2011

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

RECEIVED
DEC 06 2011
Campaign Finance
Secretary of State

Name of Committee Yes on 26

Address 107 Parkgate Drive, Tupelo, MS 38801

Telephone ~~523.6722~~ 662-844-5036 Fax

Director Brad Prewitt Treasurer Greg Sanders

☐ Check here if above is different from previous report

TYPE OF REPORT

November (Month), 2011 Monthly Report (due 10th of following Month)..... Mandatory

X Yes on 26 is Terminated (Last Report)
Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

IMPORTANT

(1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars ($200.00) shall file financial reports with the Secretary of State.

(2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars ($200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.

(3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.

(4) 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 last 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	$ 278,959.29 +	$ 1,773.00	$ 280,632.29	$ 1,342,017.44
Total amount of disbursements	$ 22,937.76 +	$ 1,629.15	$ 24,566.91	$ 239,299.04
Total amount of cash on hand			$ -0-	

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

Greg Sanders — Signature of Director or Treasurer

12-6-11 — Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (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. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

Name of Candidate or Committee YES ON 26

Reporting period 11-1-11 through 11-30-11

ITEMIZED DISBURSEMENTS

A. Full name Corey Ruffin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/1/11	$ 625
City, State, Zip Code Tupelo MS 38801	11/10/11	$ 1200
Purpose of Disbursement (Optional) Post office Fuel, Lowes	Aggregate Year-to-date	$ 6,300
B. Full name Reid Fay	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/1/11	$ 750
City, State, Zip Code Tupelo MS 38801	11/10/11	$ 2500
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 14,600
C. Full name Stacia Hunter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/1/11	$ 625
City, State, Zip Code Tupelo MS 38801	11/28/11	$ 500
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3625
D. Full name Brad Prewitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/1/11	$ 5,000
City, State, Zip Code Tupelo MS 38801	11/7/11	$ 363.40 + 572.56
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 57,497.87
E. Full name Greg Sanders	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/1/11	$ 1,500
City, State, Zip Code Tupelo MS 38801	11/28/11	$ 5000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 24,573.77
F. Full name Jacob Dawson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate	11/-/28	$ 500
City, State, Zip Code Tupelo, MS 38803	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500

Name of Candidate or Committee YES ON 26

Reporting period 11-1-4 through 11-30-4

ITEMIZED DISBURSEMENTS

A. Full name Phillip Morris	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate Drive	11/28/11	$ 1068
City, State, Zip Code Tupelo MS 38803	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1068
B. Full name Matt Robinson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Parkgate Drive	11/28/11	$ 650
City, State, Zip Code Tupelo, MS 38803	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 650
C. Full name Ronnie Crudup	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1770 Ellis Ave Suite 200	11/14/11	$ 338.06
City, State, Zip Code Jackson, MS 39204	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 338.06
D. Full name Clear channel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1375 Beasley Rd	11/2/11	$ 1,444.00
City, State, Zip Code Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,444.00
E. Full name Image Screen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 211 Hwy 15 N	11/30/11	$ 301.74
City, State, Zip Code Pontotoc MS 38863	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 301.74
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	$

Name of Candidate or Committee YES ON 26

Reporting period Nov 1 through Nov 30

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Harvon	11 / 18 / 11	$ 300
Mailing Address: 4607 Cedar Garden LN	/ /	$
City, State, Zip Code: Belden MS 38826	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 300

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Olivia Mullins	11 / 2 / 11	$ 400
Mailing Address: 58 Terrapin Pl	/ /	$
City, State, Zip Code: Brandon MS 39042	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 400

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Peyton Herrington	11 / 1 / 11	$ 500
Mailing Address: 140 Williams Cir	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Siler	11 / 4 / 11	$ 300
Mailing Address: 189 CR 2351	/ /	$
City, State, Zip Code: Vossburg MS 39366	/ /	$
Name of Employer (Required): Unknown	/ /	$
Occupation (Required): Unknown	Aggregate year-to-date	$ 300

Name of Candidate or Committee: YES ON 26

Reporting period: Nov 1 through Nov 30

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Koruna	11 / 4 / 11	$ 300
Mailing Address: 4532 N Three Bee Rd	/ /	$
City, State, Zip Code: Wasilla AK 99623	/ /	$
Name of Employer (Required): Un Known	/ /	$
Occupation (Required): Un Known	Aggregate year-to-date	$ 300

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Stallings	11 / 2 / 11	$ 250
Mailing Address: 127 Lakeshire Pkwy	/ /	$
City, State, Zip Code: Canton MS 39046	/ /	$
Name of Employer (Required): Un Known	/ /	$
Occupation (Required): Un Known	Aggregate year-to-date	$ 250

C. Source ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Allen	11 / 5 / 11	$ 260
Mailing Address: 6525 N Hills St	/ /	$
City, State, Zip Code: Meridian MS 39307	/ /	$
Name of Employer (Required): Un Known	/ /	$
Occupation (Required): Un Known	Aggregate year-to-date	$ 260

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Person USA	11 / 30 / 11	$ 256,549.29
Mailing Address: 8795 Ralston Rd #1	/ /	$
City, State, Zip Code: Arvada, CO 80002	/ /	$
Name of Employer (Required): Person Head	/ /	$
Occupation (Required): Person Head	Aggregate year-to-date	$ 1,080,724.71

Name of Candidate or Committee YES ON 26

Reporting period Nov 1 through Nov 30

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AFA	11 / 1 / 11	$ 20,000
Mailing Address: 107 Parkgate Drive	/ /	$
City, State, Zip Code: Tupelo MS 38803	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 156,134.44

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	$