Delbert Hosemann SECRETARY OF STATE

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	Political Committee	C
	REPORT OF RECEIPTS AND DISBURSEMENT	
	Initiative Monthly Report	D) E G E I V EIN
	me of Committee Mississippians for Healthy Families	OCT-1 0 2011
Add	Idress PO Box 55 leuz, Jackson, MS 39294	- ELECTIONS DIVISION
Tel	lephone 6001-360-1349 Fax 601-360-1491	SECHETARY OF STATE
	Man 1: land will be made Karl Scott	_
	Check here if above is different from previous report - Only change is last of	igit of phone #
	TYPE OF REPORT	•
<u> </u>	September, 2011 Monthly Report (due 10th of following Month)	Mandatory
	· (month)	
mal	Termination Report (Committee or Individual will no longer accept contributions or ake expenditures and has no outstanding campaign debt obligation)	equired to terminate reporting bilgations
	Termination Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of Individual Will no longer accept contribute of the Report (Contrittee of Individual Will no longer accept contribute of Individual Will no longer accept contribute of the Report (Contribute of Individual Will no longer accept contribute o	bligations
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(1)	A political committee that either receives contributions or makes expenditures in excess or shall file financial reports with the Secretary of State. An individual person who on his or her own behalf expends in excess of Two Hundred Doll influencing the passage or defeat of a measure shall file financial reports with the Secretary	bligations f Two Hundred Dollars (\$200.00) ars (\$200.00) for the purpose of y of State.
(1)	Termination Report (Committee of Individual will no longer accept contribute and has no outstanding campaign debt obligation) IMPORTANT A political committee that either receives contributions or makes expenditures in excess or shall file financial reports with the Secretary of State. An individual person who on his or her own behalf expends in excess of Two Hundred Doll influencing the passage or defeat of a measure shall file financial reports with the Secretar The financial reports required in this section shall be filed monthly, not later than the tenth month being reported, after a political committee or individual exceeds the contribution or reports must continue to be filed until all contributions and expenditures cease. In all case thirty (30) days following the election on a measure.	f Two Hundred Dollars (\$200.00) ars (\$200.00) for the purpose of y of State. day of the month following the expenditure limits. Financial s a financial report shall be filed
(1) (2)	A political committee that either receives contributions or makes expenditures in excess or shall file financial reports with the Secretary of State. An individual person who on his or her own behalf expends in excess of Two Hundred Doll influencing the passage or defeat of a measure shall file financial reports with the Secretary The financial reports required in this section shall be filed monthly, not later than the tenth month being reported, after a political committee or individual exceeds the contribution or reports must continue to be filed until all contributions and expenditures cease. In all case thirty (30) days following the election on a measure.	f Two Hundred Dollars (\$200.00) ars (\$200.00) for the purpose of y of State. day of the month following the expenditure limits. Financial s a financial report shall be filed
(1) (2) (3)	A political committee that either receives contributions or makes expenditures in excess or shall file financial reports with the Secretary of State. An individual person who on his or her own behalf expends in excess of Two Hundred Doll influencing the passage or defeat of a measure shall file financial reports with the Secretar The financial reports required in this section shall be filed monthly, not later than the tenth month being reported, after a political committee or individual exceeds the contribution or reports must continue to be filed until all contributions and expenditures cease. In all case thirty (30) days following the election on a measure. The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the falls on a weekend or a holiday, the office must be in actual receipt of the required reports day before the deadline. Faxed reports are acceptable.	f Two Hundred Dollars (\$200.00) ars (\$200.00) for the purpose of y of State. day of the month following the expenditure limits. Financial is a financial report shall be filed by 5:00 p.m. on the last working
(1) (2) (3)	A political committee that either receives contributions or makes expenditures in excess or shall file financial reports with the Secretary of State. An individual person who on his or her own behalf expends in excess of Two Hundred Doll influencing the passage or defeat of a measure shall file financial reports with the Secretar The financial reports required in this section shall be filed monthly, not later than the tenth month being reported, after a political committee or individual exceeds the contribution or reports must continue to be filed until all contributions and expenditures cease. In all case thirty (30) days following the election on a measure. The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the falls on a weekend or a holiday, the office must be in actual receipt of the required reports	f Two Hundred Dollars (\$200.00) ars (\$200.00) for the purpose of y of State. day of the month following the expenditure limits. Financial is a financial report shall be filed by 5:00 p.m. on the last working

