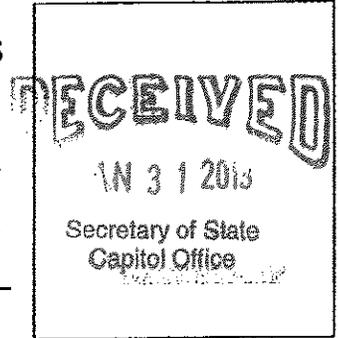


Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2012 Annual Report



Name of Candidate Joey Hood  
 Address P.O. Box 759, Ackerman MS 39735  
 Telephone 662-285-4663 Fax 662-285-9948  
 Office Sought Rep. District 35 Email jhood@house.ms.gov

Check here if above is different from previous report

**TYPE OF REPORT**

- January 31, 2013 Annual Report (January 1, 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

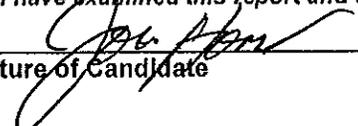
**IMPORTANT**

- (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. § 23-16-807 (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	\$ 23,100.00 +\$ 150.00	\$ 23,250.00	\$ 23,250.00
Total amount of disbursements	\$ 3,452.33 +\$ 1,114.37	\$ 4,566.70	\$ 4,566.70
Total amount of cash on hand		\$ 28,404.32	

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

  
Signature of Candidate

11/31/13  
Date

Authority: Refer to Miss. Code Ann. §23-16-801 (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. §§ 23-16-811 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 Joey HoodReporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Robert C. Deweese</u>	<u>10</u> / <u>17</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>650 Edgewood Dr</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Eupora, MS 39744</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>John I Brasher</u>	<u>10</u> / <u>3</u> / <u>12</u>	\$ <u>5000.00</u>
Mailing Address <u>145 Brasher Rd</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>self</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>6000.00</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 <u>Advance America</u>	<u>10</u> / <u>3</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>135 N Church St</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" 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 <u>Check Into Cash of MS, Inc.</u>	<u>8</u> / <u>23</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 550</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey HoodReporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input 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>MS Association for Homecare</u>	<u>10</u> / <u>31</u> / <u>12</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St</u>	<u>12</u> / <u>17</u> / <u>12</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>600.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input 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>Atco Company Inc of Carthage</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 500</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Carthage, MS 39051</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input 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>First Heritage Credit, LLC</u>	<u>10</u> / <u>8</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>605 Crescent Blvd, Suite 101</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. 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>Capitol Advocacy Group, PAC</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

