

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Election



Name of Committee Friends to Re-Elect Justice Bill Waller, Jr.
 Address 220 South President Street, Jackson, MS 39201 County Hinds
 Telephone 601-352-6556 Fax 601-354-2681
 Treasurer Ellen J. Williams Email Address _____

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	\$ +\$	\$	\$ 1,000.00
Total amount of disbursements	\$ 3,000.00 +\$ 480.26	\$ 3,480.26	\$ 7,430.26
Total amount of cash on hand		\$ 14,918.35	

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

Ellen J. Williams
Signature of Director or Treasurer

6/7/12
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 to Re-Elect Justice Bill Waller, Jr.
 Reporting period May 1, 2012 through May 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Baldwin & Associates	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 905	5 / 1 / 12	\$ 1,500.00
City, State, Zip Code Tupelo, MS 38802	5 / 30 / 12	\$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,750.00
B. 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	\$
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	\$