	temized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	5277945 ^{+\$} 885.00	\$ 154,664.45	\$ 154,664.45
Total amount of disbursements \$	•	\$ 18,745.72	\$ 18,745.72
Total amount of cash on hand		\$ 83,089.28	
I certify that I have examined this solution of Director or T	What	knowledge and belief it is t \rightarrow \lambda \lam	rue, accurate, and complete.

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).

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Name of Candidate or Committee	Mississippians for Healthy Families	
Reporting period 9/1/2011	through	

A. Source: X Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	09 / 29 / 11	
Planned Parenthood of Southern New Jersey	109 / 129 / 111	\$ 3000.00
Mailing Address		\$
317 Broadway	<u></u>	<u> </u>
City, State, Zip Code		\$
Camden, New Jersey, 08103		· ·
Name of Employer (Required)		\$
N/A		
Occupation (Required)	Aggregate year–to-date	\$ 3000.00
N/A B. Source: Corporation PAC Individual Loan	year-to date	Amount of each
B. Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	9 / 29 / 11	\$ 500.00
Planned Parenthood of Northeast and Mid-Penn		1300.00
Mailing Address		\$
P. O. Box 813	<u> </u>	
City, State, Zip Gode		\$
Trexlertown, PA 18087		· 1
Name of Employer (Required)		\$
N/A	A	,
Occupation (Required)	Aggregate year–to-date	\$ 500.00
N/A C. Source 57 Corporation PAC Individual Loan		Amount of each
18	Date (Mo., Day, Year)	receipt
Other (blease specify)	(,, ,	this period
Other (please specify)		
Full name	9 / 29 / 11	\$ [1000.00
Full name Planned Parenthood of North Florida, Inc.		\$ [1000.00
Full name		
Full name Planned Parenthood of North Florida, Inc. Mailing Address		\$ [1000.00
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd.		\$ [1000.00
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd. City, State, Zip Code		\$ [1000.00
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd. City, State, Zip Code Jacksonville, FL 32207 Name of Employer (Required) N/A	9 / 29 / 11	\$ [1000.00 \$ [\$ [
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd. City, State, Zip Code Jacksonville, FL 32207 Name of Employer (Required) N/A Occupation (Required)	9 / 29 / 11	\$ [1000.00 \$ [
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd. City, State, Zip Code Jacksonville, FL 32207 Name of Employer (Required) N/A Occupation (Required)	9 / 29 / 11 / / / / / Aggregate year-to-date	\$ [1000.00 \$ [\$ [
Full name Planned Parenthood of North Florida, Inc. Mailing Address 3850 Beach Blvd. City, State, Zip Code Jacksonville, FL 32207 Name of Employer (Required) N/A Occupation (Required)	9 / 29 / 11 / / / / / / Aggregate year-to-date Date	\$ [1000.00 \$ [\$ [\$ [\$ [1000.00] Amount of each receipt
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Name of Candidate or Committee	Mississippians for Healthy	Families
Reporting period 9/1/2011	through	9/30/2011

