2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 10 2012
Secretary of State
Capitol Office

REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate
2011 Elections

Name of Candidate Tom Miles 39074
Address 807 Hwy 35 South Forest, MS County Scott
Telephone 601-469-7886 / 601-732-9511 Fax 601-469-7876
Office Sought House District # 75 Political Party Democrat
Email Address tommiles@ymail.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	$ 4,900.00	+$	750.00	$	5,650.00	$ 33,540.00
Total amount of disbursements	$ 8859.31	+$	2250.67	$	11,109.98	$ 33,248.92
Total amount of cash on hand				$	291.08	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tom Miles
Signature of Candidate

1-10-12
Date

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

Page ___ of ___

Name of Candidate or Committee Tom Miles

Reporting period 01/29 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WAlmart	11/3/11	$ 424.69
Mailing Address	11/8/11	$ 60.87
City, State, Zip Code		
Purpose of Disbursement (Optional): Supplies for Cookout	Aggregate Year-to-date	$ 974.92

485.56

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Weatherford Oil	11/3/11	$ 300.00
Mailing Address		
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional): Reimbursement for Supplies for Cookout	Aggregate Year-to-date	$ 300.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sysco	11/3/11	$ 306.40
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Supplies for cookout	Aggregate Year-to-date	$ 306.40

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Democratic Dialis	11/2/11	$ 220.50
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Robo calls	Aggregate Year-to-date	$ 220.50

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rotary Club	11/8/11	$ 250.00
Mailing Address: P.O. Box 60		
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional): Sponorship	Aggregate Year-to-date	$ 250.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Scott County Times	11/9/11	$ 1290.00
Mailing Address: 311 Smith Ave		
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ ~~[illegible]~~ 4345.00

SS04-06

Name of Candidate or Committee Tom Miles

Reporting period Oct 29 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Spirit Of Morton		
Mailing Address: 32 w Second Ave	11/18/11	$ 132.00
City, State, Zip Code: Morton, MS 39117	__/__/__	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 3,492.50
B. Full name: SAM HALL	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11/18/11	$ 2000.00
City, State, Zip Code: Florence, MS	__/__/__	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 2000.00
C. Full name: WQST	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P.O. Box 1040	12/2/11	$ 150.00
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional): Radio Ads	Aggregate Year-to-date	$ 420.00
D. Full name: Tom Miles	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 807 Hwy 35 South	12/21/11	$ 2500.00
City, State, Zip Code: Forest, MS 39074	__/__/__	$
Purpose of Disbursement (Optional): Payment / Reimbursement On Loan	Aggregate Year-to-date	$ 2500.00
E. Full name: Lance Kincaid	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$ 350.00
City, State, Zip Code: Morton, MS 39117	__/__/__	$
Purpose of Disbursement (Optional): Canvassing / Labor / Signs	Aggregate Year-to-date	$ 550.00
F. Full name: Demon Moore	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$ 350.00
City, State, Zip Code: Morton, MS 39117	__/__/__	$
Purpose of Disbursement (Optional): Canvassing / Labor / Signs	Aggregate Year-to-date	$ 550.00

Name of Candidate or Committee Tom Miles

Reporting period Oct 29 through Dec 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GAS Receipts	11/1/11	$ 40.00
Mailing Address for Trucks	11/3/11	$ 23.50
City, State, Zip Code		
Purpose of Disbursement (Optional) 11-7	Aggregate Year-to-date	$ 71.35
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11/7/11	$ 20.00
City, State, Zip Code	11/9/11	$ 25.00
Purpose of Disbursement (Optional) 11-10	Aggregate Year-to-date	$ 110.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address #0	11/11/11	$ 25.00
City, State, Zip Code	11/12/11	$ 40.00
Purpose of Disbursement (Optional) 11/15	Aggregate Year-to-date	$ 40.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11/16/11	$ 50.00
City, State, Zip Code	11/18/11	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 724.85
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	$

This Period 524.85

Name of Candidate or Committee: Tom Mitchell

Reporting period: Oct 29 through Dec 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Ass PAC	12 / 15 / 11	$ 300.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ea PAC	12 / 16 / 11	$ 500.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power PAC	12 / 21 / 11	$ 300.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T MS PAC	12 / 29 / 11	$ 300.00
Mailing Address: 175 E Capitol St Lakeland Center Rm 703	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Tom Miles

Reporting period: Oct 20 through Dec 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE	11/4/11	$ 500.00
Mailing Address: 225 N State Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Believe PAC	11/4/11	$ 2,000.00
Mailing Address: P.O. Box 242	/ /	$
City, State, Zip Code: Bosue Cl. 70 MS 39620	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Danny Cupit	11/4/11	$ 500.00
Mailing Address: P.O. Box 22929	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment & Taxation	11/5/11	$ 500.00
Mailing Address: 3000 W State St	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00