

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 County Hinds
 Telephone 601-352-6556 Fax 601-354-2681
 Treasurer Ellen J. Williams Email Address _____

Check here if above is different from previous report

- May 10, 2012 Periodic Report (January 1, 2012, through April 30, 2012).....Mandatory
- ____ June 8, 2012 Periodic Report (May 1, 2012, through May 31, 2012).....Mandatory
- ____ July 10, 2012 Periodic Report (June 1, 2012, through June 30, 2012).....Mandatory
- ____ October 10, 2012 Periodic Report (July 1, 2012 through September 30, 2012).....Mandatory
- ____ October 30, 2012 Pre-Election Report (October 1, 2012, through October 27, 2012).....Mandatory
- ____ November 20, 2012 Pre-Election Report (October 28, 2012, through November 17, 2012).....Runoff Candidates only
- ____ January 10, 2013 Periodic Report (October 28, 2012, through December 31, 2012).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,000.00 +\$	\$ 1,000.00	\$ 358,799.55
Total amount of disbursements	\$ 3,950.00 +\$	\$ 3,950.00	\$ 340,400.94
Total amount of cash on hand		\$ 18,398.61	

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

5/10/12
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, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545
 2. Candidates for 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 JrReporting period January 1, 2012 through April 30, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Howard Davidson</u>	<u>3</u> / <u>2</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>P O Box 2729</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Oxford, MS 38655</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Travis W. Childers</u>	<u>3</u> / <u>23</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>201 Hidden Hills</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Booneville, MS 38829</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Pounds</u>	<u>3</u> / <u>8</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>107 Cedar Ridge</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Booneville, MS 38829</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) <u>Chancery Clerk of Prentiss County</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy D. Cadle</u>	<u>3</u> / <u>8</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>101 S Main Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Booneville, MS 38829</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) <u>attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>

Friends to Re-Elect Justice Bill Waller, Jr.

Name of Candidate or Committee

Reporting period January 1, 2012

through April 30, 2012

ITEMIZED DISBURSEMENTS

A. Full name Secretary of State	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 401 Mississippi Street	1 / 13 / 12	\$ 200.00
City, State, Zip Code Jackson, MS 39201	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 200.00
B. Full name Baldwin & Associates	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 905	3 / 28 / 12	\$ 3,750.00
City, State, Zip Code Tupelo, MS 38802	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,750.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

ITEMIZED DISBURSEMENTS

Reporting period _____ through _____
 ending 12/31/2013

Friends to the Best Justice Bill Worksheet

April 30, 2013

Amount of each disbursement this period	Date (Mo., Day, Year)		A. Full name
2,000.00	1/15/13		William Adams
2,000.00	1/15/13		City State Zip Code
2,000.00	Aggregate Year-to-date		Purpose of Disbursement (Optional)
Amount of each disbursement this period	Date (Mo., Day, Year)		B. Full name
2,000.00	1/15/13		William Adams
2,000.00	1/15/13		City State Zip Code
2,000.00	Aggregate Year-to-date		Purpose of Disbursement (Optional)
Amount of each disbursement this period	Date (Mo., Day, Year)		C. Full name
2,000.00	1/15/13		William Adams
2,000.00	1/15/13		City State Zip Code
2,000.00	Aggregate Year-to-date		Purpose of Disbursement (Optional)
Amount of each disbursement this period	Date (Mo., Day, Year)		D. Full name
2,000.00	1/15/13		William Adams
2,000.00	1/15/13		City State Zip Code
2,000.00	Aggregate Year-to-date		Purpose of Disbursement (Optional)
Amount of each disbursement this period	Date (Mo., Day, Year)		E. Full name
2,000.00	1/15/13		William Adams
2,000.00	1/15/13		City State Zip Code
2,000.00	Aggregate Year-to-date		Purpose of Disbursement (Optional)