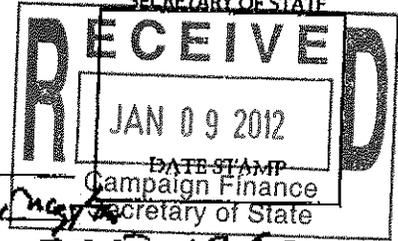


  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2011 Elections

Delbert Hosemann  
SECRETARY OF STATE



Name of Candidate Willie L. Bailey  
 Address 902 Fairview St., Greenville County Washington  
 Telephone 662-335-1966 Fax 662-335-1969  
 Office Sought State Rep. Dist. 49 Political Party Democrat

Check here if above is different from previous report

lbailey@suddenlink.net Email Address

- 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
- 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	\$ 1,000	+	\$ 200.00	=	\$ 1,200.00	\$ 8,150.00
Total amount of disbursements	\$ 300.00	+	\$ 750.00	=	\$ 1,050	\$ 8,138.00
Total amount of cash on hand				=	\$ 150.00	

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

[Signature]  
Signature of Candidate

1/09/2012  
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.

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____	12/14/11	\$ 1,000.00
Mailing Address	_____		
City, State, Zip Code	_____		
Name of Employer (Required)	JACKSON, MS		
Occupation (Required)	_____		
		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____		
Mailing Address	_____		
City, State, Zip Code	_____		
Name of Employer (Required)	_____		
Occupation (Required)	_____		
		Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	_____		
Mailing Address	_____		
City, State, Zip Code	_____		
Name of Employer (Required)	_____		
Occupation (Required)	_____		
		Aggregate year-to-date	\$ _____

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
<i>Mt Arvat Church</i>	(Mo., Day, Year)	disbursement this period
Mailing Address	<i>12/24/11</i>	\$ <i>300.00</i>
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$