



Name of Candidate Ray Regus  
 Address 3403 Langlee Ln Pearl County Harrison  
 Telephone 601-932-9633 Fax 601-932-1060  
 Office Sought State Representative Political Party Republican  
 Email Address regus3403@comcast.net

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. § 23-15-007 (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	\$	+	\$	=	\$ <u>800.00</u>	\$
Total amount of disbursements	\$		\$ <u>859.75</u>	=	\$ <u>981.23</u>	\$
Total amount of cash on hand			\$ <u>121.28</u>	=	\$ <u>28,394.41</u>	

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 Ray Regus Date 1/9/2012

Authority: Refer to Miss. Code Ann. §23-15-001 (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.

Name of Candidate or Committee Ray Rogers  
 Reporting period October 30<sup>th</sup> 2011 through December 31<sup>st</sup> 2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Al Boleware Plemonding</u>	<u>12/5/11</u>	\$ <u>304.95</u>
Mailing Address		
<u>1275 Ave. St.</u>		
City, State, Zip Code		
<u>Pearl, MS 39208</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Joseph A. Banks</u>	<u>12/30/11</u>	\$ <u>554.80</u>
Mailing Address		
<u>4870 I-55 North</u>		
City, State, Zip Code		
<u>Jackson, MS</u>	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
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	\$

Name of Candidate or Committee

*Ray P. Quinn*

Reporting period

*Oct 30, 2011 through Dec 31, 2011*

# 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 _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. 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 _____	□ / □ / □	\$ _____
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) _____		
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) _____		
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____