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	09 / 29 / 11	\$ 2000.00
PPAO Institute for Research & Education Mailing Address		\$
206 East State Street	F F	
City, State, Zip Code	<u> </u>	\$
Columbus, OH 43215		6
Name of Employer (Required) N/A	<u> </u>	\$
Occupation (Regulred)	Aggregate	\$ 2000.00
N/A	yearto-date	and the second s
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tour)	this period
Fùll name	9 / 29 / 11	\$ 5000.00
Planned Parenthood of the Rocky Mountains		1500000
Mailing Address		\$
7155 E. 38th Ave.		
City, State, Zip Code		\$
Denver, CO 80207-1630		
Name of Employer (Regulred)		\$
N/A	Aggregate	
Occupation (Required)	year-to-date	\$ 5000.00
N/A PAGE Individual 1 Joan 1		A of cook
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)		receipt
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc.	(Mo., Day, Year)	receipt this period \$ 2000.00
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave.	(Mo., Day, Year)	receipt this period \$ 2000.00
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 2000.00
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, FL 34236	(Mo., Day, Year) 9 / 29 / 11	receipt this period \$ 2000.00 \$ [
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, FL 34236 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 2000.00
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, FL 34236 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 9 / 29 / 11	receipt this period \$ 2000.00 \$ [
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, FL 34236 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 9 / 29 / 11 1 / 1 Aggregate year-to-date	receipt this period \$ 2000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of Southwest and Central Florida,inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, FL 34236 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 9 / 29 / 11	receipt this period \$ 2000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Planned Parenthood of Southwest and Central Florida, inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, Fl. 34236 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood of Orange & San Bernardino Counties Community Action Fund	(Mo., Day, Year) 9 / 29 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 2000.00 \$ 2000.00 \$ 2000.00 Amount of each receipt this period \$ 25,000.00
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Full name Planned Parenthood of Southwest and Central Florida,Inc. Mailing Address 736 Central Ave. City, State, Zip Code Sarasota, Fl. 34236 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood of Orange & San Bernardino Counties Community Action Fund Mailing Address 700 S. Tustin St. City, State, Zip Code Orange, CA 92866 Name of Employer (Required)	(Mo., Day, Year) 9 / 29 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 2000.00 \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Name of Candidate	or Committee	Mississippia	ns for Healthy	· Families	
Reporting period 9/			_ _ through	9/30/2011	
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Other (please specify) Other (please specify) Date (Mo., Day, Year) This period	DAO E Instituted England		
Full name	•		recelpt
Florida Association of Planned Parenthood Affiliates, Inc.		[00 1 20 1 L1	
Mailing Address 736 Central Avenue 736 Central		109 / 129 / 111	3 [5,000.00
36 Central Avenue 37 37 37 37 37 37 37 3			¢
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Sarasota, FL 34236 Name of Employer (Required) N/A Cocupation (Required) N/A Description PAC Individual Loan Date (Mo., Day, Year) Planned Parenthood of Indiana Malling Address N/A Cocupation (Required) N/A Cocupation PAC Individual Loan Date (Mo., Day, Year) Planned Parenthood of Indiana Malling Address P. O. 80x 397 City, State, Zip Code Indianapolis, Indiana 46206-0397 Name of Employer (Required) N/A Cocupation (Required) N/A Cocupation (Required) N/A Cocupation PAC Individual Loan Date (Mo., Day, Year) Full name Full name Full name Indianapolis, Indiana Address Indiana Indiana Address Indiana Address Indiana Address Indiana Indiana Address Indiana Indiana Indiana Indiana Indiana Address Indiana Indiana Indiana Indiana Indiana Indiana Indiana Address Indiana Indian			ė .
Name of Employer (Required) N/A Aggregate year-to-date Amount of each recelpt this period Full name Planned Parenthood of Indiana Malling Address Other (please specify) N/A Cocupation (Required) N/A Cother (please specify) N/A Cocupation (Required) N/A Cother (please specify) Aggregate (Mo., Day, Year) Amount of each recelpt this period Aggregate (Mo., Day, Year) Amount of each recelpt this period Amount of each recelpt recelpt this period Aggregate year-to-date Amount of each recelpt recelpt this period Aggregate year-to-date Amount of each recelpt recelpt this period Aggregate year-to-date Amount of each recelpt this period		! / !	3
N/A Decupation [Required] N/A B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name Planned Parenthood of Indiana Mailing Address P. O. Box 397 Name of Employer (Required) N/A C. Source Corporation PAC Individual Loan Amount of each receipt this period Full name Date (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Aggregate year-to-date Amount of each receipt (Mo., Day, Year) Amount of each receipt this period Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address Mailing Addre		— , — , F	¢
Aggregate year-to-date		'	Ψ
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Other (please specify)	3. Source: ズ Corporation ☐ PAC ☐ Individual ☐ Loan ☐		
Full name Planned Parenthood of Indiana Mailing Address P. O. Box 397 City, State, Zip Code Indianapolis, Indiana 46206-0397 Name of Employer (Required) N/A Occupation (Required) Other (please specify) Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address I	Other (please specify)	(Mo., Day, Year)	this period
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P.O. Box 397 City, State, Zip Code Indianapolis, Indiana 46206-0397 Name of Employer (Required) N/A Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) The Planned Parenthood Trust of San Antonio and South Central Texas I04 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) Other (please specify) Individual Loan Date (Mo., Day, Year) Amount of each receipt this period Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period		г.с.	4
City, State, Zip Code Indianapolis, Indiana 46206-0397 Name of Employer (Required) N/A Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address I04 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A Occupation (Required) N/A Occupation PAC Individual Loan San Antonio and South Central Texas Aggregate (Mo., Day, Year) \$ [2000.00] Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Cocupation (Required) N/A Occupation (Required) N/A Occupation (Required) Other (please specify)		 	₽
Indianapolis, Indiana 46206-0397 Name of Employer (Required) N/A Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year)			
Name of Employer (Required) N/A Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 N/A Occupation (Required) N/A Ocher (please specify) I / / \$ Amount of each receipt this period Aggregate year-to-date Other (please specify)			\$
N/A Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 N/A Occupation (Required) N/A Occupation (Required) N/A Occupation (Required) N/A Occupation (Required) N/A Ocher (please specify) Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period Aggregate (Mo., Day, Year)			
Occupation (Required) N/A C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A Occupation (Required) N/A Occupation (Required) N/A Other (please specify) Other (please specify) Aggregate year-to-date Amount of each receipt this period Amount of each receipt this period			\$
Section Sect		Aggregate	& C
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address Individual Parenthood Trust of San Antonio and South Central Texas Mailing Address Individual Parenthood Trust of San Antonio and South Central Texas Mailing Address Individual Parenthood Trust of San Antonio and South Central Texas Mailing Address Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and South Central Texas Individual Parenthood Trust of San Antonio and San Antoni			₹ 2000.00
Full name The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Date (Mo., Day, Year) Till \$ 2000.00 Aggregate year-to-date Amount of each receipt this period	C. Source Corporation PAC Individual Loan		receipt
The Planned Parenthood Trust of San Antonio and South Central Texas Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify) Type San Antonio and South Central Texas Type San Antonio and	Other (please specify)		
Mailing Address 104 Babcock Rd. City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify) S San Antonio, TX 78201 Aggregate year—to-date Date (Mo., Day, Year) Amount of each receipt this period	ull name	9 / 29 / 11	\$ 2000.00
104 Babcock Rd.			
City, State, Zip Code San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify) S Aggregate year—to-date Date (Mo., Day, Year) Amount of each receipt this period		<u> </u>	 \$
San Antonio, TX 78201 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify)			
Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify) Specifically a specifically and the period s			\$
N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date Source: Date (Mo., Day, Year) Other (please specify)			A [
Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date Source: Source: Corporation PAC Individual Loan Other (please specify)		<u> </u>	\$
Other (please specify) year-to-date year-to-date year-to-date Date (Mo., Day, Year) Other (please specify)		Aggregate	\$ 2000.00
D. Source: Corporation PAC Individual Loan Date receipt Other (please specify) (Mo., Day, Year)		year-to-date	Ψ 2006.00
Otter (please specify):	D. Source: Corporation PAC NINdividual Loan		
Full manual 100 1 111 1 10 1 1 1 1 1 1 1 1 1 1 1 1			
	Full name	9 / 29 / 11	\$ 200.00
Ms. Elaine B. Alexander			
Mailing Address // / / \$		<u> </u>	3
750 Park Avenue, 31 SE			6
CHV. State, ZID GODE	City, State, Zip Code	\'\'	\$ [
			\$
Atlanta, GA 30326	**************************************	<u> </u>	Ψ Ι
Atlanta, GA 30326 Name of Employer (Required)		Aggregate	\$ 200.00
Atlanta, GA 30326	# * * * * * * * * * * * * * * * * * * *	year-to-date	1

