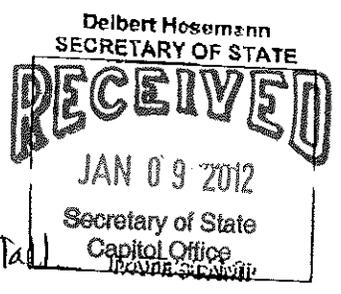


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate: Nolan Mettetal Campaign
 Address: P.O. Box 414, Sardis, MS County: Panola Bay + Tall
 Telephone Work: 662-487-1512 Home: 662-487-1512 Fax: _____
 Contact Name: Nolan Mettetal Email Address: _____
 Office Sought: Rep. Dist. 10 Political Party: Republican

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

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	\$1550.00 + \$200.00	\$1750.00	\$35,057.53
Total amount of disbursements	\$4428.90 + \$1752.75	\$6,181.65	\$32,005.85
Total amount of cash on hand		\$122,303.57	

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

Signature of Candidate: Nolan Mettetal Date: 1-7-12

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 or 601-376-2818.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Nolan Meffert Campaign

Reporting period 10/30 through 12/31

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherion</u>	<u>11/16/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9034</u>	___/___/___	\$
City, State, Zip Code <u>Concord Ca</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James H. Creekmore</u>	<u>11/16/11</u>	\$ <u>300.00</u>
Mailing Address <u>4658 Old Carter Rd.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>US Oil + Gas</u>	<u>11/16/11</u>	\$ <u>250.00</u>
Mailing Address <u>513 N. State St. Suite 202</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Impac of me</u>	<u>12/9/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1640</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Nolan Mettetal Campaign

Reporting period 10/30 through 12/31

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Security Bank</u>	<u>11/30/11</u>	\$ <u>2.91</u>
Mailing Address	<u>12/31/11</u>	\$ <u>2.92</u>
City, State, Zip Code <u>Meriden, MS</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>413.38</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) _____	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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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	\$

Name of Candidate or Committee Nolan Mettetal Campaign

Reporting period 10/30 through 12/31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>U.S. Post Office</u>	<u>11/1/11</u>	\$ <u>1450.00</u>
Mailing Address	<u>11/1/11</u>	<u>31.90</u>
City, State, Zip Code	<u>11/2/11</u>	\$ <u>145.00</u>
Purpose of Disbursement (Optional)	<u>11/2/11</u>	<u>29.00</u>
	<u>12/3/11</u>	\$ <u>29.00</u>
	<u>12/3/11</u>	<u>188.00</u>
		<u>2120.82</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WBLE</u>	<u>11/1/11</u>	\$ <u>80.00</u>
Mailing Address	<u>11/9/11</u>	\$ <u>90.00</u>
City, State, Zip Code	<u>12/9/11</u>	\$ <u>80.00</u>
Purpose of Disbursement (Optional)	<u>Aggregate</u>	\$ <u>1964.00</u>
	<u>Year-to-date</u>	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Oxford Eagle</u>	<u>11/25/11</u>	\$ <u>144.00</u>
Mailing Address	<u>11/7/11</u>	<u>95.50</u>
City, State, Zip Code	<u>11/14/11</u>	\$ <u>143.00</u>
Purpose of Disbursement (Optional)	<u>Aggregate</u>	\$ <u>1498.10</u>
	<u>Year-to-date</u>	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Panola</u>	<u>11/4/11</u>	\$ <u>180.00</u>
Mailing Address	<u>12/9/11</u>	\$ <u>37.50</u>
City, State, Zip Code	<u>Aggregate</u>	\$ <u>2644.50</u>
Purpose of Disbursement (Optional)	<u>Year-to-date</u>	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Valmont</u>	<u>11/8/11</u>	\$ <u>500.00</u>
Mailing Address	<u>11/8/11</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>Aggregate</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional)	<u>Year-to-date</u>	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Rev. Larry Key</u>	<u>11/1/11</u>	\$ <u>500.00</u>
Mailing Address	<u>11/8/11</u>	\$ <u>200.00</u>
City, State, Zip Code	<u>Aggregate</u>	\$ <u>700.00</u>
Purpose of Disbursement (Optional)	<u>Year-to-date</u>	

Name of Candidate or Committee Nolan Mettetal Campaign
 Reporting period 10/30 through 12/31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mimi Mullins</u>	<u>12/9/11</u>	\$ <u>500.00</u>
Mailing Address		
<u>134 Lakeway Dr.</u>		
City, State, Zip Code		
<u>Oxford, ms</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1000.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Reporter</u>	<u>12/6/11</u>	\$ <u>23.00</u>
Mailing Address		
<u>Sardis ms 38666</u>		
City, State, Zip Code		
<u>Sardis ms 38666</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>227.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
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)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$