

2011 ELECTION CYCLE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Committee Friends of Dorothy Wilcox
Address PO Box 4152 County _____
Telephone 228-342-6963 Fax 228-467-2430
Treasurer Dolly Lundberg Email Address dorothy@dorothywilcox.com

- 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 *do not file*
- October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) _____ Mandatory
- November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 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
- 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

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>32,923.08</u> \$ <u>200</u>	\$ <u>33,123.08</u>	\$ <u>52,567.29</u>
Total amount of disbursements \$	<u>15,728.19</u>	\$ <u>15,728.19</u>	\$ <u>23,805.71</u>
Total amount of cash on hand		\$ <u>17,464.16</u>	

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

Dorothy Wilcox
Signature of Director or Treasurer

10-29-11
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 \$60 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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Dorothy Wilcox
 Reporting period 10/1/11 through 10/29/11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Net 10</u>	<u>10/2/11</u>	\$ <u>33.61</u>
Mailing Address <u>9700 NW 112 Ave.</u>		
City, State, Zip Code <u>Miami, FL</u>	<u>10/2/11</u>	\$
Purpose of Disbursement (Optional) <u>telephone</u>	Aggregate Year-to-date	\$ <u>89.96</u>
B. Full name <u>Tel Opinion</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>King Street</u>	<u>10/1/11</u>	\$ <u>1,300</u>
City, State, Zip Code <u>Alexandria, Va 22314</u>	<u>10/1/11</u>	\$
Purpose of Disbursement (Optional) <u>Research</u>	Aggregate Year-to-date	\$ <u>1,300</u>
C. Full name <u>Sunshine State Communications</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1180 8th Ave West, Suite 259</u>	<u>10/26/11</u>	\$ <u>9,165.00</u>
City, State, Zip Code <u>Palmetto, FL 34221-3810</u>	<u>10/26/11</u>	\$
Purpose of Disbursement (Optional) <u>Ads</u>	Aggregate Year-to-date	\$ <u>9,165.00</u>
D. Full name <u>Sea Coast Echo</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>124 Court St.</u>	<u>10/24/11</u>	\$ <u>1,092.50</u>
City, State, Zip Code <u>Bay St. Louis, MS 39520</u>	<u>10/24/11</u>	\$ <u>512.50</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>362.50</u>
E. Full name <u>Winning Edge</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO BOX 13643</u>	<u>10/19/11</u>	\$ <u>1,171.04</u>
City, State, Zip Code <u>Jackson MS 39236</u>	<u>10/23/11</u>	\$ <u>2,071.04</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>3,242.08</u>
F. Full name <u>The First Bank</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2118 Hwy 90</u>	<u>10/24/11</u>	\$ <u>20.00</u>
City, State, Zip Code <u>Bay St Louis, MS 39520</u>	<u>10/24/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Friends of Dorothy Wilcox
Reporting period 10/1/14 through 10/29/14

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	<u>TRUK PAC</u>	<u>10/31/14</u>	\$ <u>250</u>
Mailing Address	<u>825 N President St</u>	<u>10/1/14</u>	\$ _____
City, State, Zip Code	<u>Jackson, MS 39202</u>	<u>10/1/14</u>	\$ _____
Name of Employer (Required)	_____	<u>10/1/14</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>250</u>
B. 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) <u>In-kind</u>			
Full name	<u>Mississippi Forward PAC</u>	<u>10/31/14</u>	\$ <u>2071.04</u>
Mailing Address	<u>PO Box 2656</u>	<u>10/19/14</u>	\$ <u>900</u>
City, State, Zip Code	<u>Madison, MS 39110</u>	<u>10/1/14</u>	\$ _____
Name of Employer (Required)	_____	<u>10/1/14</u>	\$ _____
Occupation (Required)	_____	Aggregate year-to-date	\$ <u>2971.04</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Charles G. Copeland</u>	<u>10/06/14</u>	\$ <u>250.00</u>
Mailing Address	<u>PO Box 6020</u>	<u>10/1/14</u>	\$ _____
City, State, Zip Code	<u>Ridgeland, MS 39158</u>	<u>10/1/14</u>	\$ _____
Name of Employer (Required)	<u>Copeland Cook Taylor & Bush</u>	<u>10/1/14</u>	\$ _____
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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	<u>Jeffrey C. Smith</u>	<u>10/7/14</u>	\$ <u>300</u>
Mailing Address	<u>PO Box 681</u>	<u>10/1/14</u>	\$ _____
City, State, Zip Code	<u>Columbus, MS 39703</u>	<u>10/1/14</u>	\$ _____
Name of Employer (Required)	<u>State of Mississippi</u>	<u>10/1/14</u>	\$ _____
Occupation (Required)	<u>Legislator</u>	Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committee Friends of Dorothy Wilcox

