

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election



Name of Committee Nickey Browning
Address 162 W. Oxford St. Pontotoc, Ms. 38863 County Pontotoc
Telephone 662-489-5979 Fax _____
Treasurer _____ Email Address _____

- Check here if above is different from previous report
- ____ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)..... Mandatory
 - ____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)..... Mandatory
 - ____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011)..... Mandatory
 - ____ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011)..... Primary Candidates
 - ____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)..... Runoff Candidates Only
 - ____ October 10, 2011 Periodic Report (July 24, 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 30, 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) Required to terminate reporting obligations

IMPORTANT

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 250.00 + \$ 1550.00	\$ 1800.00	\$ 46,266.00
Total amount of disbursements	\$ 743.42 + \$ 1031.03	\$ 1774.45	\$ 45,148.30
Total amount of cash on hand		\$ 20,707.24	

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

Nickey Browning
Signature of Candidate

1-10-12
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Nickey Browning
 Reporting period October 30 2011 through December 31 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>Wal-Mart</u>	Date (Mo., Day, Year) <u>11/2/11</u>	Amount of each disbursement this period \$ <u>95.87</u>
Mailing Address <u>Hwy 15 North</u>	<u>11/25/11</u>	\$ <u>59.00</u>
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>591.42</u>
B. Full name <u>C Spire</u>	Date (Mo., Day, Year) <u>11/9/11</u>	Amount of each disbursement this period \$ <u>144.11</u>
Mailing Address <u>P.O. Box 519</u>	<u>12/6/11</u>	\$ <u>154.11</u>
City, State, Zip Code <u>Meadville Ms. 39653-0519</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
C. Full name <u>C Spire</u>	Date (Mo., Day, Year) <u>12/27/11</u>	Amount of each disbursement this period \$ <u>194.54</u>
Mailing Address <u>P.O. Box 519</u>	<u> / / </u>	\$
City, State, Zip Code <u>Meadville Ms 39653.0519</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1866.52</u>
D. Full name <u>United States Post Office</u>	Date (Mo., Day, Year) <u>12/14/11</u>	Amount of each disbursement this period \$ <u>95.79</u>
Mailing Address <u>Hwy 15 N</u>	<u> / / </u>	\$
City, State, Zip Code <u>Pontotoc Ms. 38863</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>271.79</u>
E. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) <u> / / </u>	Amount of each disbursement this period \$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Nicky Browning

Reporting period October 30 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ms. Furniture Ass.</u>	<u>11/29/11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 288</u>	<u> / / </u>	\$ <u> </u>
City, State, Zip Code <u>Turkey Ms. 38802-0288</u>	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) <u>PAC</u>	<u> / / </u>	\$ <u> </u>
Occupation (Required) <u>Furniture</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name _____	<u> / / </u>	\$ <u> </u>
Mailing Address _____	<u> / / </u>	\$ <u> </u>
City, State, Zip Code _____	<u> / / </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> / / </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>