



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Timmy Ladner
 Address 6 Michael D Smith Rd Poplarville 39470 County _____
 Telephone 228-518-0878 Fax _____
 Office Sought MS House District 93 Political Party Republican
 Email Address TLadner@gmail.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
- 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	\$ 2500 ⁰⁰	+	\$ 0	=	\$ 2500 ⁰⁰	\$ 28413 ⁰⁹
Total amount of disbursements	\$ 3657 ³⁶	+	\$ 934 ⁰⁰	=	\$ 4591 ³⁶	\$ 18124 ¹⁸
Total amount of cash on hand	\$ 2685 ⁷³					

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 1-10-12

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.

Name of Candidate or Committee Timmy Laddner

Reporting period 10-1-11 through 12-31-11

ITEMIZED RECEIPTS

A. 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 <u>MS Republican Party</u>		<u>11/10/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>415 YAZOO ST</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>JACKSON MS 39201-1900</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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 <u>DR. JAMES CRITTENDEN</u>		<u>11/10/11</u>	\$ <u>100.00</u>
Mailing Address _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>PO BOX 3210</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>BAY ST LOUIS MS 39521</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>SELF</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>ATT PAC</u>		<u>12/19/11</u>	\$ <u>300.00</u>
Mailing Address _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>175 E. CAPITOL ST. SUITE 700</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>JACKSON MS 39201</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>EN PAC</u>		<u>12/15/11</u>	\$ <u>500.00</u>
Mailing Address _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>P.O. BOX 1640</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>JACKSON MS 39215-1640</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Timmy Gardner

Reporting period 10-1-11 through 12-31-11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>EPA PAC</u>		<u>11/20/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>P.O. Drawer 3300</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39157</u>		<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	\$ <u>300⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>MS Power PAC</u>		<u>11/28/11</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>2992 W. Beach Blvd.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Gulfport MS 39502-4079</u>		<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	\$ <u>300⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>MHA PAC</u>		<u>12/28/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 1909</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Madison MS 39130</u>		<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	\$ <u>500⁰⁰</u>
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 Timmy Ladner
 Reporting period 10-1-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winning Edge Communications	11.7.11	\$ 924 ⁹⁷
Mailing Address PO Box 13643		
City, State, Zip Code JACKSON MS 39236-3643	11.7.11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1541 ⁶⁷
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Carrie Ladner	11.13.11	\$ 258 ³⁹
Mailing Address 6 Michael D Smith Rd		
City, State, Zip Code Poplarville MS 39470	11.13.11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 258 ³⁹
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WR5W Radio	12.20.11	\$ 1,123. ⁵⁰
Mailing Address PO Box 907		
City, State, Zip Code Picayune MS 39466	12.20.11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1837. ⁰⁰
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Timmy Ladner		\$
Mailing Address 6 Michael D Smith Rd		
City, State, Zip Code Poplarville MS 39470		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Petersons Chevron	11.11.11	\$ 347 347 ⁵⁰
Mailing Address Hwy 603		
City, State, Zip Code Perkinston MS 39573	11.11.11	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 347 347 ⁵⁰
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sams Club	11.7.11	\$ 235 ²¹
Mailing Address Old Hwy 49		
City, State, Zip Code Gulfport MS	11.8.11	\$ 23 ¹⁸
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 258 ³⁹

Name of Candidate or Committee Jimmy Ladner
 Reporting period 10-1-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name <u>Keiths Superstore</u>	Date (Mo., Day, Year) <u>11/7/11</u>	Amount of each disbursement this period \$ <u>265⁰⁰</u>
Mailing Address <u>Hwy 53</u>		
City, State, Zip Code <u>Poplarville MS 39470</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>265⁰⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$