



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2011 Election

Name of Candidate Tom Weathersby  
 Address 3806 Hwy 49 S County RANKIN  
 Telephone Work 601-720-4552 Home 601-845-2017 Fax 601-845-7006  
 Contact Name Tom Weathersby Email Address Tweath8786@aol.com  
 Office Sought Ms. House of Representatives 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 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 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	\$ <u>700.00</u> + \$ <u>—</u>	\$ <u>700.00</u>	\$ <u>3,350.00</u>
Total amount of disbursements	\$ <u>1885.30</u> + \$ <u>—</u>	\$ <u>1885.30</u>	\$ <u>4,279.68</u>
Total amount of cash on hand		\$ <u>20,723.67</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.  
Tom Weathersby Signature of Candidate      1-10-12 Date

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 Tom Weatherly  
 Reporting period 10-30-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A.	Date (mo., day, year)	Amount of each disbursement this period
Full name <u>The Meteor</u>	<u>11-13-11</u>	\$ <u>463.05</u>
Mailing address <u>P.O. Bx, 353</u>		
City, State, Zip Code <u>Crystal Springs Ms</u>		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
B.	Date (mo., day, year)	Amount of each disbursement this period
Full name <u>Rankin Co. News</u>	<u>11-14-11</u>	\$ <u>299.25</u>
Mailing address <u>207 W. Government St</u>		
City, State, Zip Code <u>Brandon Ms</u>		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
C.	Date (mo., day, year)	Amount of each disbursement this period
Full name <u>C-Scipie</u>	<u>536</u>	\$ <u>536.00</u>
Mailing address <u>P.O. Bx 519</u>		
City, State, Zip Code <u>Medville Ms</u>		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
D.	Date (mo., day, year)	Amount of each disbursement this period
Full name <u>Winds team</u>	<u>410.00</u>	\$ <u>410.00</u>
Mailing address <u>1720 Galleria Blvd</u>		
City, State, Zip Code <u>Charlotte NC</u>		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		
E.	Date (mo., day, year)	Amount of each disbursement this period
Full name <u>Supplier Stamps, Frames</u>	<u>123.00</u>	\$ <u>123.00</u>
Mailing address		
City, State, Zip Code		
Purpose of disbursement (Optional)		
Aggregate year-to-date \$		

Name of Candidate or Committee Tom Weatherly  
 Reporting period Oct. 30, -11 through Dec. 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Assoc. of MS. PAC</u>	<u>12</u> / <u>9</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Bx 3300</u>	_ / _ / _	\$
City, State, Zip Code <u>Ridgeland Ms. 39158</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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>MAE-PAC</u>	<u>12</u> / <u>23</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>814 North President St.</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson Ms. 39202</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$
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	_ / _ / _	\$
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
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"/> 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 Tom Weatherly  
 Reporting period Oct. 30, 11 through Dec. 31, 11

## ITEMIZED DISBURSEMENTS

A. Full name <u>Clayton Ledger</u>	Date (Mo., Day, Year) <u>12/19/11</u>	Amount of each disbursement this period \$ <u>54.00</u>
Mailing Address <u>201 S. Congress</u>	<u>12/19/11</u>	\$ <u>54.00</u>
City, State, Zip Code <u>Jxn. Ms.</u>	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Newspaper</u>	Aggregate Year-to-date	\$
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	\$