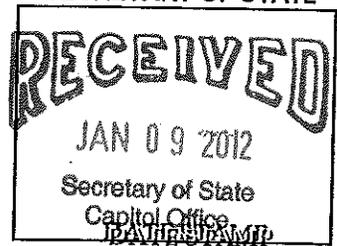


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election



Name of Candidate TERRY W. BROWN
 Address 22 Hills Ln, Ga. County Lowndes
 Telephone Work 662-586-6732 Home 662-586-6732 Fax _____
 Contact Name TERRY BROWN Email Address Tbrown350@lnblc.com.net
 Office Sought State Senator Political Party Republican

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 23, 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) 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. § 23-15-807 (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	\$ 2900. ⁰⁰ + \$	\$ 2900. ⁰⁰	\$ 75400. ⁰⁰
Total amount of disbursements	\$ 34575 + \$	\$	\$ 34575. ⁰⁰
Total amount of cash on hand		\$ 40,925. ⁰⁰	

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 Dec 30, 2011

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 \$50 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 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee TERRY W BROW

Reporting period OCT 30, 2011 through Dec 31 2011

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>Ms Primary Health Plan Assn Inc.</u>	<u>10/14/11</u>	\$ <u>250.</u>
Mailing Address <u>6400 Lakewood Rd Ste A</u>	_/_/_	\$
City, State, Zip Code <u>Jackson Ms, 39213</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
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>HTT Mrs. PAC</u>	<u>10/31/11</u>	\$ <u>200.</u>
Mailing Address <u>125 E. Capitol St. LA Admb Cent 703</u>	_/_/_	\$
City, State, Zip Code <u>Jackson Ms. 39201</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.</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>Property Casualty Insurers Assn of Am</u>	<u>10/20/11</u>	\$ <u>500.</u>
Mailing Address <u>2000 South River Rd.</u>	_/_/_	\$
City, State, Zip Code <u>Des Moines, Ill. 60018</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</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	_/_/_	\$
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee TERRY W. BROW

Reporting period Oct 30 2011 through Dec 31 2011

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>Elect. Power Assn of Miss State PAC</u>	<u>12/1/11</u>	\$ <u>200.⁰⁰</u>
Mailing Address <u>PO Box 3300</u>	- / - / -	\$
City, State, Zip Code <u>Rideland Ms. 39158</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.⁰⁰</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>Tellow Operating Group LLC</u>	<u>10/12/11</u>	\$ <u>1000.⁰⁰</u>
Mailing Address <u>602 Crescent Plaza St. 100</u>	- / - / -	\$
City, State, Zip Code <u>Rideland Miss 39157</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.⁰⁰</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>Gulf State Toyota Inc.</u>	<u>10/6/11</u>	\$ <u>500.⁰⁰</u>
Mailing Address <u>375 Enclosure Parkway</u>	- / - / -	\$
City, State, Zip Code <u>Houston TX. 77027</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</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>CCA of Tennessee LLC</u>	<u>10/7/11</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>10 Burton Hills Blvd.</u>	- / - / -	\$
City, State, Zip Code <u>Nashville TN. 37215</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.⁰⁰</u>