2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 12 2012
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate: Louis Fondren

Address: 906 Convent Ave. County: Jackson

Telephone Work: (228) 762-5110 Home: (228) 769-0229 Fax: (228) 769-5110

Contact Name: Louis Fondren Email Address: fondrenlouis@bellsouth.net

Office Sought: Insurance Commissioner 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

____ 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

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

X 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	2012 Calendar Year-To-Date
Total amount of contributions	$ 16,311.00 + $	$ 3,000.00	$ 0
Total amount of disbursements	$ 16,311.00 $	$ 3,000.00	$ 0
Total amount of cash on hand		$ 0	

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: Louis Fondren

Date: 1/11/2012

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: Louis Fondren

Reporting period: 1/1/2011 through Termination (1-11-2012)

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Louis Fondren	11/7/11	$ 2,800.00
Mailing Address: 906 Convent Avenue	/ /	$ ~~7,552.~~
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 6,382.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Political Party	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harrison County Democratic Party	11/7/11	$ 500.00
Mailing Address: c/o Mr. Stallworth Gulfport City Hall	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Name of Employer (Required): Political Organization	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,882.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Political Party	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fourth Congressional Dist. Democratic Party	10/25/11	$ 300.00
Mailing Address: c/o Brown Miller	/ /	$
City, State, Zip Code: Petal, MS	/ /	$
Name of Employer (Required): Political Org.	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,182.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify): Political Party	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Oktibbeha Cty Democrats	10/26/11	$ 200.00
Mailing Address: c/o Mr. Gore	/ /	$
City, State, Zip Code: Starkville, MS	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 2,382.00

Name of Candidate or Committee Louis Fondren

Reporting period 11/1/2011 through Termination (1/11/2012)

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Jackson County Democrats	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jackson County Democratic Committee	10/18/11	$ 300.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,682.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 Louis Fondren

Reporting period 10/30/2011 through Termination (11/17/2012)

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: WLBT-TV Mailing Address: PO Box 11407 City, State, Zip Code: Birmingham, AL 35246-1375 Purpose of Disbursement (Optional): Ads	11/1/11	$ 300.00
	__/__/__	$
	Aggregate Year-to-date	$ 13,711.00
B. Full name: WTVA-TV Mailing Address: P.O. Box 350 City, State, Zip Code: Tupelo, MS 38802 Purpose of Disbursement (Optional): Ads	11/21/11	$ 700.00
	__/__/__	$
	Aggregate Year-to-date	$ 14,411.00
C. Full name: WGUD-TV Mailing Address: 3420 Pascagoula St City, State, Zip Code: Pascagoula, MS 39567 Purpose of Disbursement (Optional): Ads	11/3/11	$ 220.00
	__/__/__	$
	Aggregate Year-to-date	$ 14,611.00
D. Full name: WLOX-TV Mailing Address: 208 Debuys Rd City, State, Zip Code: Biloxi MS 39531 Purpose of Disbursement (Optional): Ads	10/26/11	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 15,111.00
E. Full name: Penny Pincher Mailing Address: 15029 Dedeaux Road City, State, Zip Code: Purpose of Disbursement (Optional):	12/12/12	$ 400.00
	__/__/__	$ 15,511.00
	Aggregate Year-to-date	$ 15,911.00
F. Full name: Sun Daily Herald Mailing Address: City, State, Zip Code: Gulfport, MS 39501 Purpose of Disbursement (Optional): Ad	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 16,411.00

Name of Candidate or Committee Louis Fondren

Reporting period 11/1/2011 through Termination (1-11-2012)

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Press	__/__/__	$ 200.00
904 Convent Ave	__/__/__	$
Pascagoula MS 39567	Aggregate Year-to-date	$ 1,611.00
Ads		

B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

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Name of Candidate or Committee Louis Fondren

Reporting period 1/1/2011 through Termination (1-11-2012)

ITEMIZED DISBURSEMENTS

A. Full name WGUD-TV	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Pascagoula St.	__/__/__	$
City, State, Zip Code Pascagoula, MS 39567	__/__/__	$
Purpose of Disbursement (Optional) Ads	Aggregate Year-to-date	$
B. Full name WLBT-TV	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 11407	__/__/__	$
City, State, Zip Code Birmingham, AL 35246-1375	__/__/__	$
Purpose of Disbursement (Optional) Ads	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	$