01-01-2001 00:11 1URPIN 6018339414

2011 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

RECEIVED
Delbert Hosemann
SECRETARY OF STATE
NOV 21 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate W. L. Rayburn
Address 1810 Tuspin Rd - Brookhaven County Lincoln
Telephone 601-833-8527 Fax 601-833-9414
Office Sought State Senate Dist 39 Political Party Democrat
Email Address

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
X	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" found 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 (1) (d) and (f).

(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 holiday, the reports 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

	Itemized +	Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions $		+$	$	$
Total amount of disbursements $		+$	$	$
Total amount of cash on hand			$	

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

W. L. Rayburn
Signature of Candidate

11/21/11
Date

Authority: Refer to Miss. Code Ann. § 23-15-807 (1) (d) and (f) for signature requirement.
Penalties: [illegible] for late filing with penalty deadlines, or failure to submit valid reports shall [illegible] Miss. Code Ann. § 23-15-811 (1972).

SEND TO: 1. Candidates for state, district, county, and county district offices should return form to Secretary of State, Elections Division, P.O. Box [illegible] 1499.
2. Candidates for county, city and county district offices should return form to their county Circuit Clerk.

SOS 06-17

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. 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 none	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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 none	/ /	$
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 none	/ /	$
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 none	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 600.00

Page ___ of ___

Name of Candidate or Committee W L Rayburn
Reporting period termination through 11-21-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Media	11/21/11	$ 700.00
Mailing Address POB 96030	__/__/__	$
City, State, Zip Code Baton Rouge La. 70896		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. 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	$
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	11/2/11	$ 11,992.81
City, State, Zip Code	11/9/11	$ 700.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 12,692.81