Name of Candidate or Committee	Mississippians for Healthy	Families
Reporting period 9/1/2011	through	9/30/2011

A. Source: Corporation PAC Individual Loan		A
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
I Valerie Mc (arthy Malling Address	9 / 29 / 11	\$ 1000.00
79 Romana Dr.	<u> </u>	\$
City, State, Zip Code		
Hampton Bays, NY 11946		\$
Name of Employer (Required)		<u> </u>
P		\$
1 Dyna Empire, Inc.	Aggregate	
Director of Community Relations	year-to-date	\$ 1000,00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Alan Kaye	9 / 29 / 11	\$ 250.00
Mailing Address	r— . r— . r—.	A .
23512 Collins St.	<u> </u>	\$
City, State, Zip Code		
Woodland Hills CA 91367-3016	<u> </u>	\$
Name of Employer (Required)		\$ [
N/A	<u>'' </u>	Ψ
Occupation (Required)	Aggregate	\$ 250.00
Retired PAG NZ dediction F	year–to-date	**************************************
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Ø 157 (III	*
Karen Grove	1 1 26 / 11	\$ 1000.00
Mailing Address		\$
3826 Alameda De Las Pulgas	1 · · · · · · · · · · · · · · · · · · ·	Ψ
City, State, Zip Code		\$
Menlo Park CA 94025-6210		T
Name of Employer (Required) N/A		\$
Occupation (Required)	Aggregate	\$ 1000.00
Retired	year–to-date	
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name [Planned Paventhood Affiliates of California-IN KIND]	1/20/11	\$ 18248.63
Malling Address 555 (Apitol Mall, Svite 510		\$
City, State, Zip Code Sacremento, CA 95814		\$
Name of Employer (Required)	一, 一, 一	<u> </u>
I N/A	//	\$
Occupation (Required)	Aggregate	\$ 18248.43
INA	year–to-date	

Page	5	of	6

Name of Candidate or Committee	Missisipplans for Healthy Families
Reporting period 9/1/2011	through 9/30/2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 30 / 11	\$ 609.67
Planned Parenthood Greater Memphis Region - IN KIND		Ψ 1009.07
Malling Address		\$
2430 Popiar		* !
City, State, Zip Code		\$
Memphis, TN 38112		•
Name of Employer (Required)		\$
N/A Occupation (Required)	Aggregate	
N/A	year-to-date	\$ 609.67
B. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt
Other (please specify)	(,,	this period
Full name	9 / 30 / 11	\$ 3169.62
Planned Parenthood Advocacy Project Los Angeles County Action Fund - Issues - N KIND		
Mailing Address		\$
400 W 30th St.		
City, State, Zip Code		\$
Los Angeles, CA 90007		
Name of Employer (Required) N/A		\$
Occupation (Required)	Aggregate	\$ 3169.62
N/A	year–to-date	♥ 3109.0Z
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)		receipt
C. Source Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	receipt this period \$ 21,758.60
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America	(Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address	(Mo., Day, Year)	receipt this period \$ 21,758.60
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St.	(Mo., Day, Year) 9 / 30 / 11	receipt this period \$ 21,758.60
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 21,758.60
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001	(Mo., Day, Year) 9 / 30 / 11 1 / 1 / 1 Aggregate	receipt this period \$ 21,758.60 \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America: - IN KIND Malling Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A	(Mo., Day, Year) 9 / 30 / 11 1 / / / / / / / / / / / / / / / /	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ 21,758.60
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 9 / 30 / 11 1 / 1 / 1 Aggregate	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 9 / 30 / 11 1 / 1 Aggregate year-to-date Date	receipt this period \$ 21,758.60 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name	(Mo., Day, Year) 9 / 30 / 11 1 / 1 Aggregate year-to-date Date	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America N N N N N N N N N N N N N N N N N N N	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood Federation of America Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Action Fund Mailing Address	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America. IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Action Fund Mailing Address 434 West 33rd St.	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood Federation of America Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Action Fund Mailing Address	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America. IN KIND Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required) N/A Occupation (Regulred) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Action Fund Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001 Name of Employer (Required)	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Federation of America. N N N N N N N N N N N N 10001 Name of Employer (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name Planned Parenthood Action Fund Mailing Address 434 West 33rd St. City, State, Zip Code New York, NY 10001	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 21,758.60 \$ \$

