

NOV-03-2011 10:30 PM BRUCEEYECLINIC

983 4126



Name of Candidate: BRUCEEYECLINIC
Address: P.O. Box 12
County:
Telephone: 662-983-2332
Fax: 662-983-1334
Office Sought: State Rep Dist 23
Political Party: Democrat
Email Address: whitlowstatecap23@yahoo.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
X 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 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

Table with columns: Itemized, +, Non-Itemized, =, This Period, Calendar Year-To-Date. Rows include Total amount of contributions (\$0), Total amount of disbursements (\$225.67), and Total amount of cash on hand (\$639.13).

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: 11-1-11

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 \$80 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 601-576-2345.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Steve Whitten  
 Reporting period July 24th through Sept 30th 2011

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Steve Whitten</u>	<u>8/30/11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 12</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>P: Hslopov, MS 38951</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Bruce Medical Supply</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) <u>(General) manager</u>	Aggregate year-to-date	\$ <u>830.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mary Whitten</u>	<u>8/30/11</u>	\$ <u>500.00</u>
Mailing Address <u>107 Reedy St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Calhoun City, MS 38916</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Retired</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Steve Whitten  
 Reporting period July 24<sup>th</sup> through Sept 30<sup>th</sup> 2011

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Sign on the Cheap</u>		
Mailing Address <u>11525B Stonehollow Dr, Suite 220</u>	<u>9/22/11</u>	\$ <u>309.45</u>
City, State, Zip Code <u>Austin, TX 78758</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Campaign signs</u>	Aggregate Year-to-date	\$ <u>662.65</u>
<b>B. Full name</b> <u>The Calhoun County Journal</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>P.O. Box 278</u>	<u>9/21/11</u>	\$ <u>104.00</u>
City, State, Zip Code <u>Bruce, ms 38915</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>318.68</u>
<b>C. Full name</b> <u>Callahan's Quick Print</u>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address <u>1735 University Avenue EAST</u>	<u>9/23/11</u>	\$ <u>188.32</u>
City, State, Zip Code <u>OXFORD, MS 38655</u>	<u>9/16/11</u>	\$ <u>183.13</u>
Purpose of Disbursement (Optional) <u>CARDS &amp; INVITATIONS</u>	Aggregate Year-to-date	\$ <u>461.33</u>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$