2011 ELECTION CYCLE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

RECEIVED
Delbert Hosemann
SECRETARY OF STATE
JAN 04 2012
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate: Tommy Gollott
Address: 235 Bayview Avenue, Biloxi, MS 39530 County: Harrison
Telephone: 601-359-2220 Fax: 601-359-2889
Office Sought: Senate District 50 Political Party: Republican
Email Address: gcole@senate.ms.gov

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	$ 3,000.00	+$ 0.00	$ 3,000.00	$ 14,250.00
Total amount of disbursements	$ 1,074.00	+$ 0.00	$ 1,074.00	$ 3,929.45
Total amount of cash on hand			$ 10,320.55	

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

Tommy Gollott
Signature of Candidate

1/4/12
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

Name of Candidate or Committee: Tommy Gollott

Reporting period: October 30, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Miss Bank PAC	11 / 15 / 11	$ 1,000.00
Mailing Address: PO Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39215-1091	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Good Government, PAC	11 / 15 / 11	$ 1,000.00
Mailing Address: PO Box 4019	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Public and Government Affairs / Chevron Products Company	11 / 15 / 11	$ 1,000.00
Mailing Address: PO Box 1300	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

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Name of Candidate or Committee: Tommy Gollott

Reporting period: October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name: Biloxi D'Iberville Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 819 Jackson St	11 / 15 / 11	$ 275.00
City, State, Zip Code: Biloxi, MS	/ /	$
Purpose of Disbursement (Optional): Political Advertising	Aggregate Year-to-date	$ 275.00
B. Full name: Sun Herald Newspaper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 205 Debuys Road	11 / 15 / 11	$ 599.00
City, State, Zip Code: Biloxi, MS	/ /	$
Purpose of Disbursement (Optional): Political Advertising	Aggregate Year-to-date	$ 599.00
C. Full name: Charles McKellar	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 509 Washington Ave	11 / 15 / 11	$ 200.00
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
D. 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	$
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	$