Reporting period 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 <u>Check Exchange of MS, Inc</u>		<u>10/19/11</u>	\$ <u>200</u>
Mailing Address <u>711 Brookway Blvd</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Brookhaven, MS</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200</u>
B. 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 <u>Mississippi House Republican Conference</u>		<u>10/19/11</u>	\$ <u>6,000</u>
Mailing Address <u>PO Box 947</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Brandon MS 39043</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>8,000</u>
C. Source: <input checked="" 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 <u>Georgia Pacific</u>		<u>10/19/11</u>	\$ <u>750</u>
Mailing Address <u>PO Box 61270</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Phoenix, AZ</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750</u>
D. 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 <u>Contractor's Pac</u>		<u>10/19/11</u>	\$ <u>250</u>
Mailing Address <u>PO Box 16522</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39236</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Dorothy Wilcox
Reporting period 10/1/11 through 10/29

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 <u>GO PAC</u>	<u>10/19/11</u>	\$ <u>500</u>
Mailing Address <u>1101 16th St. NW Ste 400</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Washington D.C. 20036</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
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 <u>The Republican Club of Harrison Co</u>	<u>10/19/11</u>	\$ <u>1,500</u>
Mailing Address <u>225 Cowan Road</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Gulfport, Ms 39507</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,500</u>
C. 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 <u>MS Bankers Assoc.</u>	<u>10/26/11</u>	\$ <u>3,000</u>
Mailing Address <u>PO Box 1091</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, Ms. 39215</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>3,000</u>
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 <u>Hancock Co. Republican Club</u>	<u>10/26/11</u>	\$ <u>250</u>
Mailing Address <u>PO Box 6382</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Diamondhead, MS 39525</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Friends of Dorothy Wilcox
 Reporting period 10/1/11 through 10/29/11

ITEMIZED RECEIPTS

A. 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 <u>MS Federation of Republican Women</u>	<u>10/28/11</u>	\$ <u>500</u>
Mailing Address <u>PO Box 5476</u>	<u>1/1/11</u>	\$ _____
City, State, Zip Code <u>Brandon MS 39047</u>	<u>1/1/11</u>	\$ _____
Name of Employer (Required)	<u>1/1/11</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
B. 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) <u>IN KIND</u>		
Full name <u>MS GOP</u>	<u>10/11/11</u>	\$ <u>8,125</u>
Mailing Address <u>PO Box 60</u>	<u>1/1/11</u>	\$ _____
City, State, Zip Code <u>415 Yazoo St</u>	<u>1/1/11</u>	\$ _____
Name of Employer (Required) <u>Jackson, MS 39205</u>	<u>1/1/11</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>8,125</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>IN KIND</u>		
Full name <u>MISSISSIPPI FORWARD PAC</u>	<u>10/03/11</u>	\$ <u>2071.04</u>
Mailing Address <u>PO Box 2078</u>	<u>10/19/11</u>	\$ <u>900.00</u>
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>1/1/11</u>	\$ _____
Name of Employer (Required)	<u>1/1/11</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>3971.04</u>
D. 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) <u>IN Kind contrib. Voter Contact mail</u>		
Full name <u>IMPAC (Improves MS PAC)</u>	<u>10/19/11</u>	\$ <u>1702</u>
Mailing Address <u>PO Box 23021</u>	<u>10/25/11</u>	\$ <u>3404</u>
City, State, Zip Code <u>Jackson, MS 39225-3021</u>	<u>1/1/11</u>	\$ _____
Name of Employer (Required)	<u>1/1/11</u>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>5,106</u>