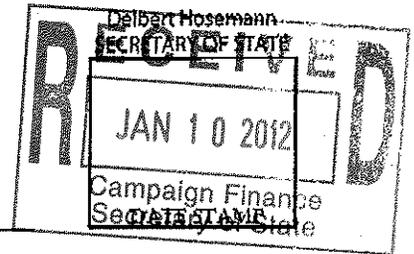


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate PHILIP MORAN STATE SENATE DISTRICT 46
 Address 18403 OLD JOE MORAN ROAD KILN, MS 39556 County HANCOCK
 Telephone 228-861-3700 Fax 228-255-3594
 Office Sought _____ Political Party REPUBLICAN
 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)

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

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1850.00 +\$ 260.00	\$ 2110.00	\$ 42004.88
Total amount of disbursements	\$ 3440.04 +\$ 0.00	\$ 3440.04	\$ 41484.84
Total amount of cash on hand		\$ 519.96	

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

Philip Moran
 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 601-359-1499.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee PHILIP MORAN STATE SENATE DISTRICT 46
 Reporting period OCTOBER 31, 2011 through DECEMBER 31, 2011

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name ATT MS PAC		<u>12</u> / <u>02</u> / <u>11</u>	\$ <u>400.00</u>
Mailing Address 175 E. CAPITAL STREET		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code JACKSON, MS 39201		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
B. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name CHEVRON		<u>11</u> / <u>16</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address PO BOX 1300		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code PASCAGOULA, MS 39568		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name ELECTRIC POWER ASSOCIATION		<u>12</u> / <u>01</u> / <u>11</u>	\$ <u>300.00</u>
Mailing Address PO BOX 3300		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code RIDGELAND, MS 39158		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name MS POWER PAC		<u>11</u> / <u>28</u> / <u>11</u>	\$ <u>400.00</u>
Mailing Address PO BOX 4079		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code GULFPORT, MS 39502		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee PHILIP MORAN STATE SENATE DISTRICT 46

Reporting period OCTOBER 31, 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>STEVEN M PALAZZO</u>		<u>11</u> / <u>11</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 6888</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>GULFPORT, MS 369506</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>US GOVERNMENT</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>CONGRESSMAN</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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee PHILIP MORAN, STATE SENATE DISTRICT 46
 Reporting period OCTOBER 30, 2011 through DECEMBER 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name MELISSA BIEHL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 1505	11 / 11 / 11	\$ 300.00
City, State, Zip Code KILN, MS 39556	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1250.00
B. Full name DIAMONDHEAD ADVERTISER, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 723 FAITH STREET	11 / 11 / 11	\$ 600.00
City, State, Zip Code WAVELAND, MS 39525	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00
C. Full name LINDA LADNER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address W. DUBISSON ROAD	11 / 7 / 11	\$ 663.00
City, State, Zip Code PASS CHRISTIAN, MS 39571	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 663.00
D. Full name SEA COAST ECHO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 124 COURT STREET	11 / 6 / 11	\$ 1417.50
City, State, Zip Code BAY ST. LOUIS, MS 39520	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8095.00
E. Full name WILLIAM MONEY ROBO-CALLS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 300 53RD STREET, SUITE 6	11 / 9 / 11	\$ 459.54
City, State, Zip Code WEST PALM BEACH, FL 33407	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 919.08
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	\$