Dec. 15. 2009 10:50AM Griffin Classic

2007 ELECTION CYCLE
CPR – SS 07-01

RECEIVED
OFFICE USE ONLY
DEC 15 2009
Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2007 RECEIPTS AND DISBURSEMENTS

Name of Candidate Friend to Elect William (Tracy) Arnold

Address 211 CR 2229; Booneville, MS 38829 County Prentiss

Telephone (Work) _____ (Home) 662-728-7901 (Fax) _____

Contact Name Ruth McCoy Email Address _____

Office Sought Representative District 3 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ May 10, 2007	Periodic Report (January 1, 2007, through April 30, 2007)	Mandatory
___ June 8, 2007	Periodic Report (May 1, 2007, through May 31, 2007)	Mandatory
___ July 10, 2007	Periodic Report (June 1, 2007, through June 30, 2007)	Mandatory
___ July 31, 2007	Pre Election Report (July 1, 2007, through July 28, 2007)	Primary Candidates
___ August 21, 2007	Pre Election Report (July 29, 2007, through August 18, 2007)	Runoff Candidates
___ October 10, 2007	Periodic Report (July 29, 2007 through September 30, 2007)	Mandatory
___ October 30, 2007	Pre-Election Report (October 1, 2007, through October 27, 2007)	Mandatory
___ November 13, 2007	Pre-Runoff Report (October 28, 2007, through November 10, 2007)	Runoff Candidates
✓ January 10, 2008	Periodic Report (October 28, 2007, through December 31, 2007)	Mandatory
✓	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.)	Required to terminate reporting obligations

IMPORTANT

(1) Periodic 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) (2) and (3).

(3) The appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report cash activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(Itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions $	-0- +$ 1010.00	$ 1010.00	$ 21,914.49
Total amount of disbursements $	2,787.35 +$ -0-	$ 2787.35	$ 21,912.54
Total amount of cash on hand $	1.95		

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

Ruth McCoy, Treas. 1-11-08
(Signature of Candidate) (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 Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SS07-01

Page ___ of ___

Name of Candidate or Committee Friends to Elect William (Tracy) Arnold

Reporting period Oct. 28, 2007 through Dec. 31, 2007

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WTVA		
Mailing Address: P.O. Box 350	10/31/07	$ 2604.85
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Purpose of Disbursement (Optional): Political Commericals	Aggregate Year-to-date	$ 7,038.85
B. Full name: Banner Independent	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 10	11/13/07	$ 82.00
City, State, Zip Code: Booneville, MS 38829	__/__/__	$
Purpose of Disbursement (Optional): Political Ads	Aggregate Year-to-date	$ 1162.40
C. Full name: The Daily Corinthian	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1800	11/16/07	$ 100.00
City, State, Zip Code: Corinth, MS 38834	8/14/07	$ .56
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1888.15
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	$

Name of Candidate or Committee Friends to Elect William (Tracy) Arnold

Reporting period Oct. 28, 2007 through Dec. 31, 2007

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Non-itemized	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Contributions $200 or less per individual	10/29/07	$ 900.00
Mailing Address	11/5/07	$ 100.00
City, State, Zip Code	11/19/07	$ 10.00
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 7911.49

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	$