2011 ELECTION CYCLE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

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Delbert Hosemann
SECRETARY OF STATE

Name of Candidate: Steve Hale

Address: 432 Terry Lane Senatobia, MS 38668 County: Tate

Telephone: 662-562-5948 Fax:

Office Sought: State Senate Political Party: Democrat

Email Address: hale@stevehaleforsenate.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	$ 4,000.00	+$	445.00		$ 4,445.00	$ 36,270.00
Total amount of disbursements	$ 8,855.91	+$	693.90		$ 9,549.81	$ 38,030.39
Total amount of cash on hand					$ 0	

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: Steve Hale

Date: 1-9-2012

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: Steve Hale

Reporting period: October 30, 2011 through December 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: Jerry & Mildred Barrett	11 / 2 / 11	$ 250.00
Mailing Address: 6820 Highway 4 West	/ /	$
City, State, Zip Code: Senatobia, MS 38668	/ /	$
Name of Employer (Required): Retired/Self	/ /	$
Occupation (Required): Farming	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James M. & Lucille Brewer	11 / 7 / 11	$ 250.00
Mailing Address: 597 Merry Hill Ranch Road	/ /	$
City, State, Zip Code: Senatobia, MS 38668	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Realtor	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment & Fair Taxation	11 / 5 / 11	$ 200.00
Mailing Address: 3000 N. State Street	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Association of Mississippi State PAC	12 / 1 / 11	$ 300.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Steve Hale

Reporting period: October 30, 2011 through December 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: Mississippi Association of Realtors PAC	12 / 19 / 11	$ 1,000.00
Mailing Address: P.O. Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi PAC	12 / 2 / 11	$ 400.00
Mailing Address: 176 East Capital Street	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company PAC	11 / 28 / 11	$ 400.00
Mailing Address: P.O. Box 4078	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Misisippi Agents & Employee PAC	12 / 23 / 11	$ 500.00
Mailing Address: 600 Hogan Street	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Reporting period: October 30, 2011 through December 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: ENPAC	11 / 30 / 11	$ 700.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215-1640	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 700.00

B. 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	$

C. 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	$

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 Steve Hale

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name: The Democrat	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 369	11 / 2 / 11	$ 2,369.95
City, State, Zip Code: Senatobia, MS 38668	/ /	$ 266.90
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,585.45
B. Full name: Mickey Bailey Photography	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 407 W. Main Street	11 / 3 / 11	$ 260.00
City, State, Zip Code: Senatobia, MS 38668	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 449.10
C. Full name: WBLE	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1040 Highway 6 West	11 / 15 / 11	$ 121.50
City, State, Zip Code: Batesville, MS 38606	/ /	$ 1,673.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name: Hederman Brothers	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P.O. Box 6100	11 / 2 / 11	$ 2,536.66
City, State, Zip Code: Ridgeland, MS 39158	11 / 14 / 11	$ 2,030.37
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,567.03
E. Full name: The Panolian	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 363 Highway 51 North	12 / 9 / 11	$ 62.50
City, State, Zip Code: Batesville, MS 38606	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,720.00
F. Full name: The Southern Reporter	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 211 S. Pocohantas	12 / 12 / 11	$ 72.50
City, State, Zip Code: Sardis, MS 38666	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1568.50

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Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name: Dream Designs Studio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 437 W. Commerce Street	12 / 9 / 11	$ 64.15
City, State, Zip Code: Hernando, MS 38632	12 / 28 / 11	$ 762.38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,345.20
B. Full name: WKRA	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P.O. Box 398	12 / 19 / 11	$ 310.00
City, State, Zip Code: Holly Springs, MS 38635	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 310.00
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	$