2012 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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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**

X **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	$ 260,770.01	+$ 38,309.00	$ 299,079.01	$ 375,624.01
Total amount of disbursements	$ 104,243.11	+$ 1,092.90	$ 105,336.01	$ 131,925.40
Total amount of cash on hand			$ 262,368.37	

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

10-10-12
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: July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Farm Bureau	7/26/12	$ 283.00
Mailing Address: P.O. Box 1972		
City, State, Zip Code: Jackson, MS 39215-1972	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 283.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hinds County Tax Collector	7/5/12	$ 586.97
Mailing Address: 316 South President Street		
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 586.97

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GMSBC-YPD	7/5/12	$ 1,500.00
Mailing Address: 5077 Cabaniss Circle		
City, State, Zip Code: Jackson, MS 39209	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,500.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pickett Printing & Signs	7/26/12	$ 4,948.75
Mailing Address: P.O. Box 337		
City, State, Zip Code: Raymond, MS 39154	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,948.75

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson-Alvarez Group	8/7/12	$ 5,000.00
Mailing Address: P.O. Box 7272		
City, State, Zip Code: McLean, VA 22106	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,000.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Legacy Education & Community Empowerment Foundation, etc.	8/13/12	$ 250.00
Mailing Address: P.O. Box 88		
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Raintree Graphics	8/27/12	$ 999.46
Mailing Address: P.O. Box 5967		
City, State, Zip Code: Jacksonville, FL 32247	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 999.46

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kudzu Productions, Inc.	9/4/12	$ 15,000.00
Mailing Address: P.O. Box 11337		
City, State, Zip Code: Huntsville, AL 35816	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 15,000.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Postmaster	9/11/12	$ 283.50
Mailing Address: 401 East South Street		
City, State, Zip Code: Jackson, MS. 39201	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 283.50

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wesley Webb	9/20/12	$ 520.73
Mailing Address: 1737 Winchester Street		
City, State, Zip Code: Jackson, MS 39211	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 520.73

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Julep Restaurant	9/21/12	$ 703.75
Mailing Address: 4500 I-55 North, Ste 105		
City, State, Zip Code: Jackson, MS 39211	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 703.75

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shaffer-Collins Funeral Home, Inc.	9/26/12	$ 1,000.00
Mailing Address: 247 West Sixth Street		
City, State, Zip Code: Yazoo City, MS 39194	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bill Waller, Jr.		
Mailing Address: 1 Sheffield Court	7/5/12	$ 207.97
City, State, Zip Code: Jackson, MS 39211	7/26/12	$ 260.70
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bill Waller, Jr.		
Mailing Address: 1 Sheffield Court	8/27/12	$ 51.84
City, State, Zip Code: Jackson, MS 39211	9/17/12	$ 25.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 771.77

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Alpha Printing, Inc.		
Mailing Address: P.O. Box 7106	7/5/12	$ 1,663.53
City, State, Zip Code: Jackson, MS 39282	7/30/12	$ 487.13
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Alpha Printing, Inc.		
Mailing Address: P.O. Box 7106	9/10/12	$ 1,604.68
City, State, Zip Code: Jackson, MS 39282	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 9,053.09

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Evelyn Turner		
Mailing Address: 512 Dr. Martin L. King Drive	7/16/12	$ 200.00
City, State, Zip Code: Yazoo City, MS 39194	8/13/12	$ 375.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Evelyn Turner		
Mailing Address: 512 Dr. Martin L. King Drive	9/10/12	$ 350.00
City, State, Zip Code: Yazoo City, MS 39194	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 925.00

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Credit Card Processing Mailing Address: P.O. Box 143	7/13/12	$ 3,664.33
City, State, Zip Code: Jackson, MS 39205	8/27/12	$ 1,867.33
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont
B. Full name: Credit Card Processing Mailing Address: P.O. Box 143	9/17/12	$ 2,398.44
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7,930.10
C. Full name: Jeff Adcock Mailing Address: 1014 Northpointe Drive	7/26/12	$ 200.00
City, State, Zip Code: Jackson, MS 39211	7/30/12	$ 2,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont
D. Full name: Jeff Adcock Mailing Address: 1014 Northpointe Drive	8/13/12	$ 82.50
City, State, Zip Code: Jackson, MS 39211	8/30/12	$ 2,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont
E. Full name: Jeff Adcock Mailing Address: 1014 Northpointe Drive	9/4/12	$ 92.95
City, State, Zip Code: Jackson, MS 39211	9/17/12	$ 25.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont
F. Full name: Jeff Adcock Mailing Address: 1014 Northpointe Drive	9/20/12	$ 30.00
City, State, Zip Code: Jackson, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,430.45

Name of Candidate or Committee Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
PolitiCap, LLC		
Mailing Address: 134 Cedar Woods Cove	7/30/12	$ 5,000.00
City, State, Zip Code: Madison, MS 39110	8/30/12	$ 5,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 20,000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Baldwin & Associates		
Mailing Address: P.O. Box 905	7/30/12	$ 1,500.00
City, State, Zip Code: Tupelo, MS 38802	8/30/12	$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 11,250.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephen Mills		
Mailing Address: 1847 Aztec Drive	7/30/12	$ 1,000.00
City, State, Zip Code: Jackson, MS 39211	8/13/12	$ 50.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephen Mills		
Mailing Address: 1847 Aztec Drive	8/30/12	$ 1,000.00
City, State, Zip Code: Jackson, MS 39211	9/17/12	$ 113.47
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,163.52

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephen Snell		
Mailing Address: 107 Wayfield Cove	7/30/12	$ 1,500.00
City, State, Zip Code: Madison, MS 39110	8/30/12	$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ cont

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephen Snell		
Mailing Address: 107 Wayfield Cove	9/17/12	$ 114.95
City, State, Zip Code: Madison, MS 39110	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,114.95

Name of Candidate or Committee Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jamie Peavy		
Mailing Address 2000 Front Street, Ste 407	7/30/12	$ 2,000.00
City, State, Zip Code Meridian, MS 39301	8/13/12	$ 598.40
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jamie Peavy		
Mailing Address 2000 Front Street, Ste 407	8/30/12	$ 2,000.00
City, State, Zip Code Meridian, MS 39301	9/10/12	$ 102.90
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jamie Peavy		
Mailing Address 2000 Front Street, Ste 407	9/17/12	$ 455.66
City, State, Zip Code Meridian, MS 39301	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,156.96

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Daniels Group		
Mailing Address 911 Bellevue Place	7/30/12	$ 1,500.00
City, State, Zip Code Jackson, MS 39202	8/30/12	$ 1,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,000.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ellen J. Williams		
Mailing Address 1434 Mossline Drive	7/30/12	$ 400.00
City, State, Zip Code Jackson, MS 39211	8/30/12	$ 570.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,170.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paul Moak Automotive		
Mailing Address P.O. Box 1580	8/13/12	$ 300.00
City, State, Zip Code Jackson, MS 39215	9/10/12	$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 600.00

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Boosters, Inc.		
Mailing Address: P.O. Box 70156	7/30/12	$ 18,102.44
City, State, Zip Code: Montgomery, AL 36107	8/13/12	$ 2,012.22
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 20,114.66

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Todd J. Hartley		
Mailing Address: 1338 North State Street	7/30/12	$ 1,000.00
City, State, Zip Code: Jackson, MS 39202	8/3/12	$ 150.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ Cont

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Todd J. Hartley		
Mailing Address: 1338 North State Street	8/6/12	$ 850.00
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,000.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hederman Brothers		
Mailing Address: P.O. Box 6100	9/4/12	$ 1,895.08
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,895.08

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AmeriMail Digital Direct LLC		
Mailing Address: P.O. Box 2174	9/10/12	$ 2,654.19
City, State, Zip Code: Jackson, MS 39225	9/26/12	$ 911.19
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,565.38

