2011 ELECTION CYCLE

Amended

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 06 2012
Secretary of State
Capitol Office
[illegible]

Name of Candidate: Jessica Upshaw

Address: 747 Kome Dr. Diamondhead MS 39525 County: Hancock

Telephone Work: 228-216-0869 Home: 228-255-6619 Fax: 228-255-6619

Contact Name: Jessica Upshaw Email Address: jessicaupshaw@gmail.com

Office Sought: House of Representatives Dist. 95 Political Party: Republican

☐ 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 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 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 each 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	$ 2250.00 + $ Ø	$ 2250.00	$ 9850.00
Total amount of disbursements	$ 480.00 + $ 1,200.00	$ 1680.00	$ 16,644.21
Total amount of cash on hand		$ 18,363.35	

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

Jessica Upshaw — Signature of Candidate

Date: 1/6/12

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 601-576-2918.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 12-10

Name of Candidate or Committee Jessica Upshaw Campaign Committee

Reporting period Oct. 1, 2011 through Oct. 29, 2011

Amended

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Employee PAC	10/25/11	$ 250.00
Mailing Address: 100 Abbott Park Rd.	__/__/__	$
City, State, Zip Code: Abbott Park IL 60064-6028	__/__/__	$
Name of Employer (Required): LeTonia Armstrong	__/__/__	$
Occupation (Required)	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: Good Government PAC	10/26/11	$ 500.00
Mailing Address: PO Box 4019	__/__/__	$
City, State, Zip Code: Gulfport MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Medical Association	10/15/11	$ 1000.00
Mailing Address: PO Box 2548	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158-2548	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Healthcare Services	10/21/11	$ 500.00
Mailing Address: 8550 United Plaza Blvd., Suite 703	__/__/__	$
City, State, Zip Code: Baton Rouge La 70809	__/__/__	$
Name of Employer (Required): Jeffrey Drozda	__/__/__	$
Occupation (Required): Vice President - State Gov. Affairs	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Jessica Upshaw Campaign Committee

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Amended

ITEMIZED DISBURSEMENTS

A. Full name Hancock High Educational Foundation	Date (Mo., Day, Year) 10/15/11	Amount of each disbursement this period $ 480.00
Mailing Address 6726 Aleura Pl.		
City, State, Zip Code Diamondhead MS 39525	__/__/__	$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	$ 480.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$