## 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>LEN PAC</u>	<u>11 / 7 / 12</u>	\$ <u>1000.00</u>
Mailing Address <u>3 Lakeland CR STE 201</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Liberty Finance Company, Inc</u>	<u>11 / 7 / 12</u>	\$ <u>200.00</u>
Mailing Address <u>254 South Main Street</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Grenada, MS 38901</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>200.00</u>
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 <u>Fidelity National Loans</u>	<u>11 / 6 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 490</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Holly Springs, MS 38635-0490</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>AT&amp;T Mississippi PAC</u>	<u>10 / 1 / 12</u>	\$ <u>400.00</u>
Mailing Address <u>175 E Capital St Landmark Center Room 703</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee Joey HoodReporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input 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>Tower Loan of MS, Inc.</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 320001</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Flowood, MS 39232-0001</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>1000.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sebastopol Finance, LLC</u>	<u>10</u> / <u>25</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 332</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Sebastopol, MS 39359</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input 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>Westside Finance Company</u>	<u>10</u> / <u>23</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>270-B West Beacon St</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input 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>F.B.S., Inc.</u>	<u>10</u> / <u>7</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>8440 Bluebonnet Blvd, Suite A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Baton Rouge, LA 70810</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>  </u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>Billy Carroll</u>	<u>10</u> / <u>17</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 391</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Meridian, MS 39302</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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) _____		
Full name <u>Pioneer Credit Company</u>	<u>10</u> / <u>22</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>116 South Roach St</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input checked="" 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 <u>Gulf Islands Credit, Inc.</u>	<u>11</u> / <u>6</u> / <u>12</u>	\$ <u>300.00</u>
Mailing Address <u>1115 Pass Rd</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Gulfport, MS 39501</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" 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 <u>Buddy Medlin &amp; Associates, Inc</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 24087</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Joey HoodReporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. 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 <u>1st Franklin Financial</u>	<u>10</u> / <u>23</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 880</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Toccoa, GA 30577</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. 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) _____		
Full name <u>North American Coal PAC</u>	<u>12</u> / <u>2</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>5340 Legacy Dr BLDG 1, STE 300</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Plano, TX 75024</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" 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 <u>Ackerman Finance, Inc</u>	<u>10</u> / <u>25</u> / <u>12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 915</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ackerman, MS 39735</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" 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 <u>Check City, Inc.</u>	<u>10</u> / <u>25</u> / <u>12</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 1334</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ackerman, MS 39735</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input 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>10</u> / <u>25</u> / <u>12</u>	\$ <u>250.00</u>
Discount Furniture & Appliances		
Mailing Address _____	____ / ____ / ____	\$ _____
P.O. Box 915		
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Ackerman, MS 39735		
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input 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>11</u> / <u>7</u> / <u>12</u>	\$ <u>500.00</u>
Third Union Finance, Inc		
Mailing Address _____	____ / ____ / ____	\$ _____
P.O. Box 400		
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Olive Branch, MS 38654		
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input 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>11</u> / <u>6</u> / <u>12</u>	\$ <u>500.00</u>
First Metropolitan Financial Services, Inc		
Mailing Address _____	____ / ____ / ____	\$ _____
6221-B Hwy 305		
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Olive Branch, MS 38654		
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input 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>8</u> / <u>28</u> / <u>12</u>	\$ <u>500.00</u>
CENTENE Management Company LLC		
Mailing Address _____	____ / ____ / ____	\$ _____
Centene Corporation		
City, State, Zip Code _____	____ / ____ / ____	\$ _____
St. Louis, MO 63105		
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>James H Heidelberq</u>	<u>11</u> / <u>5</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>1300 Driftwood St</u>	/ /	\$
City, State, Zip Code <u>Pascagoula, MS 39567</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tellus Operating Group, LLC</u>	<u>9</u> / <u>25</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>602 Crescent Place Suite 100</u>	/ /	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Jim Watkins</u>	<u>11</u> / <u>14</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>134 Grady St</u>	/ /	\$
City, State, Zip Code <u>Woodland, MS 39776</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input 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>GTREC 2010</u>	<u>11</u> / <u>13</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>706-F Hwy 12 West</u>	/ /	\$
City, State, Zip Code <u>Starkville, MS 39759</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey Hood  
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## ITEMIZED RECEIPTS

