2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate PHLIP GUNN
Address 101 PINEHAVEN COVE County HINDS
Telephone 601-924-2943 Fax 601-510-2646
Office Sought REPRESENTATIVE Political Party REPUBLICAN
Email Address pgunn@wellsmar.com

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 1, 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
X **January 10, 2012 Periodic Report** (October 1, 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 DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$ 19,500	+$	300		$ 19,800	$ 45,900
Total amount of disbursements	$ 31,865.33	+$	0		$ 31,865.33	$ 67,341.40
Total amount of cash on hand					$ 18,468.96	

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

Phlip Gunn
Signature of Candidate

1-9-12
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 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS *07-11*

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct. 1 - 2011 through Dec. 31 - 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck Sharp & Dohme Corp	10 / 28 / 11	$ 500
Mailing Address: One Merck Dr	/ /	$
City, State, Zip Code: Whitehouse Station NJ 08889	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Democrat PAC	10 / 28 / 11	$ 1000
Mailing Address: 439 B Katherine Dr	/ /	$
City, State, Zip Code: Jackson MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000

C. Source [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services	10 / 28 / 11	$ 250
Mailing Address: —	/ /	$
City, State, Zip Code: Richmond VA 23230	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Logistiqare Solutions LLC	10 / 28 / 11	$ 500
Mailing Address: 1275 Peachtree St. NE, 6th Floor	/ /	$
City, State, Zip Code: Atlanta GA 30309	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct. 1 - 2011 through Dec. 31 - 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T PAC	10 / 28 / 11	$ 500
Mailing Address: 175 E. Capitol St. Landmark Rm 703	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE PAC	10 / 28 / 11	$ 500
Mailing Address: 775 N. State St.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Healthcare Corp	10 / 28 / 11	$ 500
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis MN 55440	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Propane Assoc.	12 / 6 / 11	$ 500
Mailing Address: Po Box 23163	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct. 1 - 2011 through Dec. 31 - 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MRBAPAC	12 / 6 / 11	$ 1500
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1500

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Medical PAC	12 / 19 / 11	$ 3000
Mailing Address: PO Box 2548	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 3000

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richard Webster	12 / 19 / 11	$ 1000
Mailing Address: 61 Hoy Rd	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Home Builders Asso. of MS	12 / 23 / 11	$ 2000
Mailing Address: PO Box 3556	/ /	$
City, State, Zip Code: Jackson MS 39207	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2000

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct 1 2011 through Dec. 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carl Nicholson	12 / 23 / 11	$ 1000
Mailing Address: P.O. Drawer 15099	/ /	$
City, State, Zip Code: Hattiesburg MS 39404	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 1000

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C.T. Finnegan	12 / 23 / 11	$ 500
Mailing Address: 1200 Velma St	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 500

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David M. Burckel	12 / 23 / 11	$ 500
Mailing Address: 67 Dover Trace	/ /	$
City, State, Zip Code: Hattiesburg MS 39401	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Frank Sanderson	12 / 23 / 11	$ 500
Mailing Address: P.O. Box 988	/ /	$
City, State, Zip Code: Laurel MS 39441	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct 1 2011 through Dec 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert C. Riley	12 / 23 / 11	$ 500
Mailing Address: —	/ /	$
City, State, Zip Code: Hattiesburg MS 39441	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: O.L. Sims	12 / 23 / 11	$ 500
Mailing Address: PO Box 16749	/ /	$
City, State, Zip Code: Hattiesburg MS 39404	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 500

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie T. Sutherland	12 / 23 / 11	$ 500
Mailing Address: 12 Waterford Place	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): —	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lou Ann Poynter	12 / 23 / 11	$ 500
Mailing Address: 1010 S. 34th Ave.	/ /	$
City, State, Zip Code: Hattiesburg MS	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500

Name of Candidate or Committee: Philip Gunn

Reporting period: Oct 1 - 2011 through Dec 31 - 2011

ITEMIZED RECEIPTS

A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PAUL RICHARD LAMBERT PLLC	12 / 23 / 11	$ 500
Mailing Address: 119 Hardy ST	/ /	$
City, State, Zip Code: Hattiesburg MS 39401	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SOUTHERNOVA INS. SERVICES	12 / 23 / 11	$ 500
Mailing Address: P.O. DRAWER 791	/ /	$
City, State, Zip Code: Hattiesburg MS 39403	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source [ ] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THE CL DEWS + SONS FOUNDRY & MACHINERY CO. INC	12 / 23 / 11	$ 500
Mailing Address: P.O. BOX 1647	/ /	$
City, State, Zip Code: Hattiesburg MS 39403	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hattiesburg Clinic Healthcare Policy Committee	12 / 23 / 11	$ 500
Mailing Address: P.O. BOX 17739	/ /	$
City, State, Zip Code: Hattiesburg MS 39404	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

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Reporting period: Oct 1 - 2011 through Dec 31 - 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Property Casualty Insurers Assoc. of America	12/23/11	$ 500
Mailing Address: 2600 S. River Rd	/ /	$
City, State, Zip Code: Des Plaines IL 60018	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Surescripts LLC	12/23/11	$ 500
Mailing Address: 2000 Crystal Dr	/ /	$
City, State, Zip Code: Arlington VA 22202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Millcreek Management Corp.	12/23/11	$ 250
Mailing Address: P.O. Box 1130	/ /	$
City, State, Zip Code: Magee MS 39111	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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 Philip Gunn

Reporting period Oct 1 2011 through Dec. 31 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Philip Gunn		
Mailing Address 101 Pinehaven Cove	10/6/11	$ 10,000
City, State, Zip Code Clinton MS 39056	10/12/11	$ 1,865.33
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	$ 11 865.33
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12/13/11	$ 20 000
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) Reimb.	Aggregate Year-to-date	$ 31 865.33
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	$