2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate J. P. WILEMON, JR.

Address P.O. Box 82, BELMONT, MS 38827 County Tishomingo

Telephone Work 662-279-4211 Home 662-454-7585 Fax

Contact Name Email Address

Office Sought STATE SENATOR Political Party DEMOCRAT

☐ Check here if above is different from previous report

____ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) ..... Mandatory

____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) ..... Mandatory

____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) ..... Mandatory

____ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) ..... Primary Candidates

____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) ..... Runoff Candidates Only

____ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011) ..... Mandatory

X November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011) ..... Mandatory

____ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) ..... Runoff Candidates only

X January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011) ..... Mandatory

____ Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) ..... 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	$3525.23 +$ 445.00	$ 3970.23	$ 19,320.23
Total amount of disbursements	$6565.71 +$ 1465.32	$ 8031.03	$ 15,890.08
Total amount of cash on hand		$ 13,926.05	

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

J. P. Wilemon Jr. — Signature of Candidate

12-31-2011 — 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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

Name of Candidate or Committee J. P. WILEMON, JR.

Reporting period 10-1-2011 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS MANUFACTURED HOUSING ASSOC. PAC.	10/11/11	$ 300.00
Mailing Address: P.O. BOX 320369	__/__/__	$
City, State, Zip Code: JACKSON, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T MISSISSIPPI PAC	10/3/11	$ 250.00
Mailing Address: 175 E. CAP. ST. - 702 LMC	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS BANKERS ASSOCIATION PAC (MS BANK PAC.)	10/3/11	$ 1,000.00
Mailing Address: P.O. BOX 1091	__/__/__	$
City, State, Zip Code: JACKSON, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVIS W. CHILDERS	10/3/11	$ 250.00
Mailing Address: 201 HIDDEN HILLS	__/__/__	$
City, State, Zip Code: BOONEVILLE, MS 38829	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): REALTOR	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee J. P. WILEMON, JR.

Reporting period 10-1-2011 through 12-31-2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GLENN DAVID POUNDS	10/3/11	$ 250.00
Mailing Address: 107 CEDAR RIDGE	__/__/__	$
City, State, Zip Code: BOONEVILLE, MS 38829	__/__/__	$
Name of Employer (Required): PRENTISS COUNTY	__/__/__	$
Occupation (Required): CHANCERY CLERK	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS PRIMARY HEALTHCARE ASSOC. INC.	10/24/11	$ 250.00
Mailing Address: 6400 LAKEOVER RD., STE. A	__/__/__	$
City, State, Zip Code: JACKSON, MS 39213	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THE CATERPILLAR EMPLOYEE PAC	10/26/11	$ 1,000.00
Mailing Address: 100 N.E. ADAMS STREET	__/__/__	$
City, State, Zip Code: PEORIA, IL 61629-1430	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CAROLYN MAXCY	11/16/11	$ 225.23
Mailing Address: 4 VICTORIA DR.	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$ IN-KIND
Name of Employer (Required): RETIRED TEACHER	__/__/__	$
Occupation (Required): RETIRED TEACHER	Aggregate year-to-date	$ 225.23

Name of Candidate or Committee J. P. WILEMON, JR.

Reporting period 10-1-2011 through 12-31-2011

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: ITAWAMBA COUNTY TIMES Mailing Address: 106 W. MAIN ST. City, State, Zip Code: FULTON, MS 38843 Purpose of Disbursement (Optional):	10/5/11	$ 225.23
	10/21/11	$ 250.00
	Aggregate Year-to-date	$
B. Full name: ITAWAMBA COUNTY TIMES Mailing Address: 106 W. MAIN ST. City, State, Zip Code: FULTON, MS 38843 Purpose of Disbursement (Optional):	11/4/11	$ 270.00
	10/24/11	$ 225.23
	Aggregate Year-to-date	$ 970.46
C. Full name: THE BALDWYN NEWS Mailing Address: P.O. BOX 130 City, State, Zip Code: BALDWYN, MS 38824 Purpose of Disbursement (Optional):	10/4/11	$ 150.00
	10/12/11	$ 80.00
	Aggregate Year-to-date	$
D. Full name: THE BALDWYN NEWS Mailing Address: P.O. BOX 130 City, State, Zip Code: BALDWYN, MS 38824 Purpose of Disbursement (Optional):	11/14/11	$ 99.00
	10/27/11	$ 40.00
	Aggregate Year-to-date	$
E. Full name: THE BALDWYN NEWS Mailing Address: P.O. BOX 130 City, State, Zip Code: BALDWYN, MS Purpose of Disbursement (Optional):	10/24/11	$ 99.00
	__/__/__	$
	Aggregate Year-to-date	$ 468.00
F. Full name: TISHOMINGO COUNTY NEWS Mailing Address: 120 W. FRONT ST. City, State, Zip Code: IUKA, MS 38852 Purpose of Disbursement (Optional):	10/4/11	$ 150.00
	__/__/__	$
	Aggregate Year-to-date	$

