

1-10-12 Report

2011 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
SECRETARY OF STATE
RECEIVED
JAN 10 2012
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Joe (J.L.) Warren
Address P.O. Box 42, Mt. Olive, MS 39119 County Covington
Telephone 601-797-4702 Fax 601-797-4919
Office Sought State Representative Political Party Democrat
Email Address jwarren@house.ms.gov

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
 - 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)

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

| | Itemized + Non-Itemized = | This Period | Calendar Year-To-Date |
|----------------------------------|---------------------------|-------------|-----------------------|
| Total amount of contributions \$ | +\$ | \$ 1,000.00 | \$ 9,400.00 |
| Total amount of disbursements \$ | +\$ | \$ 0 | \$ 3,090.00 |
| Total amount of cash on hand | | \$ 4,750.00 | |

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

Joe (J.L.) Warren
Signature of Candidate

1-9-12
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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Joe (J.L.) Warren

Reporting period 10-30-11 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"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|---------------------------------------|
| Full name <u>Mississippi Dental PAC -Jim thompson</u> | <u>12/13/11</u> | \$ <u>1,000.00</u> |
| Mailing Address <u>814 North President Street</u> | ___/___/___ | \$ |
| City, State, Zip Code <u>Jackson, MS 39202</u> | ___/___/___ | \$ |
| Name of Employer (Required) <u>Mississippi Dental PAC</u> | ___/___/___ | \$ |
| Occupation (Required) <u>Government Relations</u> | Aggregate year-to-date | \$ <u>1,000.00</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | |
| Full name | ___/___/___ | \$ |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Name of Employer (Required) | ___/___/___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | |
| Full name | ___/___/___ | \$ |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Name of Employer (Required) | ___/___/___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | | |
| Full name | ___/___/___ | \$ |
| Mailing Address | ___/___/___ | \$ |
| City, State, Zip Code | ___/___/___ | \$ |
| Name of Employer (Required) | ___/___/___ | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |