2011

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

RECEIVED
NOV 10 2011
Campaign Finance
Secretary of State

Name of Committee Mississippians for Healthy Families

Address PO Box 55662, Jackson, MS 39296

Telephone 601-360-1349 Fax 601-360-1491

Director Nsombi Lambright Treasurer Kay Scott

☐ Check here if above is different from previous report

TYPE OF REPORT

October (Month), 2011 Monthly Report (due 10th of following Month)..... Mandatory

_____ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

IMPORTANT

(1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars ($200.00) shall file financial reports with the Secretary of State.

(2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars ($200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.

(3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.

(4) 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 last 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	$1,067,537.96	+ $ 88,375.97	$ 1,155,913.92	$ 1,310,578.37
Total amount of disbursements	$ 833,484.41	+ $ 905.98	$ 834,390.39	$ 852,136.11
Total amount of cash on hand			$ 86,452.37	

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

Kay Scott, Treasurer — Signature of Director or Treasurer

11-10-11 — Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Belhaven Properties	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 944 Poplar Blvd.	10 / 3 / 11	$ 1,908.35
City, State, Zip Code Jackson, MS 39202	/ /	$
Purpose of Disbursement (Optional) Property rental	Aggregate Year-to-date	$ 1,908.35
B. Full name Harrison Evens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 405 Jackson Ave.	10 / 7 / 11	$ 300.00
City, State, Zip Code Oxford, MS 38655	/ /	$
Purpose of Disbursement (Optional) Property rental	Aggregate Year-to-date	$ 300.00
C. Full name Landon & Stetelman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3906 Hardy St.	10 / 12 / 11	$ 250.00
City, State, Zip Code Hattiesburg, MS 39402	/ /	$
Purpose of Disbursement (Optional) Property rental	Aggregate Year-to-date	$ 250.00
D. Full name Mississippi Power	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 420 W Pine St.	10 / 12 / 11	$ 400.00
City, State, Zip Code Hattiesburg, MS 39401	10 / 28 / 11	$ 37.45
Purpose of Disbursement (Optional) Electricity for rental property	Aggregate Year-to-date	$ 437.45
E. Full name Valencia Robinson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1632 Illinois Ave.	10 / 14 / 11	$ 1,000.00
City, State, Zip Code Jackson, MS 39203	/ /	$
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	$ 1,000.00
F. Full name Zach Booth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 402 N. 21st Ave.	10 / 14 / 11	$ 1,500.00
City, State, Zip Code Hattiesburg, MS 39401	/ /	$
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	$ 1,500.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jonathan Levy	10 / 14 / 11	$ 6,250.00
Mailing Address: 230 8th St. SE		
City, State, Zip Code: Washington, DC 20003	/ /	$
Purpose of Disbursement (Optional): Salary	Aggregate Year-to-date	$ 6,250.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Brilliant Corners	10 / 5 / 11	$ 27,600.00
Mailing Address: 1336 North Capitol St. NW, 2nd FL		
City, State, Zip Code: Washington, DC 20002	/ /	$
Purpose of Disbursement (Optional): Polling	Aggregate Year-to-date	$ 27,600.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Danitra Sherman	10 / 14 / 11	$ 1,500.00
Mailing Address: 538 Maner Terrace SE		
City, State, Zip Code: Smyrna, GA 30080	/ /	$
Purpose of Disbursement (Optional): Stipend	Aggregate Year-to-date	$ 1,500.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Teleroots Technologies, Inc.	10 / 20 / 11	$ 10,000.00
Mailing Address: 47 W. 43rd St.		
City, State, Zip Code: Kansas City, MO 64112	/ /	$
Purpose of Disbursement (Optional): Telecommunications	Aggregate Year-to-date	$ 10,000.00
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Interactive Communications & Data Services	10 / 24 / 11	$ 100,000.00
Mailing Address: 425 First St., SE Lower Level		
City, State, Zip Code: Washington, DC 20003	/ /	$
Purpose of Disbursement (Optional): Telecommunications	Aggregate Year-to-date	$ 100,000.00
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Media Strategies & Research	10 / 25 / 11	$ 200,000.00
Mailing Address: 11350 Random Hills Rd, STE 670		
City, State, Zip Code: Fairfax, VA 22030	10 / 28 / 11	$ 100,000.00
Purpose of Disbursement (Optional): Mediabuy	Aggregate Year-to-date	$ 300,000.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lisa Davis	10 / 7 / 11	$ 1,000.00
Mailing Address: 530 Lake Pointe Lane		
City, State, Zip Code: Madison, MS 39110	/ /	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 1,000.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Christie Yoste	10 / 7 / 11	$ 1,080.00
Mailing Address: 1514 19th Avenue		
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 1,080.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Begley Law Firm	10 / 11 / 11	$ 175.00
Mailing Address: PO Box 287		
City, State, Zip Code: Jackson, MS 39205	/ /	$
Purpose of Disbursement (Optional): Consulting - legal	Aggregate Year-to-date	$ 1,356.25
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Southern Strategy Group	10 / 13 / 11	$ 11,988.44
Mailing Address: PO Box 10570		
City, State, Zip Code: Tallahassee, FL 32302	/ /	$
Purpose of Disbursement (Optional): Consulting - general	Aggregate Year-to-date	$ 29,488.44
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
76 Words	10 / 13 / 11	$ 53,952.64
Mailing Address: 1720 Eye St., NW #550		
City, State, Zip Code: Washington, DC 20006	/ /	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 53,952.64
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Wampold Strategies	10 / 14 / 11	$ 217,527.71
Mailing Address: 429 5th St., NE		
City, State, Zip Code: Washington, DC 20002	10 / 27 / 11	$ 91,989.18
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 309,516.89

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Planned Parenthood Advocacy Project Los Angeles Co. Action Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 W. 30th St.	10 / 26 / 11	$ 669.39
City, State, Zip Code Los Angeles, CA 90007	/ /	$
Purpose of Disbursement (Optional) Reimbursement for supplies	Aggregate Year-to-date	$ 669.39
B. Full name First Bank Merchant Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1307 Walt Whitman Rd	10/11, 10/12 10/31, 10/31/11	$ 9.26, $1.16
City, State, Zip Code Melville, NY 11747		$ 156.57, $77.91
Purpose of Disbursement (Optional) Banking services	Aggregate Year-to-date	$ 244.90
C. Full name Staples	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 500 Staples Dr.	10 / 15 / 11 ~~10 / 15 / 11~~	$ 465.92 471.58
City, State, Zip Code Framingham, MA 01702	10 / 31 / 11 ~~10 / 31 / 11~~	$ 2,698.48 324.42
Purpose of Disbursement (Optional) Office supplies	Aggregate Year-to-date	$ 3,960.40
D. Full name Best Buy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4600 Hardy St.	10 / 15 / 11	$ 325.95
City, State, Zip Code Hattiesburg, MS	/ /	$
Purpose of Disbursement (Optional) Telecommunications supplies	Aggregate Year-to-date	$ 325.95
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	$

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Action Fund	10 / 24 / 11	$ 20,000.00
Mailing Address: 434 W. 33rd St.	10 / 17 / 11	$ 100,000.00
City, State, Zip Code: New York, NY 10001	10 / 31 / 11	$ 39,107.49 IN KIN
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 209,107.49

B. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Federation of America	10 / 12 / 11	$ 500,000.00
Mailing Address: 434 W. 33rd St.	10 / 31 / 11	$ 2,500.00 IN KIND
City, State, Zip Code: New York, NY 10001	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 524,258.60

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Southeast - IN KIND	10 / 31 / 11	$ 17,707.73 IN KIND
Mailing Address: 75 Piedmont Ave. NE #800	/ /	$
City, State, Zip Code: Atlanta, GA 30303	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 33,943.51

D. Source: [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Susan Harrington	10 / 29 / 11	$ 250.00
Mailing Address: 12100 Hilltop Dr.	/ /	$
City, State, Zip Code: Los Altos, CA 94024	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Wisconsin	10 / 31 / 11	$ 3084.32 IN KIND
Mailing Address: 302 N. Jackson St.	10 / 14 / 11	$ 25,000.00
City, State, Zip Code: Milwaukee, WI 53202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 28,084.32

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Central North Carolina	10 / 25 / 11	$ 235.95 IN KIND
Mailing Address: 4551 Yadkin Rd.	10 / 25 / 11	$ 5,000.00
City, State, Zip Code: Fayetteville, NC 28303	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,235.95

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Central Ohio - IN KIND	10 / 31 / 11	$ 944.08 IN KIND
Mailing Address: 206 E. State St.	/ /	$
City, State, Zip Code: Columbus, OH 43215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 944.08

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Hudson Peconic - IN KIND	10 / 31 / 11	$ 786.00 IN KIND
Mailing Address: 4 Skyline Dr.	10 / 18 / 11	$ 58.96 IN KIND
City, State, Zip Code: Hawthorne, NY 10532	10 / 28 / 11	$ 4,000.00
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 4,844.96

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Advocates of Mar Monte	10 / 7 / 11	$ 50,000.00
Mailing Address: 1691 The Alameda	/ /	$
City, State, Zip Code: San Jose, CA 95126	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 50,000.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Illinois	10 / 7 / 11	$ 10,000.00
Mailing Address: 18 S. Michigan Ave., 6th Floor	/ /	$
City, State, Zip Code: Chicago, IL 60603	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 10,000.00

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Middle and East Tennessee	10 / 7 / 11	$ 5,000.00
Mailing Address: 50 Vantage Way, Suite 102	/ /	$
City, State, Zip Code: Nashville, TN 37228	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,000.00

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood League of Massachusetts	10 / 7 / 11	$ 10,000.00
Mailing Address: 1055 Commonwealth Ave.	/ /	$
City, State, Zip Code: Boston, MA 02215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 10,000.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Minnesota, N. Dakota, S. Dakota Action Fund IN-KIND	10 / 31 / 11	$ 1,674.27 IN KIND
Mailing Address: 1200 Lagoon Ave.	/ /	$
City, State, Zip Code: Minneapolis, MN 55408	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,674.27

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Advocates of Michigan - IN KIND	10 / 25 / 11	$ 206.00 IN KIND
Mailing Address: 2370 W. Stadium Blvd.	/ /	$
City, State, Zip Code: Ann Arbor, MI 48103	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 206.00

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Shasta Pacific Action Fund-1	10 / 31 / 11	$ 1,246.87 IN KIN
Mailing Address: PO Box 1116	10 / 7 / 11	$ 20,000.00
City, State, Zip Code: Concord, CA 94522	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 21,246.87

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: American Civil Liberties Union Foundation - IN KIND	10 / 31 / 11	$ 18,773.89 INKIND
Mailing Address: 125 Broad Street, 18th Floor	/ /	$
City, State, Zip Code: New York, NY 10004	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 20,250.89

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of St. Louis Region & Southwest MO -	10 / 31 / 11	$ 11,598.06 IN KIND
Mailing Address: 4251 Forest Park Ave.	10 / 11 / 11	$ 15,000.00
City, State, Zip Code: St. Louis, MO 63108	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 16,897.21

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Southwest Ohio Region - IN KIND	10 / 25 / 11	$ 350.87 IN KIND
Mailing Address: 2314 Auburn Ave.	/ /	$
City, State, Zip Code: Cincinnati, OH 45219	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 350.87

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Votes Northwest - IN KIND	10 / 31 / 11	$ 7,186.06 IN KIND
Mailing Address: 2001 E. Madison St.	/ /	$
City, State, Zip Code: Seattle, WA 98122	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 7,186.06

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Action Fund of the Pacific Southwest - IN KIND	10 / 31 / 11	$ 437.83 IN KIND
Mailing Address: 1075 Camino Del Rio South,	/ /	$
City, State, Zip Code: San Diego, CA 92108	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 437.83

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Florida Alliance of Planned Parenthood Affiliates - IN KIND	10 / 25 / 11	$ 1,250.00
Mailing Address: 736 Central Ave.	/ /	$
City, State, Zip Code: Sarasota, FL 34236	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,250.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of South Florida & The Treasure Coast	10 / 25 / 11	$ 1,029.89 IN KIND
Mailing Address: 2300 N. Florida Mango Rd.	10 / 11 / 11	$ 2,000.00
City, State, Zip Code: West Palm Beach, FL 33409	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 3,029.89

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Association of Utah	10 / 7 / 11	$ 5,000.00
Mailing Address: 654 S 900 E	/ /	$ 165.04 In-kind
City, State, Zip Code: Salt Lake City, UT 84102	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,165.04

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood San Diego	10 / 7 / 11	$ 5,000.00
Mailing Address: 1075 Camino Del Rio South	/ /	$
City, State, Zip Code: San Diego, CA 92108	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,000.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ACLU of Mississippi - IN KIND	10 / 31 / 11	$ 19,520.77 IN KIND
Mailing Address: 153 N. Congress St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 10,551.77

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Advocates of Oregon - IN KIND	10 / 31 / 11	$ 1,453.51 IN KIND
Mailing Address: PO Box 12267	/ /	$
City, State, Zip Code: PDX, OR 97212	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,453.51

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties -	10 / 27 / 11	$ 634.99 IN KIND
Mailing Address: 518 Garden St.	10 / 21 / 11	$ 1,500.00
City, State, Zip Code: Santa Barbara, CA 93101	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,134.99

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Greater Memphis Region - IN KIND	10 / 31 / 11	$ 1,019.71 IN KIND
Mailing Address: 2430 Poplar Ave.	/ /	$
City, State, Zip Code: Memphis, TN 38112	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,629.38

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Nassau County, Inc.	10 / 18 / 11	$ 2,000.00
Mailing Address: 540 Fulton Ave.	/ /	$
City, State, Zip Code: Hempstead, NY 11550	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,000.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Mid Hudson Valley Action Fund, Inc.	10 / 18 / 11	$ 1,000.00
Mailing Address: 178 Church St.	/ /	$
City, State, Zip Code: Poughkeepsie, NY 12601-4165	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Collier County	10 / 28 / 11	$ 5,000.00
Mailing Address: 1425 Creech Rd.	/ /	$
City, State, Zip Code: Naples, FL 34103-4207	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,000.00

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Santa Barbara, Ventura and San Luis Obispo Counties, Inc.	10 / 21 / 11	$ 1,500.00
Mailing Address: 518 Garden St.	/ /	$
City, State, Zip Code: Santa Barbara, CA 93101	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,500.00

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Family Planning Advocates of New York State - IN KIND	10 / 31 / 11	$ 9285.00 IN KIND
Mailing Address: 17 Elk St., 3rd Floor	/ /	$
City, State, Zip Code: Albany, NY 12207-1014	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 9285.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Affiliates of California - IN KIND	10 / 31 / 11	$ 19,320.15 IN KIND
Mailing Address: 555 Capitol Mall, Suite 510	/ /	$
City, State, Zip Code: Sacremento, CA 95814	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 27,568.78

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Affiliates of Ohio - IN KIND	10 / 31 / 11	$ 389.01 IN KIND
Mailing Address: Institute for Research & Education 206 E. State St.	/ /	$
City, State, Zip Code: Columbus, OH 43215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,389.01

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of the Rochester/Syracuse Region - IN KIND	10 / 31 / 11	$ 3,894.08 IN KIND
Mailing Address: 114 University Ave.	/ /	$
City, State, Zip Code: Rochester, NY 14605	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 3,894.08

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Health Systems - IN KIND	10 / 31 / 11	$ 788.82 IN KIND
Mailing Address: 100 S. Boylan Ave.	/ /	$
City, State, Zip Code: Raleigh, NC 27603	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 788.82

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood of Kansas & Mid-Missouri - IN KIND	10 / 24 / 11	$ 800.00 IN KIND
Mailing Address: 4401 W. 109th St., Suite 200	/ /	$
City, State, Zip Code: Overland Park, KS 66211	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 800.00

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Advocacy Project Los Angeles County Action Fund-Issues - IN KIND	10 / 31 / 11	$ 4,992.98 IN KIND
Mailing Address: 400 W. 30th St.	10 / 11 / 11	$ 1,080.00 IN KIND
City, State, Zip Code: Los Angeles, CA 90007	10 / 26 / 11	$ 1,200.00 IN KIND
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 10,442.60

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Northeast Ohio - IN KIND	10 / 31 / 11	$ 1144.13 IN KIND
Mailing Address: 25350 Rockside Rd.	10 / 7 / 11	$ 3,000.00
City, State, Zip Code: Bedford Heights, OH 44146	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 4,144.13

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name: Planned Parenthood of North Texas - IN KIND	10 / 31 / 11	$ 368.59	IN KIND
Mailing Address: 7424 Greenville Ave., Ste 206	/ /	$	
City, State, Zip Code: Dallas, TX 75231	/ /	$	
Name of Employer (Required): N/A	/ /	$	
Occupation (Required): N/A	Aggregate year-to-date	$ 368.59	

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name: Planned Parenthood New York City Action Fund - IN KIND	10 / 31 / 11	$ 899.00	IN KIND
Mailing Address: 26 Bleecker St.	/ /	$	
City, State, Zip Code: New York, NY 10012	/ /	$	
Name of Employer (Required): N/A	/ /	$	
Occupation (Required): N/A	Aggregate year-to-date	$ 899.00	

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name: Planned Parenthood Pasadena & San Gabriel Valley - IN KIND	10 / 31 / 11	$ 1,430.11	IN KIND
Mailing Address: 1037 N. Lake Ave.	10 / 25 / 11	$ 345.35	IN KIND
City, State, Zip Code: Pasadena, CA 91104	10 / 7 / 11	$ 2,000.00	
Name of Employer (Required): N/A	/ /	$	
Occupation (Required): N/A	Aggregate year-to-date	$ 3,775.46	

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name: Planned Parenthood of the Rocky Mountains - IN KIND	10 / 25 / 11	$ 248.56	10/27/11
Mailing Address: 1155 E. 38th Ave.	10 / 18 / 11	$ 191.26	129.54
City, State, Zip Code: Denver, CO 80207	10 / 13 / 11	$ 129.54	All IN KIN
Name of Employer (Required): N/A	10 / 20 / 11	$ 129.54	
Occupation (Required): N/A	Aggregate year-to-date	$ 5,828.44	

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Gulf Coast	10 / 11 / 11	$ 5,000.00
Mailing Address: 4600 Gulf Freeway	/ /	$
City, State, Zip Code: Houston, TX 77023-3533	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,000.00

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Southeastern Pennsylvania	10 / 14 / 11	$ 500.00
Mailing Address: 1144 Locust St.	/ /	$
City, State, Zip Code: Philadelphia, PA 19107	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planned Parenthood Minnesota, North Dakota, South Dakota	10 / 18 / 11	$ 5,000.00
Mailing Address: 1965 Ford Parkway	/ /	$
City, State, Zip Code: St. Paul, MN 55116	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5,000.00

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mt. Baker Planned Parenthood	10 / 18 / 11	$ 2,500.00
Mailing Address: 2300 James St., Suite 207	/ /	$
City, State, Zip Code: Bellingham, WA 98225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,500.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SEIU General Fund	10 / 25 / 11	$ 40,000.00
Mailing Address: 1800 Massachusetts Ave. NW	/ /	$
City, State, Zip Code: Washington, DC 20036	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 40,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wendy Mackenzie	10 / 25 / 11	$ 500.00
Mailing Address: 829 Park Ave.	/ /	$
City, State, Zip Code: New York, NY 10021	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Public Affairs consultant	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: Thomas Fowlkes	10 / 25 / 11	$ 250.00
Mailing Address: PO Box 1955	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Thomas D. Fowlkes MD PA	/ /	$ 250.00
Occupation (Required): Physician	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: Annette P. Cumming	10 / 28 / 11	$ 500.00
Mailing Address: 165 Huckleberry Dr.	/ /	$
City, State, Zip Code: Jackson, WY 83001-9394	/ /	$
Name of Employer (Required): Forthcoming Fund	/ /	$
Occupation (Required): Executive Director	Aggregate year-to-date	$ 500.00

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Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John M. Windfeldt	10 / 29 / 11	$ 500.00
Mailing Address: 4369 N. Bonner St.	/ /	$
City, State, Zip Code: Flagstaff, AZ	/ /	$
Name of Employer (Required): John's Company	/ /	$
Occupation (Required): Sales and Service	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph Woodard	10 / 29 / 11	$ 500.00
Mailing Address: 875 Wilmette Ave	/ /	$
City, State, Zip Code: Ormond Beach FL 32174	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Marcena Love	10 / 28 / 11	$ 250.00
Mailing Address: 1175 Pelham Rd	/ /	$
City, State, Zip Code: Winnetka, IL 60093	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elena Marks	10 / 26 / 11	$ 500.00
Mailing Address: 10510 Avden	/ /	$
City, State, Zip Code: Houston TX 77005	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deborah Fara	10 / 11 / 11	$ 250.00
Mailing Address: 124 Navaho Trail	/ /	$
City, State, Zip Code: Huntsville, AL 35806	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): Homemaker	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: Lee Fikes	10 / 18 / 11	$ 25,000.00
Mailing Address: 500 N. Akard St. #1900	/ /	$
City, State, Zip Code: Dallas, TX 75201	/ /	$
Name of Employer (Required): Bonanza Oil Company	/ /	$
Occupation (Required): Executive	Aggregate year-to-date	$ 25,000.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carden Johnston	10 / 18 / 11	$ 500.00
Mailing Address: 2900 Redmont Park Cir, Suite 400 West	/ /	$
City, State, Zip Code: Birmingham, AL 35205	/ /	$
Name of Employer (Required): Retired US Govt. Social Security	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jeffrey Eskind	10 / 18 / 11	$ 250.00
Mailing Address: 416 Ellendale Ave.	/ /	$
City, State, Zip Code: Nashville, TN 37205	/ /	$
Name of Employer (Required): St. Thomas Medical Group-Nashville	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: October 1, 2011 through October 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Daphne Philipson	10 / 7 / 11	$ 250.00
Mailing Address: PO Box 242	/ /	$
City, State, Zip Code: Ardsley Hsdn, NY 10503-0242	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	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: Nancy Eales	10 / 7 / 11	$ 500.00
Mailing Address: 402 Dutton Mill Rd.	/ /	$
City, State, Zip Code: Malvern, PA 19355	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	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: Kim Oxholm	10 / 7 / 11	$ 500.00
Mailing Address: 330 Bickley Rd.	/ /	$
City, State, Zip Code: Glenside, PA 19038	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David McCarty	10 / 7 / 11	$ 200.00
Mailing Address: 1807 Saint Mary St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): David Neil McCarty Law Firm, PLLC	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 200.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Byron Krause	10 / 31 / 11	$ 250.00
Mailing Address: 1521 Heatherton Court	/ /	$
City, State, Zip Code: Naperville, IL 60563	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): CPA	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: Kathy Larsom	10 / 28 / 11	$ 250.00
Mailing Address: 10961 SE Rimrock Dr.	/ /	$
City, State, Zip Code: Happy Valley, OR	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Laura Lauder	10 / 13 / 11	$ 1,000.00
Mailing Address: 88 Mercedes Ln.	/ /	$
City, State, Zip Code: Atherton, CA	/ /	$
Name of Employer (Required): Lauder Partners, LLC	/ /	$
Occupation (Required): Venture Capitalist	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Robb	10 / 31 / 11	$ 2,500.00
Mailing Address: 375 Cascade Dr.	/ /	$
City, State, Zip Code: Fairfax, CA 94930	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate Management	Aggregate year-to-date	$ 2,500.00

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: 10/1/2011 through 10/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Naomi Aberly	10 / 16 / 11	$ 250 -
Mailing Address: 10210 Strait Lane	/ /	$
City, State, Zip Code: Dallas, TX 75229	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): volunteer	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: K. Andrew Achterkirchen	10 / 12 / 11	$ 1,000 -
Mailing Address: 13055 Via Grimaldi	/ /	$
City, State, Zip Code: Del Mar, CA 92014	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Julane Alt	10 / 29 / 11	$ 250 -
Mailing Address: 1227 W. Golf	/ /	$
City, State, Zip Code: Libertyville, IL 60048	/ /	$
Name of Employer (Required): Fannie Mae	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Prudence R. Beidler	10 / 28 / 11	$ 400 -
Mailing Address: 20 S. Stonegate	/ /	$
City, State, Zip Code: Lake Forest, IL 60045	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): Volunteer	Aggregate year-to-date	$ 400.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Aimee Boone	10 / 12 / 11	$ 500-
Mailing Address: 6522 Belmead Drive	/ /	$
City, State, Zip Code: Dallas, TX	/ /	$
Name of Employer (Required): Planned Parenthood North Texas	/ /	$
Occupation (Required): VP of Development	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cecilia Boone	10 / 17 / 11	$ 500-
Mailing Address: 3111 Welborn St.	/ /	$
City, State, Zip Code: Dallas, TX 75219	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): volunteer	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: Angel Caban	10 / 28 / 11	$ 250-
Mailing Address: 1921 Sherry Lane	/ /	$
City, State, Zip Code: Santa Ana, CA 92705	/ /	$
Name of Employer (Required): unemployed	/ /	$
Occupation (Required): engineer	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Patricia Castro	10 / 28 / 11	$ 500-
Mailing Address: 901 Madonna Way	/ /	$
City, State, Zip Code: Los Altos, CA 94024	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 500.00

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A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Albert Chestow	10 / 29 / 11	$ 1,000 -
Mailing Address: 439 W. Arlington Place	/ /	$
City, State, Zip Code: Chicago, IL 60614	/ /	$
Name of Employer (Required): —	/ /	$
Occupation (Required): student	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elizabeth Craven	10 / 13 / 11	$ 250 -
Mailing Address: 4112 Powder Mill Road	/ /	$
City, State, Zip Code: Chapel Hill, NC 27514	/ /	$
Name of Employer (Required): Warner Foundation	/ /	$
Occupation (Required): Nonprofit administration	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Douglas Davies	10 / 30 / 11	$ 500 -
Mailing Address: 6404 Wilshire Blvd	/ /	$
City, State, Zip Code: Los Angeles, CA 90048	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	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: Robert Denham	10 / 26 / 11	$ 200 -
Mailing Address: 1433 Sheridan Walk	/ /	$
City, State, Zip Code: Atlanta, GA 30324	/ /	$
Name of Employer (Required): Robins, Kaplan, Miller & Ciresi LLP	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 200.00

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Reporting period: 10/1/2011 through 10/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Dickey	10 / 29 / 11	$ 250 -
Mailing Address: 318 Brookdale Drive	/ /	$
City, State, Zip Code: Vacaville, CA 95687	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	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: John Doody	10 / 28 / 11	$ 1,000 -
Mailing Address: P.O. Box 7440	/ /	$
City, State, Zip Code: Ft. Lauderdale, FL 33338	/ /	$
Name of Employer (Required): Gold Stock Analyst	/ /	$
Occupation (Required): finance	Aggregate year-to-date	$ 1,000.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marc Emory	10 / 30 / 11	$ 500 -
Mailing Address: 5933 Saint Andrews Dr.	/ /	$
City, State, Zip Code: Dallas, TX 75205	/ /	$
Name of Employer (Required): Heritage Capital Corporation	/ /	$
Occupation (Required): Director of Overseas operations	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sarah Epstein	10 / 17 / 11	$ 200 -
Mailing Address: 5620 Oregon Ave	/ /	$
City, State, Zip Code: Washington, DC 20015-1132	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carol Freeman	10 / 28 / 11	$ 250-
Mailing Address: 3257 Lyndale Ave So.	/ /	$
City, State, Zip Code: Minneapolis, MN 55408	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: E. Marianne Gabel	10 / 12 / 11	$ 500 —
Mailing Address: 49 Forest Ave.	/ /	$
City, State, Zip Code: Delaware, OH 43015-1620	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Attorney	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: Maria Galison	10 / 28 / 11	$ 250.00
Mailing Address: 299 Riverside Drive	/ /	$
City, State, Zip Code: New York, NY 10025	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Toymaker	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Debra Farb	10 / 12 / 11	$ 250-
Mailing Address: 49 Plaza Drive	/ /	$
City, State, Zip Code: Berkeley, MS 32819	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee: Mississippians for Healthy Families

Reporting period: 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roberta Goldfarb	10 / 28 / 11	$ 250-
Mailing Address: 122 1/2 Pacific St.	/ /	$
City, State, Zip Code: Santa Monica, CA 90405	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	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: Eva Grove	10 / 19 / 11	$ 4,800-
Mailing Address: 171 Main St. #278	/ /	$
City, State, Zip Code: Los Altos, CA 94022	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 9,600.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Andy Grove	10 / 19 / 11	$ 4,800-
Mailing Address: 171 Main Street #278	/ /	$
City, State, Zip Code: Los Altos, CA 94022	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Volunteer/Advocate	Aggregate year-to-date	$ 4,800.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Karen Grove	10 / 31 / 11	$ 200-
Mailing Address: 3826 Alameda de las Plaza	/ /	$
City, State, Zip Code: Menlo Park, CA 94022	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 1,200.00

Name of Candidate or Committee Mississippians For Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ann Hawkins	10 / 24 / 11	$ 500
Mailing Address: 155 W. Chickasaw	/ /	$
City, State, Zip Code: Memphis TN 38111	/ /	$
Name of Employer (Required): none	/ /	$
Occupation (Required): none	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gordon Kanofsky	10 / 30 / 11	$ 200
Mailing Address: 4273 Aleman Drive	/ /	$
City, State, Zip Code: Tarzana CA 91356	/ /	$
Name of Employer (Required): Ameristar Casinos	/ /	$
Occupation (Required): Management	Aggregate year-to-date	$ 200

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alice Kaplan	10 / 13 / 11	$ 250
Mailing Address: 19165 Broadway, Apt 2	/ /	$
City, State, Zip Code: New York, NY 10023	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Amalie Kass	10 / 12 / 11	$ 500.00
Mailing Address: 16 Todd Pond Rd.	/ /	$
City, State, Zip Code: Lincoln, MA 01773-3802	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alan Kaye	10 / 21 / 11	$ 2,500.00
Mailing Address: 23512 Collins St.	/ /	$
City, State, Zip Code: Woodland Hills, CA 91367-3016	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jacqueline Kehle	10 / 12 / 11	$ 250.00
Mailing Address: PO Box 486	/ /	$
City, State, Zip Code: Woody Creek, CO 81656-0486	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kate Kellum	10 / 29 / 11	$ 250.00
Mailing Address: 509 College Hill Rd.	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): University of Mississippi	/ /	$
Occupation (Required): Faculty	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Katherine Kneer	10 / 17 / 11	$ 250.00
Mailing Address: PO Box 2498	10 / 30 / 11	$ 100.00
City, State, Zip Code: Orange Vale, CA 95662	/ /	$
Name of Employer (Required): Planned Parenthood Affiliates of CA	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 350.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Celeste Martin	10 / 28 / 11	$ 250.00
Mailing Address: 917 Tulare Ave	/ /	$
City, State, Zip Code: Berkeley CA 94707	/ /	$
Name of Employer (Required): Intermune	/ /	$
Occupation (Required): Pharmacist	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: Valerie McCarthy	10 / 12 / 11	$ 500.00
Mailing Address: 79 Romana Dr	/ /	$
City, State, Zip Code: Hampton Bays NY 11946	/ /	$
Name of Employer (Required): Dyna Empire	/ /	$
Occupation (Required): Director, Community Relations	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: William Miles	10 / 28 / 11	$ 250.00
Mailing Address: PO Box 8867	/ /	$
City, State, Zip Code: Columbus, GA 31908	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christopher Miller	10 / 28 / 11	$ 500.00
Mailing Address: 3214 Plaza Circle	/ /	$
City, State, Zip Code: Edinburg TX 78539	/ /	$
Name of Employer (Required): University of Texas - Pan American	/ /	$
Occupation (Required): Professor	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Mississippians For Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terry Newman	10/12/11	$ 250.00
Mailing Address: 185 Canfield Drive	/ /	$
City, State, Zip Code: Stamford CT 06902	/ /	$
Name of Employer (Required): Armstrong Shaw Associates	/ /	$
Occupation (Required): Marketing	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: Emma Nothmann	10/31/11	$ 250.00
Mailing Address: 950 Kansas St, #A	/ /	$
City, State, Zip Code: San Francisco, CA 94107	/ /	$
Name of Employer (Required): Edmodo	/ /	$
Occupation (Required): Business Development	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mary Ann Oakley	10/6/11	$ 250.00
Mailing Address: 2224 Kodiak Dr. NE	/ /	$
City, State, Zip Code: Atlanta, GA 30345	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jane Orans	10/12/11	$ 500.00
Mailing Address: 64 Park Ave	/ /	$
City, State, Zip Code: Larchmont NY 10538	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Resort Owner	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Mississippians For Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sara Paretsky	10/12/11	$ 200.00
Mailing Address: 5831 S. Blackstone Ave	/ /	$
City, State, Zip Code: Chicago, IL 60637	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Writer	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Todd Pritz	10/31/11	$ 250.00
Mailing Address: 2 Winslow Lane	/ /	$
City, State, Zip Code: Des Peres MO 63131	/ /	$
Name of Employer (Required): Midwest Acute Care Consultants	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Reichert	10/13/11	$ 250.00
Mailing Address: 5431 S. Compass Rd	/ /	$
City, State, Zip Code: Tempe AZ 85283	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): None	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cecile Richards	10/23/11	$ 250.00
Mailing Address: 434 33rd Street	/ /	$
City, State, Zip Code: New York City NY 10001	/ /	$
Name of Employer (Required): Planned Parenthood	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/2011 through 10/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kay Scott	10 / 3 / 11	$ 250.00
Mailing Address: 1350 N Crossing Dr NE	/ /	$
City, State, Zip Code: Atlanta GA 30329	/ /	$
Name of Employer (Required): Planned Parenthood Southeast	/ /	$
Occupation (Required): Administrator	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: Deborah Sharpe	10 / 12 / 11	$ 500.00
Mailing Address: 15 Historical Way	/ /	$
City, State, Zip Code: Canton, MA 02021	/ /	$
Name of Employer (Required): Steinsharpe, LLC	/ /	$
Occupation (Required): Manager	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: Robert Spencer	10 / 28 / 11	$ 250.00
Mailing Address: 134 Reynard Drive	/ /	$
City, State, Zip Code: Tupelo, MS 38801	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jennie Thompson	10 / 25 / 11	$ 250.00
Mailing Address: 1854 Kalorama Road	/ /	$
City, State, Zip Code: Washington DC 20009	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Fundraising Consultant	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Mississippians For Healthy Families

Reporting period 10/1/2011 through 10/31/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pershing Vartanian	10 / 28 / 11	$ 500.00
Mailing Address: 5521 Mary Lane Drive	/ /	$
City, State, Zip Code: San Diego, CA 92115	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Karl von Frieling	10 / 30 / 11	$ 250.00
Mailing Address: 30 West 63 St	/ /	$
City, State, Zip Code: New York, NY 10023	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Real estate agent	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elyse Waite	10 / 14 / 11	$ 250.00
Mailing Address: 1015 Wakefield Place	/ /	$
City, State, Zip Code: Brandon MS 39047	/ /	$
Name of Employer (Required): University of MS Medical Center	/ /	$
Occupation (Required): IT Contract Admin	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Linda T. Williams	10 / 12 / 11	$ 250.00
Mailing Address: 2000 Bryant St	/ /	$
City, State, Zip Code: Palo Alto, CA 94301	/ /	$
Name of Employer (Required): Planned Parenthood Mar Monte	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Mississippians for Healthy Families

Reporting period 10/1/11 through 10/31/11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lee Hazer	/ /	$ 250.00
Mailing Address: 4633 Iroquois Ave.	/ /	$
City, State, Zip Code: San Diego, CA	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Business	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	/ /	$
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	$