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	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jesse O. Adcock	7 / 9 / 12	$ 1,000.00
Mailing Address: 54 Cranebreak Blvd	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate / Apartment Owner	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: W. W. Allred	7 / 9 / 12	$ 1,000.00
Mailing Address: P. O. Box 550	/ /	$
City, State, Zip Code: Collins, MS 39428	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Amos D. Belknap	7 / 9 / 12	$ 1,000.00
Mailing Address: 111 Grandview Circle	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Barry Bouchillon	7 / 9 / 12	$ 250.00
Mailing Address: P. O. Box 284	/ /	$
City, State, Zip Code: Southaven, MS 38671	/ /	$
Name of Employer (Required): State Farm	/ /	$
Occupation (Required): Insurance Agent	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank G. Vollor	7 / 9 / 12	$ 500.00
Mailing Address: 1911 Mission 66 Ste G	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Don Waller	7 / 9 / 12	$ 1,000.00
Mailing Address: 136 CR 313	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): OIL & GAS INVESTOR	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: Kenneth Williams	7 / 9 / 12	$ 250.00
Mailing Address: P. O. Box 239	/ /	$
City, State, Zip Code: Corinth, MS 38835	/ /	$
Name of Employer (Required): Refreshment INC.	/ /	$
Occupation (Required): President	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: James P. Archer	7 / 10 / 12	$ 250.00
Mailing Address: 109 Bradford Green	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Howard Catchings	7 / 10 / 12	$ 250.00
Mailing Address: P. O. Box 2509	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): INSURANCE AGENCY OWNER	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: Philip R. Fisher	7 / 10 / 12	$ 500.00
Mailing Address: 1012 Post Road	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): HINDS COUNTY	/ /	$
Occupation (Required): SUPERVISOR	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glover Young Walton & Simmons	7 / 10 / 12	$ 1,000.00
Mailing Address: P. O. Box 5514	/ /	$
City, State, Zip Code: Meridian, MS 39302	/ /	$
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: MCPA PAC	7 / 10 / 12	$ 1,000.00
Mailing Address: P. O. Box 16630	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kay B. Cobb	7 / 23 / 12	$ 250.00
Mailing Address: P. O. Box 604	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: LTC Ricky Coulter	7 / 23 / 12	$ 500.00
Mailing Address: 132 Airport Road	9 / 28 / 12	$ 500.00
City, State, Zip Code: Columbia, MS 39429	/ /	$
Name of Employer (Required): Farm Bureau	/ /	$
Occupation (Required): Insurance	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James H. Creekmore	7 / 23 / 12	$ 1,000.00
Mailing Address: 7 Cypress Lane	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): DIRECTOR	/ /	$
Occupation (Required): Telapex, Inc.	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: H. Wesley Goings, III	7 / 23 / 12	$ 1,000.00
Mailing Address: 101 Kirkwood Court	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): President	/ /	$
Occupation (Required): Telepak Networks	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: B. Ruth Johnson	7 / 9 / 12	$ 500.00
Mailing Address: 1716 Poplar Blvd	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Reggie Jones	7 / 9 / 12	$ 250.00
Mailing Address: P. O. Box 436	/ /	$
City, State, Zip Code: Liberty, Ms 39645	/ /	$
Name of Employer (Required): Holmes County	/ /	$
Occupation (Required): Attorney	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: Earl R. Keyes	7 / 9 / 12	$ 250.00
Mailing Address: 353 Hillview Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Billy W. Long	7 / 9 / 12	$ 500.00
Mailing Address: 110 Coachman's Road	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jack W. Robertson	7 / 23 / 12	$ 250.00
Mailing Address: P. O. Box 12409	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): Gulf Guaranty Life Insurance Company	/ /	$
Occupation (Required): Chairman	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: John C. Heneqan	7 / 23 / 12	$ 500.00
Mailing Address: 2441 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): BUTLER SNOW	/ /	$
Occupation (Required): Attorney	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: Mary Arnold Hogue	7 / 23 / 12	$ 250.00
Mailing Address: P. O. Box 82	/ /	$
City, State, Zip Code: Yazoo City, MS 39194	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): RETIRED	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: Carson M. Hughes	7 / 23 / 12	$ 1,000.00
Mailing Address: 1018 Highland Colony Pkwy, Suite 700	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Telapex, Inc.	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jos Usry Chrysler Dodge Jeep Ram	7 / 23 / 12	$ 1,000.00
Mailing Address: 5395 I-55 North	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
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: Mississippi Medical PAC - State	7 / 23 / 12	$ 5,000.00
Mailing Address: P. O. Box 2548	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: Greg Moore	7 / 23 / 12	$ 250.00
Mailing Address: 1404 Pine Road	/ /	$
City, State, Zip Code: Corinth, MS 38834	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Patsy Parkin	7 / 23 / 12	$ 250.00
Mailing Address: 100 Trace Cove Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Banking Consultant	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M. A. Reece, Jr.	7 / 23 / 12	$ 250.00
Mailing Address: 8461 Russell Topton Road	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): RUSH Health System	/ /	$
Occupation (Required): Health System C.E.O.	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: Robert Revere	7 / 23 / 12	$ 500.00
Mailing Address: 217 Westmoreland Circle	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Tim Shumaker	7 / 23 / 12	$ 250.00
Mailing Address: 1007 Luckney Road	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Wallace Strickland	7 / 23 / 12	$ 500.00
Mailing Address: 8219 Sycamore Creek Drive	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): RUSH Hospital	/ /	$
Occupation (Required): C.E.O.	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AL Stubblefield	7 / 23 / 12	$ 2,000.00
Mailing Address: 4691 Bohemia Place	/ /	$
City, State, Zip Code: Pensacola, FL 32504	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Howard C. Waring	7 / 23 / 12	$ 500.00
Mailing Address: P. O. Box 66	/ /	$
City, State, Zip Code: Vicksburg, MS 39181	/ /	$
Name of Employer (Required): WARING OIL CO.	/ /	$
Occupation (Required): Petroleum Marketer	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: Dan P. Waring, III	7 / 23 / 12	$ 500.00
Mailing Address: P. O. Box 66	/ /	$
City, State, Zip Code: Vicksburg, MS 39181	/ /	$
Name of Employer (Required): WARING OIL CO.	/ /	$
Occupation (Required): Petroleum Marketer	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: Richard L. Waring	7 / 23 / 12	$ 500.00
Mailing Address: P. O. Box 388	/ /	$
City, State, Zip Code: Vicksburg, MS 39181	/ /	$
Name of Employer (Required): WARING OIL CO.	/ /	$
Occupation (Required): Petroleum Marketer	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hugh Keating	7 / 31 / 12	$ 1,000.00
Mailing Address: 26 Greenbriar Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Dukes, Keating & Fanes	/ /	$
Occupation (Required): Attorney	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: William N. Reed	7 / 31 / 12	$ 250.00
Mailing Address: 28 Waterford Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Baker, Donelson Attys.	/ /	$
Occupation (Required): Attorney	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: Horton Taylor, Jr.	7 / 31 / 12	$ 250.00
Mailing Address: 626 East Walnut Street	/ /	$
City, State, Zip Code: Ripley, MS 38663	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: W. Scott Welch	7 / 23 / 12	$ 1,000.00
Mailing Address: 6223 Waterford Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Baker Donelson Attys.	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Golding	7 / 25 / 12	$ 250.00
Mailing Address: 101 Lee Street	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Golding Barge Line	/ /	$
Occupation (Required): President	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: William C. Brawner	8 / 6 / 12	$ 500.00
Mailing Address: 2514 Savery Drive	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Mary Ann Cope	8 / 6 / 12	$ 1,000.00
Mailing Address: 188 Skyline Drive	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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: Tommy E. Dulaney	8 / 6 / 12	$ 1,000.00
Mailing Address: 5805 Windsor Circle	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Structural Steel Services	/ /	$
Occupation (Required): C.E.O.	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alan D. Halliburton	8 / 6 / 12	$ 250.00
Mailing Address: 6631 Gretchen Lane	/ /	$
City, State, Zip Code: Dallas, TX 75252	/ /	$
Name of Employer (Required): CHAIRMAN	/ /	$
Occupation (Required): Investor Relations	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jernigan Copeland & Anderson PLLC	8 / 6 / 12	$ 1,000.00
Mailing Address: 587 Highland Colony Pkwy	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Arthur Jernigan, Jr.	8 / 6 / 12	$ 1,000.00
Mailing Address: 286 Ingleside Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): JERNIGAN, COPELAND & ANDERSON	/ /	$
Occupation (Required): ATTORNEY	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: Carol McDill	8 / 6 / 12	$ 500.00
Mailing Address: 152 Bridlewood Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$

