



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Candidate Nick BAIN
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 Telephone 662-287-1620 Fax 662-287-1688
 Office Sought House Rep. Dist 2 Political Party Democrat
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Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) _____ Mandatory
- June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) _____ Mandatory
- July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) _____ Mandatory
- July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) _____ Primary Candidates
- August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) _____ Runoff Candidates Only
- October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011) _____ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
- November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
- January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011) _____ Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date	
Total amount of contributions	\$ 43,492.40	+	\$ 980.00	=	\$ 44,472.90	\$ 61,605.22	
Total amount of disbursements	\$ 11,983.00	+	\$ 900.00	=	\$ 12,883.00	\$ 26,912.60	
Total amount of cash on hand						\$ 401.37	

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

[Signature]
 Signature of Candidate

1-10-12
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO : 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>Tommy Bain</u>		<u>10 / 0 / 11</u>	\$ <u>380.00 (In-kind)</u>
Mailing Address <u>P.O. Box 13</u>		<u>10 / 16 / 11</u>	\$ <u>300.00 (In-kind)</u>
City, State, Zip Code <u>Grenada, MS 38890</u>		<u>11 / 7 / 11</u>	\$ <u>1500.00</u>
Name of Employer (Required) <u>Retired</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <u>Nurse</u>		Aggregate year-to-date	\$ <u>3490.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>En PAC</u>		<u>12 / 5 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 1690</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Jackson, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>AT&T Pac</u>		<u>12 / 13 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>175 E Capital St Suite 702</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Jackson, MS 39201</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>MSPAC</u>		<u>12 / 13 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>2992 W. Beach Blvd</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Gulfport, MS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required)		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee Nick Babin

Reporting period 10-11 through 12-31

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Charles Babin</u>		<u>10 / 17 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>389 Hwy 350</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Corinth MS 38834</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self - owner of Dealership</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Wholesale</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Hank Bennett</u>		<u>10 / 24 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>5 CR 231</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Corinth, MS 38834</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Kumon Club</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Coastal</u>		Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>James Newcomb</u>		<u>10 / 25 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>3000 CR 402</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Corinth, MS 38830</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Newcomb Trucking</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Trucking</u>		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Sierra Club of MS</u>		<u>11 / 1 / 11</u>	\$ <u>500.00</u>
Mailing Address <u>921 N. Congress St</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name MAE	11/1/11	\$ 500.00
Mailing Address 775 N. State St		\$
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name Justice for All Mississippi PAC	10/31/11	\$ 17,078
Mailing Address P.O. Box 1992	12/31/11	\$ 800.00
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 17,878.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name V-PAC	10/28/11	\$ 13,185.00
Mailing Address P.O. Box 5502	12/31/11	\$ 1900.00
City, State, Zip Code Jackson, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 15,485.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="checkbox"/>		
Full name Nick Bain	10/12/11	\$ 2000.00
Mailing Address 1514 Fillmore St	11/7/11	\$ 1000.00
City, State, Zip Code Covington, MS 38835		\$
Name of Employer (Required) Self-		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 8302.00

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>James White</u>		<u>10 / 8 / 11</u>	\$ <u>500.00 (In-kind LED)</u>
Mailing Address <u>18 CR 142</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Cornith, MS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <u>1100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>Tommy Wilson</u>		<u>10 / 18 / 11</u>	\$ <u>300.00 (In-kind)</u>
Mailing Address <u>9 CR 185</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Glen, MS 38896</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <u>Law Office of Nicholas R. Bain, PLLC</u>		<u>12 / 15 / 11</u>	\$ <u>193.00 - In-kind</u>
Mailing Address <u>516 N. Fillam St.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <u>Cornith, MS</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <u>837.95</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>			
Full name <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Mailing Address <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
City, State, Zip Code <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Name of Employer (Required) <input type="text"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ <input type="text"/>
Occupation (Required) <input type="text"/>		Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Daily Corinthian	10/25/11	\$ 1,000.00
Mailing Address P.O. Box 1800		
City, State, Zip Code Corinth, MS 38834	11/2/11	\$ 778.11
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/2/11	\$ 1,000.00
City, State, Zip Code	11/7/11	\$ 1,973.99
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/11/11	\$ 429.72
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 5516.77
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mack / Crumsey	10/11/11	\$ 2,500.00
Mailing Address 2661 N. Beaumont St. Suite 420		
City, State, Zip Code Alexandria, VA 22311	___/___/___	\$
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	\$ 7,000.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WADI	11/1/11	\$ 672.00
Mailing Address 121 Front St		
City, State, Zip Code Iuka, MS 38852	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 672.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WXR 2	11/1/11	\$ 576.00
Mailing Address 1608 Johns St		
City, State, Zip Code Corinth, MS 38834	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 466.00

Name of Candidate or Committee _____
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>Cotton tops</u>	Date (Mo., Day, Year) <u>11/1/11</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>P.O. Box 1800</u>		
City, State, Zip Code <u>Cornith, MS 38934</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>902.00</u>
B. Full name <u>United Print Services</u>	Date (Mo., Day, Year) <u>11/2/11</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>130 Fillmore St</u>		
City, State, Zip Code <u>Cornith, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200.00</u>
C. Full name <u>MIA Nickels</u>	Date (Mo., Day, Year) <u>11/2/11</u>	Amount of each disbursement this period \$ <u>155.00</u>
Mailing Address <u>502 Polk St</u>		
City, State, Zip Code <u>Cornith, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>657.00</u>
D. Full name <u>Heritage Advertising</u>	Date (Mo., Day, Year) <u>10/27/11</u>	Amount of each disbursement this period \$ <u>172.50</u>
Mailing Address <u>4100 Bob Walker Ave SW</u>		
City, State, Zip Code <u>Huntsville, AL 35805</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>992.50</u>
E. Full name <u>Heritage Hudson Promotions</u>	Date (Mo., Day, Year) <u>11/2/11</u>	Amount of each disbursement this period \$ <u>925.74</u>
Mailing Address <u>45 Trade St suite 103</u>		
City, State, Zip Code <u>Aurora IL 60504</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>925.74</u>
F. Full name <u>Sierra Club</u>	Date (Mo., Day, Year) <u>11/3/11</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>921 N. Congress St</u>		
City, State, Zip Code <u>Jackson MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Returned Check</u>	Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<i>Nick Bein</i>		
Mailing Address <i>1514 Fillman St</i>	<i>12/5/11</i>	\$ <i>500.00</i>
City, State, Zip Code <i>Covington MS 38834</i>	<i>12/16/11</i>	\$ <i>300.00</i>
Purpose of Disbursement (Optional) <i>Repay Loan</i>	Aggregate Year-to-date	\$ <i>800.00</i>
B. Full name <i>Law Office of Nicholas R Bein PLLC</i>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <i>316 Fillman Street</i>	<i>12/16/11</i>	\$ <i>300.00</i>
City, State, Zip Code <i>Covington, MS 38834</i>	___/___/___	\$
Purpose of Disbursement (Optional) <i>Repay Loan</i>	Aggregate Year-to-date	\$ <i>300.00</i>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$