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Name of Candidate or Committee	Mississippians for Healthy Families
Reporting period 9/1/2011	through 9/30/2011

A. Source: V 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	9 / 30 / 11	\$ 1,477
Mailing Address		
125 Broad Street, 18th Floor		\$
City, State, Zip Code		\$
New York, NY 10004		7 1
Name of Employer (Required)		\$
Occupation (Required) N/A	Aggregate year–to-date	\$ 1,477
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	9 / 30 / 11	\$ [16,235.78
Planned Parenthood Southeast, Inc N KIND Mailing Address		110/00 33770
75 Piedmont Ave, #800	1 1 1	\$
City, State, Zip Code		A
Atlanta, GA 30303	 	\$
Name of Employer (Required) N/A		\$
Occupation (Required)	Aggregate	\$ 16,235.78
N/A	year–to-date	14,010,110
Compaction DAC Individual Loop I		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N K IND		receipt this period \$ 299.15
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N K IND Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N K IND	(Mo., Day, Year)	receipt this period \$ 299.15
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO ~ N K ND Mailing Address 4251 Forest Park Ave.	(Mo., Day, Year)	receipt this period \$ 299.15
Other (please specify) Full name Planned Parenthood of the St, Louis Region and Southwest MO - N KIND Mailing Address 4251 Forest Park Ave. City, State, Zip Gode	(Mo., Day, Year)	receipt this period \$ 299.15
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO ~ N K ND Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 9 / 30 / 11 1 / / / 1 / / / Aggregate	receipt this period \$ 299.15 \$ [
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO ~ N K ND Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO ~ N K ND Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 9 / 30 / 11 1 / / / 1 / / / Aggregate	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO ~ N K N D Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N KIND Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name ACLU of MS - N KIND	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N KIND Malling Address 4251 Forest Park Ave. City, State, Zip Gode St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name ACLU of MS - N KIND Malling Address	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N KIND Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name ACLU of MS - N KIND	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St. Louis Region and Southwest MO - N N N Mailing Address 4251 Forest Park Ave. City, State, Zip Code St. Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name ACLU of MS - N N N Mailing Address 753 North Congress City, State, Zip Code Jackson, MS, 39202 Name of Employer (Required)	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Planned Parenthood of the St, Louis Region and Southwest MO ~ N K N D Mailing Address 4251 Forest Park Ave. City, State, Zip Code St, Louis, MO 63108 Name of Employer (Required) N/A Occupation (Required) N/A D. Source: Corporation PAC Individual Loan Other (please specify) Full name ACLU of MS ~ N K N D Mailing Address 753 North Congress City, State, Zip Code Jackson, MS, 39202	(Mo., Day, Year) 9 / 30 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 299.15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

through September 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name Begley Law Firm, PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 123 N. State Street	09 / 26 / 11	\$ 1,181.25
City, State, Zip Code Jackson, MS	'	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,181.25
B. Full name Southern Strategy Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	09 / 27 / 11	\$ 17,500.00
City, State, Zip Code Jackson, MS		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 17,500.00
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	11	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$