Name of Candidate or Committee: Fridnds To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hu Meena	8 / 6 / 12	$ 1,000.00
Mailing Address: 1018 Highland Colony Pkwy	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): C- SPIRE WIRELESS	/ /	$
Occupation (Required): PRESIDENT	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: William B. Ridgway, Jr.	8 / 6 / 12	$ 250.00
Mailing Address: P. O. Box 781	/ /	$
City, State, Zip Code: Jackson, Ms 39205	/ /	$
Name of Employer (Required): OWNER	/ /	$
Occupation (Required): Property Management	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: Fred Rushton	8 / 6 / 12	$ 1,000.00
Mailing Address: 123 Chantilly Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Summers Green & Leroux LLP	8 / 6 / 12	$ 250.00
Mailing Address: 4500 I-55 North, Ste 213	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leslie W. Usher	8 / 6 / 12	$ 250.00
Mailing Address: 5038 Fisher Road	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
Name of Employer (Required): Great Southern Bank	/ /	$
Occupation (Required): Banker	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: Edward Currie, Jr.	8 / 8 / 12	$ 250.00
Mailing Address: 50 Moss Forest Circle	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Currie, Johnson, Griffen, Gaines & Meyers	/ /	$
Occupation (Required): Attorney	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: John H. Fox III	8 / 8 / 12	$ 500.00
Mailing Address: 1525 Clinton-Raymond Road	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: James H. Herring	8 / 8 / 12	$ 500.00
Mailing Address: 232 East Semmes Street	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): Herring, Long & Crews	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert R. Bailess	8 / 9 / 12	$ 500.00
Mailing Address: P O Box 991	/ /	$
City, State, Zip Code: Vicksburg, MS 39181	/ /	$
Name of Employer (Required): Wheeless, Shapley, Bailess & Rector	/ /	$
Occupation (Required): Attorney	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: Baker Services	8 / 9 / 12	$ 1,000.00
Mailing Address: P O Box 6717	/ /	$
City, State, Zip Code: Jackson, MS 39282	/ /	$
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: David C. Barton	8 / 9 / 12	$ 500.00
Mailing Address: P O Box 9	/ /	$
City, State, Zip Code: Raymond, MS 39154	/ /	$
Name of Employer (Required): Barton Farms	/ /	$
Occupation (Required): Farmer	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: Jason Craft	8 / 9 / 12	$ 500.00
Mailing Address: 10 Sheffield Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deviney Construction Company, Inc.	8 / 9 / 12	$ 1,000.00
Mailing Address: P O Box 6717	/ /	$
City, State, Zip Code: Jackson, MS 39282	/ /	$
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: Ronald Polk	8 / 9 / 12	$ 1,000.00
Mailing Address: 104 Lakeview Court	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): Retired	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: Van D. Quick	8 / 9 / 12	$ 250.00
Mailing Address: P O Box 211	/ /	$
City, State, Zip Code: Clinton, MS 39060	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): Retired	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: Joel W. Travelstead	8 / 9 / 12	$ 1,000.00
Mailing Address: 170 Montbrook Drive	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): SOUTHERN, INVESTMENTS FINANCING	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John D. Davis	8 / 15 / 12	$ 1,000.00
Mailing Address: 200 Bent Tree Cove	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): New South Neurosplae	/ /	$
Occupation (Required): PHYSICIAN	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: ENPAC Mississippi	8 / 15 / 12	$ 2,000.00
Mailing Address: P O Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
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: Faucette Petroleum & Supply Company	8 / 15 / 12	$ 1,000.00
Mailing Address: P O Box 927	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
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: Spence Flatgard	8 / 15 / 12	$ 250.00
Mailing Address: 214 Silas Trace	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): CAPITOL RESOURCES, INC.	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stephen Gardner	8 / 15 / 12	$ 250.00
Mailing Address: 443 Woodlands Circle	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): YOUNG, WILLIAMS, P.A.	/ /	$
Occupation (Required): ATTORNEY	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: Edward Hacskaylo	8 / 15 / 12	$ 1,000.00
Mailing Address: 115 Oakridge Trail	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): EKH PROPERTIES, INC.	/ /	$
Occupation (Required): PARTNER	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: Tip R. Hailey	8 / 15 / 12	$ 500.00
Mailing Address: P O Box 67	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): HAILEY ANIMAL HOSPITAL	/ /	$
Occupation (Required): VETERINARIAN	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: Charles W. Haley	8 / 15 / 12	$ 500.00
Mailing Address: P O Box 226	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): ADCAMP, INC.	/ /	$
Occupation (Required): PARTNER	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy J. Perilloux	8 / 15 / 12	$ 500.00
Mailing Address: 648 Lakeland East Drive, Suite A	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): PERILLOUX and ASSOC.	/ /	$
Occupation (Required): ATTORNEY	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: George Raworth, Jr.	8 / 15 / 12	$ 250.00
Mailing Address: 4949 Brookwood Place	/ /	$
City, State, Zip Code: Jackson, MS 39272	/ /	$
Name of Employer (Required): RAWORTH & HARVEY	/ /	$
Occupation (Required): Real Estate Broker	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: Clifford C. Thompson	8 / 15 / 12	$ 500.00
Mailing Address: 2412 Culleywood Road	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): THOMPSON & ASSOCIATES	/ /	$
Occupation (Required): ATTORNEY	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: Tower Loan of Mississippi, LLC	8 / 15 / 12	$ 1,000.00
Mailing Address: P O Box 320001	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rob Wells	8 / 15 / 12	$ 1,000.00
Mailing Address: 226 Westfield Road	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): YOUNG, WILLIAMS, P.A.	/ /	$
Occupation (Required): ATTORNEY	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: Richard G. White	8 / 15 / 12	$ 500.00
Mailing Address: 12462 Springridge Road	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required): OWNER	/ /	$
Occupation (Required): Automotive & Tire Service	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: H. G. Fiser	8 / 17 / 12	$ 1,000.00
Mailing Address: 146 Swan Sea Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): CENTRAL SURGICAL ASSOC.	/ /	$
Occupation (Required): PHYSICIAN	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: Harvey Construction Company	8 / 17 / 12	$ 250.00
Mailing Address: P O Box 4648	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Larry's Auto Sales, Inc.	8 / 17 / 12	$ 1,000.00
Mailing Address: 1692 Hwy 80 East	/ /	$
City, State, Zip Code: Pearl, MS 39208	/ /	$
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: Rita Martinson	8 / 17 / 12	$ 250.00
Mailing Address: 1472 Hwy 51	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): State of Mississippi	/ /	$
Occupation (Required): State Legislator	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: Samuel T. Polk, III	8 / 17 / 12	$ 250.00
Mailing Address: 281 Lighthouse Lane	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Mark S. Scarborough	8 / 17 / 12	$ 500.00
Mailing Address: 1025 Old Hwy 49 South	/ /	$
City, State, Zip Code: Richland, MS 39218	/ /	$
Name of Employer (Required): City of Richland	/ /	$
Occupation (Required): Mayor	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Truck - PAC	8 / 17 / 12	$ 2,500.00
Mailing Address: 825 North President Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Stephen G. Gaines	9 / 5 / 12	$ 250.00
Mailing Address: 205 Taylor Way Road	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): GAINES FARM	/ /	$
Occupation (Required): FARMER	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: Mississippi Road Builders Association PAC	9 / 5 / 12	$ 2,000.00
Mailing Address: 601 George Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Thomas B. Price	9 / 5 / 12	$ 250.00
Mailing Address: P O Box 287	/ /	$
City, State, Zip Code: Goodwater, AL 35072	/ /	$
Name of Employer (Required): NATIONAL INSTALLERS, INC.	/ /	$
Occupation (Required): VICE-PRESIDENT	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John L. Maxey	8 / 21 / 12	$ 1,000.00
Mailing Address: 2201 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): MAXEY, WANN ATTORNEYS	/ /	$
Occupation (Required): ATTORNEY	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: Taylor Machine Works, Inc.	8 / 21 / 12	$ 1,000.00
Mailing Address: 805 GRIFFIN INDUSTRIAL DR.	/ /	$
City, State, Zip Code: Louisville, MS 39339	/ /	$
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: Thomas L. Kilgore, Jr.	8 / 20 / 12	$ 250.00
Mailing Address: P O Box 14108	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Frank W. Phillips	8 / 20 / 12	$ 1,000.00
Mailing Address: 9164 Ashburn Lane	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Insurance Broker	Aggregate year-to-date	$

