2011 ELECTION CYCLE

Dolbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Committee: Friends of Will Longwitz
Address: PO Box 1273, Madison, MS 39130 County: Madison
Telephone: 601-605-5879 Fax:
Treasurer: Lynn Cox Email Address: info@Will.longwitz.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	$ 19,650.00	+$ 8,450.00	$ 28,100.00	$ 53,321.00
Total amount of disbursements	$ 34,758.28	+$ 428.72	$ 35,187.00	$ 41,609.93
Total amount of cash on hand			$ 10,711.07	

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

7/26/2011
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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

Name of Candidate or Committee Will Longwitz

Reporting period 7/1/11 through 7/23/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Brunini, Jr	07 / 21 / 11	$ 250.00
Mailing Address: PO Box 119	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): The Brunini Firm	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rick Calhoon	07 / 14 / 11	$ 250.00
Mailing Address: 4211 Eastover Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Pruet Oil Company LLC	/ /	$
Occupation (Required): Partner	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: Harold Corbin	07 / 14 / 11	$ 500.00
Mailing Address: PO Box 1574	/ /	$
City, State, Zip Code: Madison, MS 39130	/ /	$
Name of Employer (Required): Corbin & Associates	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sidney Allen	07 / 11 / 11	$ 250.00
Mailing Address: 16 Devonshire Way	/ /	$
City, State, Zip Code: Flora, MS 39071	/ /	$
Name of Employer (Required): CLAW Forestry Services	/ /	$
Occupation (Required): CFO	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Will Longwitz

Reporting period 7/1/11 through 7/23/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nelwyn Madison	07 / 01 / 11	$ 1000.00
Mailing Address: 393 Ingleside Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 3000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Hooks	07 / 12 / 11	$ 250.00
Mailing Address: 111 E. Capitol Street, Suite 350	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Adams & Reese	/ /	$
Occupation (Required): Attorney	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: Myles Parker	07 / 15 / 11	$ 1000.00
Mailing Address: 105 Antlers Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Carroll Warren & Parker PLLC	/ /	$
Occupation (Required): Attorney	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: Heidi Herbert	07 / 19 / 11	$ 400.00
Mailing Address: 1006 Trinity Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): SourceOne Video	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee: Will Longwitz

Reporting period: 7/1/11 through 7/23/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kevin O'Brien	07 / 07 / 11	$ 250.00
Mailing Address: 1020 Francisco Street	/ /	$
City, State, Zip Code: San Francisco, CA 94109	/ /	$
Name of Employer (Required): Global Broadcasting	/ /	$
Occupation (Required): TV Executive	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W.D. "Billy" Mounger	07 / 06 / 11	$ 1000.00
Mailing Address: 4450 Old Canton Road, Suite 203	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 2000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Will & Leigh Ann Longwitz	07 / 20 / 11	$ 3000.00
Mailing Address: PO Box 1273	/ /	$
City, State, Zip Code: Madison, MS 39130	/ /	$
Name of Employer (Required): The Longwitz Firm, PLLC	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 3386.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.P. Bruister Trust	07 / 20 / 11	$ 10000.00
Mailing Address:	/ /	$
City, State, Zip Code: Butler, AL	/ /	$
Name of Employer (Required): n/a	/ /	$
Occupation (Required): n/a	Aggregate year-to-date	$ 10000.00

Name of Candidate or Committee Will Longwitz

Reporting period 7/1/11 through 7/29/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rosa Longwitz	07 / 16 / 11	$ 1000.00
Mailing Address: 1437 Hwy 18 E.	/ /	$
City, State, Zip Code: Quitman MS 39355	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Chad Edmonson	07 / 13 / 11	$ 500.00
Mailing Address: 250 E Houston Street, Apt 11K	/ /	$
City, State, Zip Code: New York, NY	/ /	$
Name of Employer (Required): WP Carey & Co. LLC	/ /	$
Occupation (Required): Finance	Aggregate year-to-date	$ 500.00

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	$

Name of Candidate or Committee: Friends of Will Longwitz

Reporting period: 07/01/11 through 07/23/11

ITEMIZED DISBURSEMENTS

A. Full name: Boyenton Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 01 / 11	$ 290.23
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 290.23
B. Full name: Harvey Dallas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 06 / 11	$ 529.65
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2040.74
C. Full name: Hapax Creative	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 07 / 11	$ 750.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 750.00
D. Full name: Wolfe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 19 / 11	$ 5175.00
City, State, Zip Code	07 / 22 / 11	$ 5010.40
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10185.40
E. Full name: Lotton Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 19 / 11	$ 1500.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1500.00
F. Full name: B. Williams Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	07 / 19 / 11	$ 1078.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2078.00

Name of Candidate or Committee Friends of Will Longwitz

Reporting period 07/01/11 through 07/23/11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Smart Media	07 / 20 / 11	$ 19926.00
Mailing Address		
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 19926.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Northside Sun	07 / 14 / 11	$ 500.00
Mailing Address		
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

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	$ 2078.00