2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate Willie J. Perkins, Sr.

Address P.O. Box 8404, Greenwood, MS 38935-8404 County Leflore

Telephone Work (662)455-1211 Home (662)453-4108 Fax (662)453-9159

Contact Name Willie J. Perkins, Sr. Email Address perkinslawofc@bellsouth.net

Office Sought State Representative District 32 Political Party Democrat

☐ 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

_X_ 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	$5,900.00 +$1,291.60	$7,191.60	$25,359.44
Total amount of disbursements	$2,854.29 +$6,168.00	$9,022.29	$23,850.56
Total amount of cash on hand		$1,508.88	

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

Signature of Candidate

January 9, 2012
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 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Willie J. Perkins, Sr.

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: Willie L. Bailey	11 / 01 /2011	$ 200.00
Mailing Address: P.O. Box 189	/ /	$
City, State, Zip Code: Greenville, MS 38702-0189	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippians for Healthy Families	11 / 07 /2011	$ 5,000.00
Mailing Address: 75 Piedmont Avenue NE Ste. 800	/ /	$
City, State, Zip Code: Atlanta, GA 30303-2507	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John L. Walker	/ /	$ 200.00
Mailing Address: 324 Pinehurst Circle	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment & Fair Taxation	11 / 08 /2011	$ 200.00
Mailing Address: 300 North State Street	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Willie J. Perkins, Sr.

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Owens Moss, PLLC	11 / 15 / 2011	$ 300.00
Mailing Address: P.O. Box 808	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

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 Willie J. Perkins, Sr.

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name SAM'S	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 31 2011	$ 291.29
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 291.29
B. Full name The Greenwood Commonwealth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 329 Highway 82 By-Pass	11 / 02 /2011	$ 555.70
City, State, Zip Code Greenwood, MS 38930	11 /11 /2011	$ 167.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 723.00
C. Full name Lorene Jones	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1203 Dewey Street	11 /08 /2011	$ 350.00
City, State, Zip Code Greenwood, MS 38930	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 350.00
D. Full name Living Faith Cathedral	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 West Washington Street	11 /08 /2011	$ 200.00
City, State, Zip Code Greenwood, MS 38930	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00
E. Full name Buford B. Jones	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1203 Dewey Street	11 /11 /2011	$ 550.00
City, State, Zip Code Greenwood, MS 38930	11 /23 /2011	$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 650.00
F. Full name Willie J. Perkins, Sr.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 8404	12 /14 /2011	$ 200.00
City, State, Zip Code Greenwood, MS 38935-8404	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 200.00

Name of Candidate or Committee Willie J. Perkins, Sr.

Reporting period October 30, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Soothe Your Sole	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1901 Leflore Avenue	11 / 23 /2011	$ 450.00
City, State, Zip Code Greenwood, MS 38930	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 450.00
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	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$