



Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Philip Gunn
 Address 101 Pinehaven Court
 Telephone 601-924-8438 Fax _____
 Contact Name _____ Email _____
 Office Sought Rep. Political Party Republican

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
- January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... All Candidates and Political Committees
- ____ 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. § 23-15-307 (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	\$ 8450 + \$ 22675	\$ 31125	\$ 31125
Total amount of disbursements	\$ 3817 ⁴⁴ \$ 335. ³⁰	\$ 4152 ⁷⁴	\$ 4152 ⁷⁴
Total amount of cash on hand		\$ 38660.36	

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 _____

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 \$60 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 601-578-2819.

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

Name of Candidate or Committee Philip Brown
 Reporting period 1/1/19 through 12/31/19

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Philip Brown</u>	<u>3/18/19</u>	\$ <u>606.54</u>
Mailing Address <u>101 Pinchaven Lane</u>	<u>6/18/19</u>	\$ <u>1080.90</u>
City, State, Zip Code <u>Clinton MS 39256</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1767.44</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>United Republican Fund</u>	<u>9/19/19</u>	\$ <u>10.00</u>
Mailing Address <u>PO Box 60</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39205</u>		
Purpose of Disbursement (Optional) <u>Sponsorship</u>	Aggregate Year-to-date	\$ <u>1000</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jeff Weill For Circuit Judge</u>	<u>—/—/—</u>	\$ <u>250</u>
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>250</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>—/—/—</u>	\$
Mailing Address	<u>—/—/—</u>	\$
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
<u>NATHAN WELLS</u>	<u>—/—/—</u>	\$ <u>800</u>
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>Contribution</u>	Aggregate Year-to-date	\$ <u>800</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>—/—/—</u>	\$
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Philip Loman
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. 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>Entreprise Holdings, Inc. PAC</u>	<u>3/19/10</u>	\$ <u>250</u>
Mailing Address	__ 1 __ 1 __	\$
City, State, Zip Code	__ 1 __ 1 __	\$
Name of Employer (Required)	__ 1 __ 1 __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
B. 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>Miss. Power Co PAC</u>	<u>1/5/10</u>	\$ <u>400</u>
Mailing Address <u>PO Box 4079</u>	__ 1 __ 1 __	\$
City, State, Zip Code <u>606 Port MS 39502</u>	__ 1 __ 1 __	\$
Name of Employer (Required)	__ 1 __ 1 __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400</u>
C. Source: <input checked="" 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>Bayer</u>	<u>1/5/10</u>	\$ <u>300</u>
Mailing Address	__ 1 __ 1 __	\$
City, State, Zip Code <u>Pittsburgh PA</u>	__ 1 __ 1 __	\$
Name of Employer (Required)	__ 1 __ 1 __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300</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>MAE PAC</u>	<u>5/18/10</u>	\$ <u>500</u>
Mailing Address	__ 1 __ 1 __	\$
City, State, Zip Code	__ 1 __ 1 __	\$
Name of Employer (Required)	__ 1 __ 1 __	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Philip Gurn

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>WD MORGAN</u>	<u>5/20/10</u>	\$ <u>1000</u>
Mailing Address <u>200 E. Capital St</u>	__-__-__	\$
City, State, Zip Code	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
B. 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>AMERICAN CHEMISTRY COUNCIL</u>	<u>8/5/10</u>	\$ <u>250</u>
Mailing Address <u>1300 Wilson Blvd</u>	__-__-__	\$
City, State, Zip Code <u>Arlington, VA 22209</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>RAY & V. WIG MASCAGNI</u>	<u>11/10/10</u>	\$ <u>1000</u>
Mailing Address <u>2 White Oak Place</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39256</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>KURT S. IVAN KRASNA</u>	<u>11/10/10</u>	\$ <u>1000</u>
Mailing Address <u>2 Mount Dexter Lane</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39256</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee Philip Lowry

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Percy & Margie Truaxton</u>	<u>11 12 12</u>	\$ <u>1000</u>
Mailing Address <u>22 Coatham Pl.</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Glor Holmes</u>	<u>11 12 12</u>	\$ <u>1000</u>
Mailing Address <u>5320 Anderson Rd</u>	__-__-__	\$
City, State, Zip Code <u>Edwards MS 39064</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" 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>Joy & Assoc.</u>	<u>12 1 12</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 447</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39060</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>W. R. Yeager</u>	<u>12 1 12</u>	\$ <u>1000</u>
Mailing Address <u>129 Woodland Circle</u>	__-__-__	\$
City, State, Zip Code <u>Jackson MS 39216</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee Pat L. Gorman
 Reporting period 1/1/19 through 12/31/19

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Timothy & Alicia Parkman</u>	<u>11/10/19</u>	\$ <u>1000</u>
Mailing Address <u>961 Hwy 80E</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</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>Shane Owen Construction</u>	<u>11/19/19</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 1359</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39060</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</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>MS Rest. & Hosp. Assoc.</u>	<u>11/20/19</u>	\$ <u>1000</u>
Mailing Address <u>130 Riverwalk Dr</u>	__-__-__	\$
City, State, Zip Code <u>Flowood MS 39232</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$ <u>2</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" 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>Richard Properties LP</u>	<u>11/19/19</u>	\$ <u>500</u>
Mailing Address <u>1790 Kirkwood Rd</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Philip Gorman
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Robert & Peggy Adams</u>	<u>11/12/10</u>	\$ <u>500</u>
Mailing Address <u>501 S. Hughes St</u>	__-__-__	\$
City, State, Zip Code <u>Hamilton MO 64644</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>William Jewel</u>	<u>11/10/10</u>	\$ <u>400</u>
Mailing Address <u>325 Longwood Dr</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Rosemary & Lura Aultman</u>	<u>11/10/10</u>	\$ <u>300</u>
Mailing Address <u>107 Caroline Court</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Wendell & Shirley Deen</u>	<u>11/12/10</u>	\$ <u>200</u>
Mailing Address <u>109 Concord Dr</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committee Philip Gunn
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Js Harrison</u>	<u>11/10/10</u>	\$ <u>250</u>
Mailing Address <u>215 Montrose Dr</u>	__/__/__	\$
City, State, Zip Code <u>Clinton MS 39256</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>William Crisler</u>	<u>11/10/10</u>	\$ <u>250</u>
Mailing Address <u>PO Box 1177</u>	__/__/__	\$
City, State, Zip Code <u>Clinton MS 39060</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>Servico + Assoc.</u>	<u>11/10/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 2258</u>	__/__/__	\$
City, State, Zip Code <u>Clinton MS 39060</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>NULDA</u>	<u>11/10/10</u>	\$ <u>250</u>
Mailing Address <u>3630 Fourth St.</u>	__/__/__	\$
City, State, Zip Code <u>Flowood MS 39232</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Philip Brown
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. 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>ENR PAC MS</u>	<u>11/01/10</u>	\$ <u>250</u>
Mailing Address _____	__-__-__	\$
City, State, Zip Code <u>PO Box 1640</u>	__-__-__	\$
Name of Employer (Required) <u>Jackson MS 39215</u>	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</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>Check into Cash</u>	<u>12/10/10</u>	\$ <u>250</u>
Mailing Address <u>PO Box 550</u>	__-__-__	\$
City, State, Zip Code <u>Cleveland TN 37364</u>	__-__-__	\$
Name of Employer (Required) _____	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</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>M.P.C.</u>	<u>12/15/10</u>	\$ <u>300</u>
Mailing Address <u>PO Box 4074</u>	__-__-__	\$
City, State, Zip Code <u>Gulfport MS 39502</u>	__-__-__	\$
Name of Employer (Required) _____	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western RR</u>	__-__-__	\$ <u>250</u>
Mailing Address <u>P.O. Box 5025</u>	__-__-__	\$
City, State, Zip Code <u>Tracy Michigan 48007</u>	__-__-__	\$
Name of Employer (Required) _____	__-__-__	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Philip Brown
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" 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>Praxis Contract Svcs</u>	<u>12/15/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 2208</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39060</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" 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>Floyd & Baird Engineering</u>	<u>12/15/10</u>	\$ <u>250</u>
Mailing Address <u>130 E. Northside Dr</u>	__-__-__	\$
City, State, Zip Code <u>Clinton MS 39056</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</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>AT&T PAC</u>	<u>12/15/10</u>	\$ <u>500</u>
Mailing Address <u>5430 LBJ Freeway Ste 160</u>	__-__-__	\$
City, State, Zip Code <u>Dallas TX 75240</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>Caritol Advocacy Group</u>	<u>12/31/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 217</u>	__-__-__	\$
City, State, Zip Code <u>Jackson MS 39205</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee Philip Brown
 Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. 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>Comcast PA</u>	<u>12/31/10</u>	\$ <u>1000</u>
Mailing Address <u>1701 JFK Blvd</u>	__-__-__	\$
City, State, Zip Code <u>Philadelphia PA 19103</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input checked="" 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>Cowtown Management LLC</u>	<u>12/31/10</u>	\$ <u>500</u>
Mailing Address <u>ST Louis MO 63105</u>	__-__-__	\$
City, State, Zip Code	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</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>MAS PA</u>	<u>12/31/10</u>	\$ <u>500</u>
Mailing Address	__-__-__	\$
City, State, Zip Code	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input checked="" 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>FBS</u>	<u>12/31/10</u>	\$ <u>500</u>
Mailing Address <u>PO Box 441807</u>	__-__-__	\$
City, State, Zip Code <u>Houston TX 77244</u>	__-__-__	\$
Name of Employer (Required)	__-__-__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>