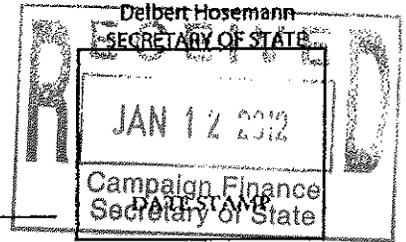


2011 ELECTION CYCLE

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2011 Elections



Name of Candidate Jay W. Mathis  
Address 412 Woodhaven Courtphase MS 39051 County Leake  
Telephone 601-267-5633 Fax \_\_\_\_\_  
Office Sought District 45 Representative Political Party Republican  
Email Address wheel@bellsouth.net

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 1, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory
- November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) \_\_\_\_\_ Mandatory
- November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only
- January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011) \_\_\_\_\_ Mandatory
- Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

**IMPORTANT**

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

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date	
Total amount of contributions	\$		+\$ 1400.00	\$	1400.00	\$ 37,346	
Total amount of disbursements	\$		7004.21 + \$ 363.55	\$	- 7,367.76	\$ 37,346	
Total amount of cash on hand						\$	

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

Jay W. Mathis  
Signature of Candidate

1/10/12  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).  
 SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jan W. Mathis

Reporting period 10/1/11 through 12/31/11

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>In-Kind</u>			
Full name	<u>Impac</u>	<u>10</u> / <u>31</u> / <u>11</u>	\$ <u>2345</u>
Mailing Address	<u>PO Box 23021</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<u>Jackson MS 39225-3021</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>9380</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>In-Kind</u>			
Full name	<u>MS Republican Party</u>	<u>10</u> / <u>1</u> / <u>11</u>	\$ <u>3800</u>
Mailing Address	<u>PO Box 602</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code	<u>Jackson MS 39205</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>3800</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="checkbox"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Mailing Address		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
City, State, Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="checkbox"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="checkbox"/>

Name of Candidate or Committee Jay W. Mathis  
 Reporting period 10/1/11 through 12/31/11

## ITEMIZED DISBURSEMENTS

A. Full name <u>MS Republican Party</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 60</u>	<u>10</u> <u>1</u> <u>11</u>	\$ <u>4500</u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5800</u>
B. Full name <u>The Carthaginian</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO 457</u>	<u>10</u> <u>1</u> <u>11</u>	\$ <u>540.00</u>
City, State, Zip Code <u>Carthage MS 39051</u>	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4417.70</u>
C. Full name <u>Service Printers</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1014 N. Flowood Dr</u>	<u>10</u> <u>1</u> <u>11</u>	\$ <u>400.79</u>
City, State, Zip Code <u>Flowood MS 39232</u>	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1789.25</u>
D. Full name <u>Sir Speedy</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2701 N. State St</u>	<u>12</u> <u>1</u> <u>11</u>	\$ <u>161.90</u>
City, State, Zip Code <u>Jackson MS 39216</u>	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>161.90</u>
E. Full name <u>Mountain top Media</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 578</u>	<u>11</u> <u>1</u> <u>11</u>	\$ <u>801.52</u>
City, State, Zip Code <u>Sparta NJ 07871</u>	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,974.86</u>
F. Full name <u>Ameri mail Digital Direct</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10</u> <u>1</u> <u>11</u>	\$ <u>600.00</u>
City, State, Zip Code	<u>1</u> <u>1</u> <u>11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>