Name of Candidate or Committee: Fridnds To Re-Elect Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reuben V. Anderson	8 / 21 / 12	$ 300.00
Mailing Address: P O Box 290	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): PHELPS DUNBAR	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Law Firm	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dove & Chill	8 / 21 / 12	$ 500.00
Mailing Address: 1020 Highland Colony Pkwy, Ste 412	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Jerome C. Hafter	8 / 21 / 12	$ 500.00
Mailing Address: P O Box 16114	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): PHELPS, DUNBAR ATTORNEYS	/ /	$
Occupation (Required): Attorney	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: Robert E. Hauberg, Jr.	8 / 21 / 12	$ 250.00
Mailing Address: 3946 Old Canton Road	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): BAKER, DONELSON	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Armstrong, Jr.	8 / 27 / 12	$ 500.00
Mailing Address: 246 W. GALLATIN ST.	/ /	$
City, State, Zip Code: Hazlehurst, MS 39083	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Bancorpsouth Bank PAC	8 / 27 / 12	$ 1,000.00
Mailing Address: P O Box 789	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
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: David H. Beard	8 / 27 / 12	$ 500.00
Mailing Address: 722 Country Place Drive	/ /	$
City, State, Zip Code: Jackson, MS 39208	/ /	$
Name of Employer (Required): Vicker Smith Co.	/ /	$
Occupation (Required): Accountant	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: Walter Brown	8 / 27 / 12	$ 250.00
Mailing Address: P O Box 963	/ /	$
City, State, Zip Code: Natchez, MS 39121	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lloyd R. chatham	8 / 27 / 12	$ 250.00
Mailing Address: 1201 Martin Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Myles C. Cross	8 / 27 / 12	$ 300.00
Mailing Address: P O Box 720189	/ /	$
City, State, Zip Code: Byram, MS 39272	/ /	$
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: GPTRS II, LLC	8 / 27 / 12	$ 1,000.00
Mailing Address: 308 Corporate Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Donald C. Guild	8 / 27 / 12	$ 300.00
Mailing Address: 3531 Lakeland Drive #B, Suite 1040	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): PHYSICIAN	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify): CPA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harper, Rains, Knight & Company, PA	8 / 27 / 12	$ 1,000.00
Mailing Address: 1052 Highland Colony Pkwy, Suite 100	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Jackson Ear Clinic, PA	8 / 27 / 12	$ 500.00
Mailing Address: P O Box 16685	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
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: Mississippi Bankers Association PAC	8 / 27 / 12	$ 5,000.00
Mailing Address: P O Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
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: Mississippi Emergency Association, PA	8 / 27 / 12	$ 1,000.00
Mailing Address: 308 Corporate Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Betty Roy	8 / 27 / 12	$ 250.00
Mailing Address: 170 VFW Road	/ /	$
City, State, Zip Code: St. Joseph, LA 71366	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Second Intermed Corporation	8 / 27 / 12	$ 1,000.00
Mailing Address: 308 Corporate Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Third Intermed Corporation	8 / 27 / 12	$ 1,000.00
Mailing Address: 308 Corporate Drive	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: West Mississippi Medical Society River Region Medical Center	8 / 27 / 12	$ 1,000.00
Mailing Address: 2100 Hwy 61 North	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John G. Corlew	9 / 12 / 12	$ 1,500.00
Mailing Address: 2124 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): CORLEW, MUNFORD & SMITH	/ /	$
Occupation (Required): Attorney	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: W. Mac Elliott	9 / 12 / 12	$ 5,000.00
Mailing Address: P O Box 2387	/ /	$
City, State, Zip Code: Madison, MS 39130	/ /	$
Name of Employer (Required): National Aviation Academy	/ /	$
Occupation (Required): CEO	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: Joey Havens	9 / 12 / 12	$ 250.00
Mailing Address: 130 Northshore Point	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): HORNE, LLP	/ /	$
Occupation (Required): C.P.A	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: James W. Jackson	9 / 12 / 12	$ 250.00
Mailing Address: 304 Concord Drive	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beth Burgess	9 / 14 / 12	$ 250.00
Mailing Address: 101 Oak Woods Drive	/ /	$
City, State, Zip Code: Raymond, MS 39154	/ /	$
Name of Employer (Required): The Burgess Group	/ /	$
Occupation (Required): President	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: S. Randy Easterling	9 / 14 / 12	$ 250.00
Mailing Address: 607 Tiffintown Road	/ /	$
City, State, Zip Code: Vicksburg, MS 39183	/ /	$
Name of Employer (Required): River Region	/ /	$
Occupation (Required): Physician	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: Charles M. May	9 / 14 / 12	$ 1,000.00
Mailing Address: 358 Tremont Drive	/ /	$
City, State, Zip Code: Ruston, LA 71270	/ /	$
Name of Employer (Required): Tellus Operating Group	/ /	$
Occupation (Required): Manager	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: Charles Pickering, Sr.	9 / 14 / 12	$ 500.00
Mailing Address: 117 Dixon Drive	/ /	$
City, State, Zip Code: Taylorsville, MS 39168	/ /	$
Name of Employer (Required): Baker Donelson	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Rhodes	9 / 14 / 12	$ 250.00
Mailing Address: 302 Vinca Cove	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Tellus Operating Group	/ /	$
Occupation (Required): Oil & Gas	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: David Ross	9 / 14 / 12	$ 1,000.00
Mailing Address: 141 Northwind Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Lawyer	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: Thomas Kleiser Sligh	9 / 14 / 12	$ 500.00
Mailing Address: 4201 Lee Road	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): River Region	/ /	$
Occupation (Required): Physician	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: TL Wallace Construction, Inc.	9 / 14 / 12	$ 1,000.00
Mailing Address: P O Box 523	/ /	$
City, State, Zip Code: Columbia, MS 39429	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Shellee C. Gowan	9 / 18 / 12	$ 300.00
Mailing Address: 1113 Poplar Blvd	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): McHanna & Associates	/ /	$
Occupation (Required): Medical Supplies	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: Thomas G. Gresham	9 / 18 / 12	$ 1,000.00
Mailing Address: 105 East Gresham Street	/ /	$
City, State, Zip Code: Indianola, MS 38751	/ /	$
Name of Employer (Required): Gresham Petroleum	/ /	$
Occupation (Required): Petroleum Marketing	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: William R. "Randy" James	9 / 18 / 12	$ 5,000.00
Mailing Address: 217 West Capitol Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Pruet Oil Compang	/ /	$
Occupation (Required): Oil & Gas	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: Denny King	9 / 18 / 12	$ 1,000.00
Mailing Address: P O Box 10915	/ /	$
City, State, Zip Code: Jackson, MS 39209	/ /	$
Name of Employer (Required): P.K Tire	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David W. Clark	9 / 20 / 12	$ 250.00
Mailing Address: 110 Olympia Fields Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Bradley Arant	/ /	$
Occupation (Required): Attorney	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: Gerald G. Cruthird	9 / 20 / 12	$ 500.00
Mailing Address: P O Box 1056	/ /	$
City, State, Zip Code: Picayune, MS 39466	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Charles W. Davenport	9 / 20 / 12	$ 1,000.00
Mailing Address: 711 45th Street	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Ruth Cardiology	/ /	$
Occupation (Required): Physician	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: East Wind Management, Inc.	9 / 20 / 12	$ 250.00
Mailing Address: P O Box 320219	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations of Mississippi - PAC	9 / 20 / 12	$ 1,000.00
Mailing Address: P O Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: Eutaw Construction Company, Inc.	9 / 20 / 12	$ 1,000.00