A. 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 <u>Huntington Ingalls Industries</u>	<u>11</u> / <u>13</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 149</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Pascagoula, MS 39568</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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) _____		
Full name <u>Optometry for Progress</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>141 Executive Drive, Suite 5</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. 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) _____		
Full name <u>Mississippi Physicians PAC</u>	<u>11</u> / <u>19</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>404 West Parkway Place</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" 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 <u>Ford Vision Clinic, Inc.</u>	<u>11</u> / <u>19</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>706-F Hwy 12 West</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Starkville, MS 39759</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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) _____		
<b>Full name</b> Kershenstine Beef Jerkey, Inc	11 / 17 / 12	\$ 300.00
<b>Mailing Address</b> 550 Industrlal Park	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Eupora, MS 39744	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> _____	□ / □ / □	\$ _____
<b>Occupation (Required)</b> _____	Aggregate year-to-date	\$ 300.00
<b>B. Source:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> Hutcheson Enterprises, Inc.	10 / 22 / 12	\$ 200.00
<b>Mailing Address</b> 513-C Sparkman Drive NW	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Huntsville, AL 35816	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> _____	□ / □ / □	\$ _____
<b>Occupation (Required)</b> _____	Aggregate year-to-date	\$ 200.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> Montgomery Enterprises Inc d/b/a Montgomery Management Co	10 / 24 / 12	\$ 500.00
<b>Mailing Address</b> P.O. Box 37	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Fulton, MS 38843	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> _____	□ / □ / □	\$ _____
<b>Occupation (Required)</b> _____	Aggregate year-to-date	\$ 500.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
<b>Full name</b> US Oil & Gas Association PAC	12 / 18 / 12	\$ 250.00
<b>Mailing Address</b> 513 N State St, Sulte 202	□ / □ / □	\$ _____
<b>City, State, Zip Code</b> Jackson, MS 39201	□ / □ / □	\$ _____
<b>Name of Employer (Required)</b> _____	□ / □ / □	\$ _____
<b>Occupation (Required)</b> _____	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Joey Hood  
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## 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) _____		
Full name <u>Mississippi Power Company State PAC</u>	<u>11</u> / <u>5</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 4079</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
B. 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) _____		
Full name <u>Electric Power Associations of Mississippi State PAC</u>	<u>11</u> / <u>8</u> / <u>12</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 3300</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</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 <u>Opus Technologies, LLC</u>	<u>11</u> / <u>7</u> / <u>12</u>	\$ <u>400.00</u>
Mailing Address <u>312 Carr Meadow Drive</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input checked="" 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 <u>Koch Industries, Inc.</u>	<u>12</u> / <u>14</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>4111 E 37th Street N</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Wichita, KS 67220</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Joey Hood  
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# 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 Independent RX PAC</u>	<u>12</u> / <u>19</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeland Dr STE 399</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Joey Hood  
 Reporting period January 1, 2012 through December 31, 2012

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> WFCA Radio	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 40 Mecklin Ave	6 / 29 / 12	\$ 100.00
<b>City, State, Zip Code</b> French Camp, MS 39745	10 / 9 / 12	\$ 108.00
<b>Purpose of Disbursement (Optional)</b> advertising	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> WFCA Radio - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	10 / 16 / 12	\$ 200.00
<b>City, State, Zip Code</b>	11 / 30 / 12	\$ 400.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> WFCA Radio - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	12 / 27 / 12	\$ 200.00
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1008.00
<b>D. Full name</b> Julie Burton	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Hwy 12	4 / 12 / 12	\$ 207.00
<b>City, State, Zip Code</b> Weir MS 39772	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 207.00
<b>E. Full name</b> Starkville Daily News	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 304 E Lampkin St	2 / 13 / 12	\$ 210.00
<b>City, State, Zip Code</b> Starkville, MS 39735	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 210.00
<b>F. Full name</b> Copy Cow	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 500 Russell St	10 / 26 / 12	\$ 209.19
<b>City, State, Zip Code</b> Starkville, MS 39759	12 / 3 / 12	\$ 63.14
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 272.33

Name of Candidate or Committee Joey HoodReporting period January 1, 2012 through December 31, 2012

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Louisville Publishing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 469	2 / 16 / 12	\$ 22.00
<b>City, State, Zip Code</b> Louisville, MS 39339	3 / 5 / 12	\$ 29.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>B. Full name</b> Louisville Publishing - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	4 / 18 / 12	\$ 160.00
<b>City, State, Zip Code</b>	7 / 6 / 12	\$ 150.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b> Louisville Publishing - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	7 / 30 / 12	\$ 42.50
<b>City, State, Zip Code</b>	8 / 21 / 12	\$ 98.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 501.50
<b>D. Full name</b> Connect GOP, Inc	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	8 / 22 / 12	\$ 895.00
<b>City, State, Zip Code</b>	9 / 4 / 12	\$ 39.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b> Connect GOP, Inc - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	10 / 3 / 12	\$ 39.00
<b>City, State, Zip Code</b>	11 / 2 / 12	\$ 39.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b> Connect GOP, Inc - CONTINUED	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	12 / 3 / 12	\$ 39.00
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1051.00

Name of Candidate or Committee Joey Hood  
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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Postmaster - USPS	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b> 1035 W Main	10 / 29 / 12	\$ 202.50
<b>City, State, Zip Code</b> Ackerman, MS 39735	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$ 202.50
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> disbursement this period
<b>Mailing Address</b>	__ / __ / __	\$
<b>City, State, Zip Code</b>	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> Year-to-date	\$