



REPORT OF INDEPENDENT EXPENDITURE for CANDIDATES 2012 Elections

Check one of the following:

- The independent expenditure disclosed **was made in support** of the candidate identified.
- The independent expenditure disclosed **was made in opposition** to the candidate identified.

Name of the Candidate of whom the expenditure was in support or in opposition.

Full Name of Individual or Entity making Independent Expenditure.

Please check the appropriate box:

- Corporation Political Committee
- Individual Other (Specify _____)

Contact Person

Mailing Address *City* *State* *Zip Code*

Phone *Fax*

Please check one of the following dates:

- ___ **May 10, 2012 Periodic Report** (January 1, 2012, through April 30, 2012).....**Mandatory**
- ___ **June 8, 2012 Periodic Report** (May 1, 2012, through May 31, 2012).....**Mandatory**
- ___ **July 10, 2012 Periodic Report** (June 1, 2012, through June 30, 2012)..... **Mandatory**
- ___ **October 10, 2012 Periodic Report** (July 1, 2012 through September 30, 2012).....**Mandatory**
- ___ **October 30, 2012 Pre-Election Report** (October 1, 2012, through October 27, 2012).....**Mandatory**
- ___ **November 20, 2012 Pre-Election Report** (October 28, 2012, through November 17, 2012).....**Runoff**
Candidates Only
- ___ **January 10, 2013 Periodic Report** (October 28, 2012, through December 31, 2012).....**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**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

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

IND EXP

Under penalty of perjury, I hereby certify that the disclosed independent expenditure was not made in cooperation, consultation or concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of such candidate.

Authorized Signature

State of _____
County of _____

Date Signed

Sworn to and subscribed before me
this the _____ day of _____, 2012.

Notary Public
My Commission Expires: _____

Miss Code Ann. §§23-15-807 and 23-15-809 (1972)

- SEND TO:**
- 1. Independent expenditures made for or against candidates for statewide, state district, multi-county and legislative offices should be filed with the Secretary of State, Elections Divisions, P. O. Box 136, Jackson, MS 39205 or FAX to 601-359-1499.**
 - 2. Independent expenditures made for countywide or county district offices should be filed with county Circuit Clerk.**
 - 3. Independent expenditures made for municipal elections should be filed with the Municipal Clerk.**