Mailing Address: P O Box 36	/ /	$
City, State, Zip Code: Aberdeen, MS 39730	/ /	$
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: Cynthia Gandy	9 / 20 / 12	$ 500.00
Mailing Address: 1048 Northpointe Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Jackson Neurosurgery	/ /	$
Occupation (Required): Physician	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: Hardy P. Graham, Sr.	9 / 20 / 12	$ 250.00
Mailing Address: P O Box 5207	/ /	$
City, State, Zip Code: Meridian, MS 39302	/ /	$
Name of Employer (Required): Meridian Coca Cola	/ /	$
Occupation (Required): President	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Eric West	9 / 20 / 12	$ 250.00
Mailing Address: 1826 Douglas Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): McDavid Noblin	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles T. Yoste	9 / 20 / 12	$ 250.00
Mailing Address: P O Box 80288	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Si M. Bondurant	9 / 20 / 12	$ 250.00
Mailing Address: 1414 Roxbury Place	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Blair & Bondurant	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Doris H. Brawner	9 / 20 / 12	$ 300.00
Mailing Address: 518 CR 513	/ /	$
City, State, Zip Code: Rienzi, MS 38865	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Suzanne Cade	9 / 20 / 12	$ 250.00
Mailing Address: 2224 Sheffield Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): The Everyday Gardener	/ /	$
Occupation (Required): Owner	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: James D. Polk	9 / 12 / 12	$ 250.00
Mailing Address: 5432 Parsons Road	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: Joe Frank Sanderson, Jr.	9 / 12 / 12	$ 2,500.00
Mailing Address: P O Box 988	/ /	$
City, State, Zip Code: Laurel, MS 39441	/ /	$
Name of Employer (Required): Sanderson Farms	/ /	$
Occupation (Required): CEO	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: Sentinel Security Services, Inc.	8 / 31 / 12	$ 250.00
Mailing Address: P O Box 1612	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Wallers, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jeffery A. Styres	8 / 20 / 12	$ 250.00
Mailing Address: 252 Sycamore Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Southern Farm Bureau Life	/ /	$
Occupation (Required): Attorney	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: Stanley L. Kynerd	8 / 8 / 12	$ 500.00
Mailing Address: 304 Thorngate Drive	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required): Alesha Investments	/ /	$
Occupation (Required): Manager	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: Bill C. Zieren	8 / 8 / 12	$ 500.00
Mailing Address: 526 Wedgewood Drive	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Farmer	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: Fred G. Wilson	7 / 23 / 12	$ 500.00
Mailing Address: P O Box 930	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): Wilson & Biggs	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi AGC PAC	7 / 10 / 12	$ 5,000.00
Mailing Address: P. O. Box 12615	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
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: W. D. Mounger	7 / 10 / 12	$ 5,000.00
Mailing Address: 4450 Old Canton Road, Ste 203	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Oil + Gas	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: Edward K. Phillips	7 / 10 / 12	$ 1,000.00
Mailing Address: 133 Hidden Heights Street	9 / 20 / 12	$ 250.00
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 1,250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William L. Waller, III	7 / 10 / 12	$ 500.00
Mailing Address: 1329 Saint Andrew Street, Unit #12	/ /	$
City, State, Zip Code: New Orleans, LA 70130	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dermatologist	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Ayo	7 / 13 / 12	$ 250.00
Mailing Address: 5783 Lormand Road	/ /	$
City, State, Zip Code: Maurice, LA 70555	/ /	$
Name of Employer (Required): Allen & Gooch	/ /	$
Occupation (Required): Attorney	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: Lem Adams, III	7 / 23 / 12	$ 1,000.00
Mailing Address: P. O. Box 400	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Adams & Edens PA	/ /	$
Occupation (Required): Attorney	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: J. Frank Betts	7 / 23 / 12	$ 250.00
Mailing Address: P. O. Box 16090	9 / 5 / 12	$ 150.00
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): Eubank Betts	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby L. Chain	7 / 23 / 12	$ 1,000.00
Mailing Address: P. O. Box 2058	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
Name of Employer (Required): Chain Electric Company	/ /	$
Occupation (Required): Chairman -	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: McMullan Equipment Company	8 / 14 / 12	$ 250.00
Mailing Address: P O Box 71	/ /	$
City, State, Zip Code: Hattiesburg, MS 39401	/ /	$
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: Peyton D. Prospere	8 / 14 / 12	$ 500.00
Mailing Address: 1336 St. Mary Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Watkins & Eager	/ /	$
Occupation (Required): Attorney	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: Michael Ulmer	8 / 14 / 12	$ 500.00
Mailing Address: 431 Northpoint Pkwy	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: T. Calvin Wells	8 / 14 / 12	$ 250.00
Mailing Address: P O Box 1970	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Wells Moore	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David L. Ayers	8 / 14 / 12	$ 500.00
Mailing Address: 106 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Watkins & Eager	/ /	$
Occupation (Required): Attorney	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: A. M. Edwards	8 / 14 / 12	$ 250.00
Mailing Address: P O Box 16949	/ /	$
City, State, Zip Code: Jackson, Ms 39236	/ /	$
Name of Employer (Required): Wells Moore	/ /	$
Occupation (Required): Attorney	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: William F. Goodman, Jr.	8 / 14 / 12	$ 250.00
Mailing Address: P O Box 650	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Watkins + Eager	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 750.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Douglas J. Gunn	8 / 14 / 12	$ 500.00
Mailing Address: 1477 North Lake Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Watkins & Eager	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Margee Wohner	8 / 14 / 12	$ 250.00
Mailing Address: 1719 St. Ann Street	8 / 21 / 12	$ 200.00
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 450.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard C. Adkerson	8 / 15 / 12	$ 5,000.00
Mailing Address: 333 North Central Avenue	/ /	$
City, State, Zip Code: Phoenix, AZ 85004	/ /	$
Name of Employer (Required): Freeport McMoran	/ /	$
Occupation (Required): CEO	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: Harris H. Barnes, III	8 / 15 / 12	$ 500.00
Mailing Address: 5 River Bend Place, Ste A	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Barnes Law Firm	/ /	$
Occupation (Required): Attorney	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: Stephen L. Clay	8 / 15 / 12	$ 2,500.00
Mailing Address: 2 Sheffield Court	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): The Clay Firm	/ /	$
Occupation (Required): Attorney-Consultant	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hattiesburg Clinic	8 / 15 / 12	$ 5,000.00
Mailing Address: P O Box 17739	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404	/ /	$
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: Lidell Howell	8 / 15 / 12	$ 250.00
Mailing Address: 310 Byram Place, Suite A	/ /	$
City, State, Zip Code: Byram, MS 39272	/ /	$
Name of Employer (Required): Howell & Romines LLP	/ /	$
Occupation (Required): CPA	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: William B. Hulett	8 / 15 / 12	$ 500.00
Mailing Address: 365 Lakeshore Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physician	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: T. H. Kendall, III	8 / 15 / 12	$ 250.00
Mailing Address: P O Box 96	/ /	$
City, State, Zip Code: Bolton, MS 39041	/ /	$
Name of Employer (Required): Bank of Bolton	/ /	$
Occupation (Required): Executive	Aggregate year-to-date	$ 500.00

