-6537 Fax: 662-562-4858
 Treasurer: Scott Crockett Email Address: scrockett@qbtonline.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
- 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

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,850.00 +\$ 0.00	\$ 1,850.00	\$ 13,515.00
Total amount of disbursements	\$ 230.00 +\$ 141.90	\$ 371.90	\$ 4,197.57
Total amount of cash on hand		\$ 9,317.43	

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

1/10/2012
 Date

Authority: Refer to Miss. Code Ann. §23-15-301 (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 601-359-1499.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Trey Lamar
 Reporting period 10-30-11 through 12-31-11

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>Gulf States Toyota, Inc.</u>	<u>11.3.11</u>	\$ <u>250.00</u>
Mailing Address <u>1375 Enclave Pkwy</u>	__/__/__	\$
City, State, Zip Code <u>Houston, TX 77077</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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>AT&T MS PAC</u>	<u>11.3.11</u>	\$ <u>300.00</u>
Mailing Address <u>175 E. Capital St.</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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>EnPAC MS</u>	<u>12.13.11</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1640</u>	__/__/__	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>MS Power Co. State PAC</u>	<u>12.15.11</u>	\$ <u>300.00</u>
Mailing Address <u>PO BOX 4079</u>	__/__/__	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Friends of Trey Lamar
 Reporting period 10-30-11 through 12-31-11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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>MHA PAC</u>	<u>12/29/11</u>	\$ <u>750.00</u>
Mailing Address <u>PO Box 1909</u>	_ / _ / _	\$
City, State, Zip Code <u>Madison, MS 3913</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
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) _____		
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 Trey Lamar
 Reporting period 10-30-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bank of America</u>	<u>12/8/11</u>	\$ <u>230.00</u>
Mailing Address <u>P.O. Box 15019</u>		
City, State, Zip Code <u>Wilmington, DE 19850-5019</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,665.92</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Democrat</u>	<u>12/21/11</u>	\$ <u>141.90</u>
Mailing Address <u>219 E. Main St.</u>		
City, State, Zip Code <u>Senatobia, MS 38668</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.12</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$