



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Mark Formby
 Address 911 Hwy 43, N County Pendle River
 Telephone 601-998-3800 Fax _____
 Office Sought House 108 Political Party Rep.
 Email Address _____

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	\$ 2950	+\$	-0-	\$	2950	\$ 34,100.00
Total amount of disbursements	\$ 281.60	+\$	773.77	\$	1055.37	\$ 9,188.89
Total amount of cash on hand	\$ 51816.90					

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

Mark Formby
 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 601-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee MARK FORNLYReporting period Oct 1 through Dec 31

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>David Dietrich</u>	<u>11/11/11</u>	\$ <u>1000.00</u>
Mailing Address <u>One Express Way</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>St Louis, MO 63121</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>EXPRESS SCRIP</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>Gov Affairs</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Monique Kpbiljke</u>	<u>11/12/11</u>	\$ <u>500.00</u>
Mailing Address <u>216 S. Monroe St</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Tallahassee FL 32301</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>PROPERTY CASUALTY INS PAC</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>Gov Affairs</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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>LEE NARRIEL</u>	<u>11/16/11</u>	\$ <u>300.00</u>
Mailing Address <u>4268 I-55 N</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Jackson MS</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>ALL STATE INS</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>Gov Affairs</u>	Aggregate year-to-date	\$ <u>300.00</u>
D. 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>Brent Alexander</u>	<u>11/18/11</u>	\$ <u>250.00</u>
Mailing Address <u>4268 I-55 North</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>ABBOTT LAB PAC</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>Gov Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Mark Formby
 Reporting period 10-1 through 12-31

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>Don Gibson</u>	<u>11/10/11</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>825 N. President</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>MAI- Assoc self Insurers</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>Ex Dir</u>	Aggregate year-to-date	\$ <u>100⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dwight Dyess</u>	<u>11/6/11</u>	\$ <u>200⁰⁰</u>
Mailing Address <u>618 E. MAIN ST</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>West Point, MS</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) _____	<u>11/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200⁰⁰</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sidney Allen</u>	<u>11/11</u>	\$ <u>100⁰⁰</u>
Mailing Address <u>240 ORLEANS CI</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) _____	<u>11/11</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100⁰⁰</u>
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 <u>Beth Gray</u>	<u>11/7/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>625 N. STATE ST</u>	<u>11/11</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>11/11</u>	\$ _____
Name of Employer (Required) <u>Pfizer</u>	<u>11/11</u>	\$ _____
Occupation (Required) <u>GRU Affair</u>	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee MARK FORMBY
 Reporting period 10-1 through 12-31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Standard Mail</u>	__/__/__	\$
Mailing Address <u>Pine Belt Promotions</u>	__/__/__	\$
City, State, Zip Code <u>Hattiesburg, MS</u>	__/__/__	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>281.60</u>
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	\$