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A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Lundy	8 / 15 / 12	$ 250.00
Mailing Address: 458 Greenwood Lane	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Capitol Resources	/ /	$
Occupation (Required): Consultant	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: Theresa Marble	8 / 15 / 12	$ 250.00
Mailing Address: P O Box 721018	/ /	$
City, State, Zip Code: Byram, MS 39272	/ /	$
Name of Employer (Required): City of Byram	/ /	$
Occupation (Required): Alderman	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: Mississippi Concrete Industries Association	8 / 15 / 12	$ 1,000.00
Mailing Address: 6700 Old Canton Road, Suite K	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ricky J. Calhoon	9 / 18 / 12	$ 4,000.00
Mailing Address: 217 West Capitol Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Pruet Oil Company	/ /	$
Occupation (Required): Oil + Gas	Aggregate year-to-date	$ 5,000.00

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Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C. R. Montgomery	8 / 15 / 12	$ 1,000.00
Mailing Address: P O Box 1039	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Roderick A. Moore	8 / 15 / 12	$ 500.00
Mailing Address: 103 Pelican Place	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Southern Farm Bureau Casualty	/ /	$
Occupation (Required): CFO	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: Paul M. Neville	8 / 15 / 12	$ 300.00
Mailing Address: 808b North State Street	9 / 20 / 12	$ 250.00
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,050.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roderick T. Nicholson	8 / 15 / 12	$ 250.00
Mailing Address: 229 Levon Owens Drive	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required): City of Terry	/ /	$
Occupation (Required): Mayor	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Benjamin W. Allen, III	8 / 31 / 12	$ 1,000.00
Mailing Address: 2517 Meadowbrook Road	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Downtown Jackson Partners	/ /	$
Occupation (Required): President	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: Ann B. Colbert	8 / 31 / 12	$ 300.00
Mailing Address: 161 Windrush Drive	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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: Community Banchares of Mississippi	8 / 31 / 12	$ 1,000.00
Mailing Address: P O Drawer 1869	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
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: James L. Cummings, Jr.	8 / 31 / 12	$ 500.00
Mailing Address: P O Box 3173	9 / 5 / 12	$ 500.00
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John M. McCullouch	8 / 31 / 12	$ 250.00
Mailing Address: 114 Bridgeview Circle	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: H. B. Mayes McGehee	8 / 31 / 12	$ 250.00
Mailing Address: 235 Second Street E	/ /	$
City, State, Zip Code: Meadville, MS 39653	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Armin J. Moeller, Jr.	8 / 31 / 12	$ 1,000.00
Mailing Address: 346 St. Andrews Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Balch & Bingham	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Prosperity PAC LLC	8 / 31 / 12	$ 2,500.00
Mailing Address: P O Box 1869	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph E. Lauderdale	9 / 18 / 12	$ 500.00
Mailing Address: P O Box 3770	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required): Sunbelt Sealing, Inc.	/ /	$
Occupation (Required): President	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: Dick Mason, III	9 / 18 / 12	$ 250.00
Mailing Address: 2139 Sheffield Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Oil Investor	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: John W. McGowan	9 / 18 / 12	$ 1,000.00
Mailing Address: P O Box 55809	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Developer	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Health Care Association	9 / 18 / 12	$ 5,000.00
Mailing Address: 1076 Highland Colony Pkwy, Ste 125	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edwin Lloyd Pittman	9 / 18 / 12	$ 500.00
Mailing Address: 419 Bay Cove	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Pyles Mills	/ /	$
Occupation (Required): Attorney	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: IRL Dean Rhodes	9 / 18 / 12	$ 250.00
Mailing Address: 159 Dogwood Place	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Mrs. C. R. Ridgway, IV	9 / 18 / 12	$ 250.00
Mailing Address: 4662 Trawick Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 1,250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harry Rosenthal	9 / 18 / 12	$ 250.00
Mailing Address: 834 West Capitol Street	/ /	$
City, State, Zip Code: Jackson, MS 39203	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James C. Sumner	9 / 18 / 12	$ 500.00
Mailing Address: 245 East Capitol Street, Ste 400	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): U.S. Court System	/ /	$
Occupation (Required): U.S. Magistrate	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: Christine G. Zachow	9 / 18 / 12	$ 250.00
Mailing Address: 410 West Wycombe	/ /	$
City, State, Zip Code: Jackson, MS 39232	/ /	$
Name of Employer (Required): Radiation One of MS	/ /	$
Occupation (Required): Physician	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: Jonathan C. Bell	9 / 20 / 12	$ 1,000.00
Mailing Address: 4513 9th Avenue	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Vital Care of Meridian	/ /	$
Occupation (Required): President	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: Dixon L. Pyles, Jr.	7 / 9 / 12	$ 100.00
Mailing Address: P O Box 6364	8 / 6 / 12	$ 100.00
City, State, Zip Code: Pearl, MS 39288	9 / 13 / 12	$ 100.00
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mrs. L. A. Norville	9 / 20 / 12	$ 250.00
Mailing Address: 147 Rolling Meadows Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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: Michael A. Nowell	7 / 9 / 12	$ 100.00
Mailing Address: 1500 Old Fannin Road	9 / 20 / 12	$ 250.00
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Nowell Agency	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 350.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John H. and Norma N. Price	9 / 20 / 12	$ 400.00
Mailing Address: 5309 Briarfield Road	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Fred M. Harrell	9 / 20 / 12	$ 250.00
Mailing Address: 306 E Government Street	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required): Harrell & Rester	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Richard Barge	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 72	/ /	$
City, State, Zip Code: Macon, MS 39341	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Lumber	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: Barrett Real Estate Development	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 518	/ /	$
City, State, Zip Code: Philadelphia, MS 39350	/ /	$
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: Voncile H. Breazeale	9 / 28 / 12	$ 1,000.00
Mailing Address: P O Box 80	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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: W. P. Bridges, Jr.	9 / 28 / 12	$ 250.00
Mailing Address: 1904 Lakeland Drive	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Development	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brooks Court Reporting, Inc.	9 / 28 / 12	$ 250.00
Mailing Address: 2105 5th Street	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
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: Cal-Maine Foods, Inc.	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 2960	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Heritage Credit, LLC	9 / 28 / 12	$ 500.00
Mailing Address: 605 Crescent Blvd, Ste 101	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Reeve G. Jacobus	9 / 28 / 12	$ 250.00
Mailing Address: 217 Oxford Place	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Williford, McCallister + Jacobus	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Peder R. Johnson	9 / 28 / 12	$ 250.00
Mailing Address: 4239 North Honeysuckle Lane	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): BKD	/ /	$
Occupation (Required): CPA - Managing Partner	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: Victor C. Kessler	9 / 28 / 12	$ 250.00
Mailing Address: 509 Lincoln Green	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Starkville Internal Medicine	/ /	$
Occupation (Required): Gastroenterologist	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: Hal D. Miller III	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 1123	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required): Miller Transporters, Inc.	/ /	$
Occupation (Required): Exec V. P.	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: Oscar Miskelly	9 / 28 / 12	$ 250.00
Mailing Address: 513 Pine Hill Place	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Miskelly's Furniture	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Life Under Political Action	9 / 28 / 12	$ 500.00
Mailing Address: 5475 Executive Place	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Law Firm	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ready Law Firm	9 / 28 / 12	$ 250.00
Mailing Address: 2103 5th Street	/ /	$
City, State, Zip Code: Meridian, MS 39301	/ /	$
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: Marshall T. Shows, Jr.	9 / 28 / 12	$ 1,000.00
Mailing Address: P O Box 78	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Southern Farm Bureau Life Insurance Company	/ /	$
Occupation (Required): Insurance	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: The Citizens Bank	9 / 28 / 12	$ 1,000.00
Mailing Address: P O Box 209	/ /	$
City, State, Zip Code: Philadelphia, MS 39350	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice - Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alan W. Perry	9 / 25 / 12	$ 250.00
Mailing Address: 2455 Sandridge Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Forman Perry	/ /	$
Occupation (Required): Attorney	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: William C. Reeves	9 / 25 / 12	$ 1,000.00
Mailing Address: 401 East Captiol Street, Ste 200	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Balch Bingham	/ /	$
Occupation (Required): Attorney	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: Roger C. Riddick	9 / 25 / 12	$ 750.00
Mailing Address: 204 Sunrise Point Drive	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Janet D. Shearer	9 / 25 / 12	$ 500.00
Mailing Address: 207 Westfield Road	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dietician	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sarah Skelton	9 / 25 / 12	$ 500.00
Mailing Address: 1230 Belvoir Place	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): CPA	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: William L. Smith	9 / 25 / 12	$ 500.00
Mailing Address: 1200 Meadowbrook, Unit 18	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Balch Bingham	/ /	$
Occupation (Required): Attorney	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: Southeastern Timber Products, LLC	9 / 25 / 12	$ 1,000.00
Mailing Address: P O Box 5327	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
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: David W. Steward	9 / 25 / 12	$ 500.00
Mailing Address: 10916 Waterside Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Copeland Cook	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wallace Strickland	9 / 25 / 12	$ 500.00
Mailing Address: 8219 Sycamore Creek Drive	/ /	$
City, State, Zip Code: Meridian, MS 39305	/ /	$
Name of Employer (Required): Rush Hospital	/ /	$
Occupation (Required): CEO	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: Sunrise Partners, LP	9 / 25 / 12	$ 250.00
Mailing Address: 4 River Bend Place, Ste 110	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: Stephen Thomas	9 / 25 / 12	$ 750.00
Mailing Address: 124 Dumaine Place	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Shelter	/ /	$
Occupation (Required): Insurance	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: Robert P. Thompson	9 / 25 / 12	$ 1,000.00
Mailing Address: 955 Pocahontas Road	/ /	$
City, State, Zip Code: Flora, MS 39071	/ /	$
Name of Employer (Required): Copeland Cook	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Phil Abernethy	9 / 28 / 12	$ 500.00
Mailing Address: 137 Eastpointe Circle	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Law Firm - Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Adams and Reese LLP	9 / 28 / 12	$ 1,000.00
Mailing Address: 4500 One Shell Square	/ /	$
City, State, Zip Code: New Orleans, LA 70139	/ /	$
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: Holmes A. Adams	9 / 28 / 12	$ 250.00
Mailing Address: 4129 Sand Ridge Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Adams Reese	/ /	$
Occupation (Required): Attorney	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: AIA SEINS PAC	9 / 28 / 12	$ 2,000.00
Mailing Address: 5565 Glenridge Connector, Suite 425	/ /	$
City, State, Zip Code: Atlanta, GA 30342	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sidney P. Allen	9 / 28 / 12	$ 500.00
Mailing Address: 193 Saint Ives Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Government Relations	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: Maston L. Ballew, III	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 12247	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Financial Advisor	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: Ross Barnett	9 / 28 / 12	$ 250.00
Mailing Address: 501 South State Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Barkett Law Firm	/ /	$
Occupation (Required): Attorney	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: Joseph H. Baugh	9 / 28 / 12	$ 250.00
Mailing Address: 32 Hartley Drive	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Baugh & Company	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael W. Baxter	9 / 28 / 12	$ 250.00
Mailing Address: 816 Rankin Road	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): Copeland Cook	/ /	$
Occupation (Required): Attorney	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: P. Ryan Beckett	9 / 28 / 12	$ 500.00
Mailing Address: 4166 Dogwood Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: Martha Benjamin	9 / 28 / 12	$ 250.00
Mailing Address: 306 Arapaho Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Mississippi Department of Human Services	/ /	$
Occupation (Required): Field Operations	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: William F. Blair	9 / 28 / 12	$ 500.00
Mailing Address: 104 Summit Grove	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Blair & Bonderant	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lucien L. Bourqeois	9 / 28 / 12	$ 500.00
Mailing Address: 117 Fawnwood Drive	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: Glen Bush	9 / 28 / 12	$ 1,000.00
Mailing Address: 2206 Heritage Hill Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Copeland Cook	/ /	$
Occupation (Required): Attorney	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: Tommie S. Cardin	9 / 28 / 12	$ 500.00
Mailing Address: 303 Bordeaux Drive	/ /	$
City, State, Zip Code: Clinton, MS 39050	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: Donald Clark	9 / 28 / 12	$ 500.00
Mailing Address: P O Box 6010	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Henry Tyler	9 / 28 / 12	$ 250.00
Mailing Address: 137 Bridgewater Crossing	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Premier Medical	/ /	$
Occupation (Required): Physician	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: Joe Durastanti	9 / 28 / 12	$ 250.00
Mailing Address: 149 Vinings Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Joe's Super Discount Drugs	/ /	$
Occupation (Required): Owner	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: Richard M. Dye	9 / 28 / 12	$ 500.00
Mailing Address: 4120 Crestview Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: Mark Garriga	9 / 28 / 12	$ 500.00
Mailing Address: 121 Golden Pond Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W. W. Gresham, III	9 / 28 / 12	$ 1,000.00
Mailing Address: P O Box 690	/ /	$
City, State, Zip Code: Indianola, MS 38751	/ /	$
Name of Employer (Required): Gresham Petroleum	/ /	$
Occupation (Required): Petroleum Marketer	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: Health Assurances LLC	9 / 28 / 12	$ 500.00
Mailing Address: 5903 Ridgewood Road, Ste 310	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
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: Health Management Associates MS	9 / 28 / 12	$ 5,000.00
Mailing Address: 2550 Flowood Drive, Ste 402	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: Dick Hall	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 55942	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required): State of MS	/ /	$
Occupation (Required): Commissioner	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James W. Hood	9 / 25 / 12	$ 500.00
Mailing Address: P O Box 4931	/ /	$
City, State, Zip Code: Jackson, MS 39296	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Philanthropy - Charity	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: Christy D. Jones	9 / 25 / 12	$ 500.00
Mailing Address: 205 Duck Cove	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jones, Walker, Waechter, Poitevent, Carrere & Denegre LLP	9 / 25 / 12	$ 2,000.00
Mailing Address: 190 East Capitol Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
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: Michael G. Kanosky	9 / 25 / 12	$ 250.00
Mailing Address: 2121 Eastover Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): The Face and Body Center	/ /	$
Occupation (Required): Physician - Surgeon	Aggregate year-to-date	$