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Reporting period 10-1-2011 through 12-31-2011

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: TISHOMINGO COUNTY NEWS Mailing Address: 120 W. FRONT ST. City, State, Zip Code: IUKA, MS 38852 Purpose of Disbursement (Optional):	11/14/11	$ 157.50
	10/27/11	$ 78.75
	Aggregate Year-to-date	$
B. Full name: TISHOMINGO COUNTY NEWS Mailing Address: 120 W. FRONT ST. City, State, Zip Code: IUKA, MS 38852 Purpose of Disbursement (Optional):	10/23/11	$ 157.50
	__/__/__	$
	Aggregate Year-to-date	$ 543.75
C. Full name: THE BELMONT-TISHOMINGO JOURNAL Mailing Address: P.O. BOX 70 City, State, Zip Code: BELMONT, MS 38827 Purpose of Disbursement (Optional):	10/4/11	$ 390.00
	10/27/11	$ 262.00
	Aggregate Year-to-date	$
D. Full name: THE BELMONT-TISHOMINGO JOURNAL Mailing Address: P.O. BOX 70 City, State, Zip Code: BELMONT, MS 38827 Purpose of Disbursement (Optional):	10/24/11	$ 183.00
	11/23/11	$ 100.00
	Aggregate Year-to-date	$ 935.00
E. Full name: PRENTISS COUNTY PROGRESS Mailing Address: P.O. BOX 601 City, State, Zip Code: BOONEVILLE, MS 38829 Purpose of Disbursement (Optional):	10/4/11	$ 220.00
	11/14/11	$ 165.00
	Aggregate Year-to-date	$
F. Full name: PRENTISS COUNTY PROGRESS Mailing Address: P.O. BOX 601 City, State, Zip Code: BOONEVILLE, MS 38829 Purpose of Disbursement (Optional):	10/27/11	$ 90.00
	10/24/11	$ 189.00
	Aggregate Year-to-date	$ 664.00

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
THE BANNER INDEPENDENT		
Mailing Address P.O. BOX 10	10/4/11	$ 267.75
City, State, Zip Code BOONEVILLE, MS 38829	11/14/11	$ 157.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
THE BANNER INDEPENDENT		
Mailing Address P.O. BOX 10	10/27/11	$ 127.50
City, State, Zip Code BOONEVILLE, MS 38829	10/24/11	$ 267.75
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 820.50

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
UNITY BROADCASTING TV 34		
Mailing Address P.O. BOX 790	10/15/11	$ 25.00
City, State, Zip Code BOONEVILLE, MS 38829	11/5/11	$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
UNITY BROADCASTING TV 34		
Mailing Address P.O. BOX 790	10/29/11	$ 300.00
City, State, Zip Code BOONEVILLE, MS 38829	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 675.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WOZ-TV7		
Mailing Address 403 W. CALHOUN ST.	10/15/11	$ 30.00
City, State, Zip Code BRUCE, MS 38915	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 240.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WBIP		
Mailing Address P.O. BOX 356	10/15/11	$ 30.00
City, State, Zip Code BOONEVILLE, MS 38829	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 240.00

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ITEMIZED DISBURSEMENTS

A. Full name WRMG RADIO + TV	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 656	11/12/11	$ 200.00
City, State, Zip Code RED BAY, AL 35582	10/29/11	$ 375.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,200.00
B. Full name UNITY BROADCASTING, INC. TV 39	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 65	10/29/11	$ 300.00
City, State, Zip Code FULTON, MS 38843	11/11/11	$ 200.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name WBVV RADIO 99.3	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5026 CLIFF-GOOKIN BLVD.	11/5/11	$ 99.00
City, State, Zip Code TUPELO, MS 38801	11/3/11	$ 180.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 279.00
D. Full name MANTACHIE PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 208	10/26/11	$ 75.00
City, State, Zip Code MANTACHIE, MS 38855	11/16/11	$ 150.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 515.00
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	$