2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Name of Candidate Videt Carmichael
Address 5396 Springhill Loop County Lauderdale
Telephone 601-693-2750 Fax
Office Sought Senate #33 Political Party Republican
Email Address VCarmichael@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	$ 2,500.00	+	$		$ 2,500.00	$ 12,055
Total amount of disbursements	$ 1,205.81	+	$ 375.00		$ 1580.81	$ 4,988.81
Total amount of cash on hand					$ 54,409.19	

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

Videt Carmichael
Signature of Candidate

1-9-12
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 Videt Carmichael

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

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Comcast Corporation	11/14/11	$ 250.00
Mailing Address: One Comcast Center	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co. LLC	11/14/11	$ 500.00
Mailing Address: Centene Corp	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
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 Primary Health Care Ass. Inc	11/14/11	$ 250.00
Mailing Address: 6400 Lakeover Rd. STE. A	/ /	$
City, State, Zip Code: Jackson, MS 39213	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Optometry For Progress	11/14/11	$ 500.00
Mailing Address: 741 Executive Drive Suite 5	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Videt Carmichael

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Medical PAC	11/29/11	$ 1,000.00
Mailing Address: P.O. Box 2548	___/___/___	$
City, State, Zip Code: Ridgeland, MS 39158	___/___/___	$
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	___/___/___	$
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$

C. 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	$

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	$

Name of Candidate or Committee Videt Carmichael

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

ITEMIZED DISBURSEMENTS

A. Full name Old South Marketing LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 453 Waterford Rd	11/14/11	$ 634.60
City, State, Zip Code Brandon, MS 39047	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 634.60
B. Full name Sam's Club Meridian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Bonita Drive	12/2/11	$ 571.21
City, State, Zip Code Meridian, MS 39301	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 571.21
C. 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	$
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	$