2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Committee Perry Lee

Address 108 Tiger Drive 39114 County Simpson

Telephone (601) 847-1178 Fax

~~Treasurer~~ office State Senate 35 Email Address plee@senate.ms.gov

☐ 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	$ 0	+$ 0	$ 0	$ 0
Total amount of disbursements	$ 2148.39	+$ 255.00	$	$ 2403.39
Total amount of cash on hand			$ 69,246.32	

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

Perry Lee
Signature of Candidate

Date 1/9/11

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, mutli-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.

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Name of Candidate or Committee Perry Lee

Reporting period Oct 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Discover	11/15/11	$ 887.56
Mailing Address P.O. Box 6103	12/15/11	$ 762.43
City, State, Zip Code Salt Lake City 6097	Aggregate Year-to-date	$ 1650.09
Purpose of Disbursement (Optional)		

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
IHL	11/3/11	$ 498.30
Mailing Address Ridgewood Road	__/__/__	$
City, State, Zip Code Jackson MS	Aggregate Year-to-date	$ 498.30
Purpose of Disbursement (Optional)		

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	$