Name of Candidate or Committee: Fridnds To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: D. F. Maron	9 / 25 / 12	$ 500.00
Mailing Address: 213 Kingsbridge Road	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Baker Donelson	/ /	$
Occupation (Required): Attorney	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: William L. McDonough, Jr.	9 / 25 / 12	$ 250.00
Mailing Address: 2432 Cotton Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Copeland Cook	/ /	$
Occupation (Required): Attorney	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: Richard H. McNeel	9 / 25 / 12	$ 250.00
Mailing Address: 2566 Lake Circle	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): JBHM	/ /	$
Occupation (Required): Architect	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: John W. McPherson	9 / 25 / 12	$ 1,000.00
Mailing Address: P O Box 690	/ /	$
City, State, Zip Code: Indianola, MS 38751	/ /	$
Name of Employer (Required): B B King Museum	/ /	$
Occupation (Required): President	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard H. Mills	9 / 25 / 12	$ 1,950.00
Mailing Address: 602 Crescent Place, Ste 100	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Tellus Operating Group	/ /	$
Occupation (Required): CEO	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: Mississippi Manufactured Housing	9 / 25 / 12	$ 2,000.00
Mailing Address: P O Box 320369	/ /	$
City, State, Zip Code: Jackson, MS 39232	/ /	$
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: Mississippi Petroleum Marketers & Convenience Stores Association	9 / 25 / 12	$ 500.00
Mailing Address: P O Drawer 3859	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
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: Mississippi Propane Gas Association	9 / 25 / 12	$ 500.00
Mailing Address: P O Box 23163	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William E. Whitfield	9 / 25 / 12	$ 1,000.00
Mailing Address: 2449 Summerwood Circle	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Charlie Williams	9 / 25 / 12	$ 500.00
Mailing Address: P O Box 946	/ /	$
City, State, Zip Code: Senatobia, MS 38668	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: Thomasson Company	9 / 28 / 12	$ 500.00
Mailing Address: P O Box 490	/ /	$
City, State, Zip Code: Philadelphia, MS 39350	/ /	$
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: Wilmer H. Whittle	9 / 28 / 12	$ 250.00
Mailing Address: P O Box 120	/ /	$
City, State, Zip Code: Newton, MS 39345	/ /	$
Name of Employer (Required): Newton County Bank	/ /	$
Occupation (Required): Sr. Chairman	Aggregate year-to-date	$

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MADA AUTO - PAC	9 / 20 / 12	$ 1,000.00
Mailing Address: 800 Woodland Pkwy, Ste 100	/ /	$
City, State, Zip Code: Ridgeland, MM 39157	/ /	$
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: Vickie H. Mascagni	9 / 20 / 12	$ 500.00
Mailing Address: 2 White Oak Place	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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 To Re-Elect Justice Bill Waller, Jr.

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A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: E. L. Threadgill	9 / 25 / 12	$ 1,000.00
Mailing Address: 4205 North Honeysuckle Lane	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Best Efforts	/ /	$
Occupation (Required): Best Efforts	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: Tom Underwood	9 / 25 / 12	$ 250.00
Mailing Address: 3999 Dogwood Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Burkhead Underwood	/ /	$
Occupation (Required): Attorney	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: Robert R. Ward	9 / 25 / 12	$ 2,000.00
Mailing Address: 4230 Quail Run Road	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Law Firm	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Watson & Jones PA	9 / 25 / 12	$ 1,000.00
Mailing Address: P O Box 23546	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

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A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Theo P. Costas, Jr.	9 / 18 / 12	$ 1,000.00
Mailing Address: P O Box 1349	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required): Southern Beverage	/ /	$
Occupation (Required): President - CEO	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: Jim Ellington	9 / 18 / 12	$ 250.00
Mailing Address: 7020 Jackson-Raymond Road	/ /	$
City, State, Zip Code: Raymond, MS 39154	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Jackie Gardner	9 / 18 / 12	$ 250.00
Mailing Address: 113 Audubon Point Drive	8 / 14 / 12	$ 50.00
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles G. Gates	9 / 18 / 12	$ 1,000.00
Mailing Address: P O Box 22787	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Oil Producer	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert L. Welborn	9 / 14 / 12	$ 1,000.00
Mailing Address: 155 Arrowhead Trail	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Horne	/ /	$
Occupation (Required): CPA	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: T. E. Wofford	9 / 14 / 12	$ 1,900.00
Mailing Address: 929 Monterey Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Accountant	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: Eugenia M. Bowman	9 / 15 / 12	$ 250.00
Mailing Address: 101 Lansdale	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Oil & Gas	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: Leslie Brawner	9 / 15 / 12	$ 250.00
Mailing Address: 129 Reserve Crossing	7 / 23 / 12	$ 100.00
City, State, Zip Code: Madison, MS 39110	8 / 6 / 12	$ 100.00
Name of Employer (Required): Brawner & Associates	/ /	$
Occupation (Required): Voc. Rehab. Consultant	Aggregate year-to-date	$ 700.00

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: E. B. Robinson, Jr.	7 / 9 / 12	$ 500.00
Mailing Address: 49 Eastbrooke	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Rosemary Seago	7 / 9 / 12	$ 250.00
Mailing Address: 2133 Brackenshire Circle	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Homemaker	/ /	$
Occupation (Required): Homemaker	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: Robert L. Spinks	7 / 9 / 12	$ 250.00
Mailing Address: 15 River Bend Place, Suite A	9 / 18 / 12	$ 250.00
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required): Northwestern Mutual Insurance	/ /	$
Occupation (Required): ~~Insurance~~ Managing Partner	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: W. Stevens, Jr.	7 / 9 / 12	$ 500.00
Mailing Address: 120 Hidden Heights	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Trustmark	/ /	$
Occupation (Required): Banker	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ben Puckett	9 / 20 / 12	$ 500.00
Mailing Address: P O Box 3170	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
Name of Employer (Required): Puckett Machinery Company	/ /	$
Occupation (Required): President	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: C. Michael Pumphrey	9 / 20 / 12	$ 1,990.00
Mailing Address: 3104 Bridgeport Lane	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Tellus Operating Group	/ /	$
Occupation (Required): General	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: Howard Samsel	9 / 20 / 12	$ 250.00
Mailing Address: 1206 Bay Vista	/ /	$
City, State, Zip Code: Brandon, MS 39047	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 450.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kendall Smith	9 / 20 / 12	$ 500.00
Mailing Address: 111 Copperridge Drive	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required): Barefield & Company	/ /	$
Occupation (Required): Office Supply Rep.	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kirksey & Associates PA	9 / 12 / 12	$ 500.00
Mailing Address: P O Box 33	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Attorneys	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: Eason Leake	9 / 12 / 12	$ 2,000.00
Mailing Address: 2469 Meadowbrook Road	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Ross + Yerger Insurance	/ /	$
Occupation (Required): CEO	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: Thomas Maley	9 / 12 / 12	$ 250.00
Mailing Address: 3815 Dogwood Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Miller Land Professionals, LLC	/ /	$
Occupation (Required): Petroleum Landmen	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: Burke C. Murphy, Jr.	9 / 12 / 12	$ 1,000.00
Mailing Address: 14 Montgomery Lane	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$

Name of Candidate or Committee: Friends To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John R. Lewis	7 / 25 / 12	$ 500.00
Mailing Address: 1518 Poplar Blvd	7 / 25 / 12	$ 500.00
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate Investor	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wade Creekmore, Jr.	7 / 25 / 12	$ 1,000.00
Mailing Address: 1018 Highland Colony Pkwy, Suite 500	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Telepex, Inc.	/ /	$
Occupation (Required): Director	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: Mississippi Poultry Association - PAC	7 / 25 / 12	$ 2,000.00
Mailing Address: 110 Airport Road, Suite C	/ /	$
City, State, Zip Code: Pearl, MS 39208	/ /	$
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 To Re-Elect Justice Bill Waller, Jr.

Reporting period: July 1, 2012 through September 30, 2012

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barney Nowell	9 / 24 / 12	$ 380.00 In Kind
Mailing Address: 560 Poplar Avenue	/ /	$
City, State, Zip Code: Philadelphia, MS 39350	/ /	$
Name of Employer (Required): McLain-Hays Funeral Services	/ /	$
Occupation (Required): Owner	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: Tammy Pearson	8 / 4 / 12	$ 450.00 In Kind
Mailing Address: 2047 Brecon Drive	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Marketing	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: Bill Spain	7 / 13 / 12	$ 563.55
Mailing Address: P O Box 450	7 / 20 / 12	$ 536.46
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required): Coliseum Corporate Storage	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 1,100.01 In Kind

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 To Re-Elect Justice Bill Waller, Jr.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA PAC	7 / 9 / 12	$ 5,000.00
Mailing Address: P O 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: Mississippi Coalition For Progress	7 / 9 / 12	$ 2,000.00
Mailing Address: P O Box 1591	8 / 15 / 12	$ 2,476.16
City, State, Zip Code: Jackson, MS 39215	8 / 6 / 12	$ 523.84 In Kind
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 5,000.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Manufacturers Association PAC	7 / 9 / 12	$ 5,000.00
Mailing Address: 720 North President Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: Mississippi Realtors PAC	7 / 9 / 12	$ 5,000.00
Mailing Address: P O Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$