Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 31 2011
Campaign Finance
Secretary of State
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
~~Special Election~~

Name of Committee BRANDON E. PRESLEY

Address 182 VERONA STREET, NETTLETON, MS 38858

Telephone 662-401-3985 Fax N/A

~~Treasurer~~ PUBLIC SERVICE COMMISSION NORTHERN DISTRICT Email brandonepresley@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory

____ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only

✓ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....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	$~~35,100.00~~ $ 3,470.00	$ 38,570.00	$ 38,570.00
Total amount of disbursements	$~~43,768.61~~ $ 127.80	$ 43,896.41	$ 43,896.41
Total amount of cash on hand (1-1-10 ~~4007.01~~)		$ 296.15	as of 1-31-11

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 Director or Treasurer — Date January 31, 2011

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 601-576-2612.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MR. OR MRS. CHIP CRANE	10/25/10	$ 1,500.00
Mailing Address: P.O. BOX 428	/ /	$
City, State, Zip Code: FULTON, MS 38843	/ /	$
Name of Employer (Required): F.L. CRANE AND SONS CONSTRUCTION	/ /	$
Occupation (Required): C.E.O./PRESIDENT	Aggregate year-to-date	$ 1,500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WILLIAM E. STONE	10/25/10	$ 1,000.00
Mailing Address: P.O. BOX 550	/ /	$
City, State, Zip Code: BOONEVILLE, MS 38829	/ /	$
Name of Employer (Required): KINES AND STONE CONSTRUCTION	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR. OR MRS. THOMAS F. FRIST, JR.	11/4/10	$ 250.00
Mailing Address: GENERAL ACCOUNT 1304 CHICKERING BLVD.	/ /	$
City, State, Zip Code: NASHVILLE, TN 37215	/ /	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	/ /	$
Occupation (Required): CHAIRMAN EMERITUS/CO-FOUNDER	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EUBANK CONSTRUCTION, INC.	11/1/10	$ 250.00
Mailing Address: 2011 NORTH SECOND ST.	/ /	$
City, State, Zip Code: BOONEVILLE, MS 38829	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KILES AND STONE CONSTRUCTION, INC	10/19/10	$ 500.00
Mailing Address: HIGHWAY 145 NORTH	__/__/__	$
City, State, Zip Code: BOONEVILLE, MS 38829	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PAUL CARPENTER	11/3/10	$ 500.00
Mailing Address: P.O. BOX 1101	__/__/__	$
City, State, Zip Code: GRENADA, MS 38902-1101	__/__/__	$
Name of Employer (Required): CARPENTER CONSTRUCTION COMPANY	__/__/__	$
Occupation (Required): SELF-EMPLOYED	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRANKS, FRANKS AND JARRELL, P.A.	11/4/10	$ 250.00
Mailing Address: P.O. BOX 355	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	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: LUKE MONTGOMERY	11/9/10	$ 1,000.00
Mailing Address: P.O. BOX 37	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$
Name of Employer (Required): MONTGOMERY ENTERPRISES	__/__/__	$
Occupation (Required): PRESIDENT	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: VERNON R. KELLEY, III OR BONNIE KELLEY	11/9/10	$ 250.00
Mailing Address: 2120 COUNTRY CLUB ROAD	/ /	$
City, State, Zip Code: TUPELO, MS 38804	/ /	$
Name of Employer (Required): THREE RIVERS P.D.D.	/ /	$
Occupation (Required): EXECUTIVE DIRECTOR.	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SUMMER ELLIS PROPERTIES, LLC.	11/9/10	$ 500.00
Mailing Address: 5001b HUCK-LANN DR.	/ /	$
City, State, Zip Code: ANDERY, MS 38821	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DUSTIN CHILDERS	11/9/10	$ 250.00
Mailing Address: 201 HIDDEN HILLS	/ /	$
City, State, Zip Code: BOONEVILLE, MS 38829	/ /	$
Name of Employer (Required): STUDENT - CHILDERS REALTY	/ /	$
Occupation (Required): REALTOR	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVIS W. CHILDERS	11/9/10	$ 500.00
Mailing Address: 201 HIDDEN HILLS	11/ /	$
City, State, Zip Code: BOONEVILLE, MS 38829	/ /	$
Name of Employer (Required): U.S. CONGRESSMAN / TRAVIS CHILDERS REALTY	/ /	$
Occupation (Required): REALTOR	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GLEN POUNDS D.B.A. POUNDS FARMS	11/9/10	$ 500.00
Mailing Address: 107 CEDAR RIDGE	__/__/__	$
City, State, Zip Code: BOONEVILLE, MS 38829	__/__/__	$
Name of Employer (Required): PRENTISS COUNTY	__/__/__	$
Occupation (Required): CHANCERY CLERK	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WADE AND ASSOCIATES P.A.	11/9/10	$ 500.00
Mailing Address: 322 NORTH SPRING ST.	__/__/__	$
City, State, Zip Code: TUPELO, MS 38804	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROBERT D. WALKER D.B.A. BOB'S GARDEN	11/9/10	$ 250.00
Mailing Address: 611 S. CLIFTON ST.	__/__/__	$
City, State, Zip Code: FULTON, MS 38843	__/__/__	$
Name of Employer (Required): ITAWAMBA COMMUNITY COLLEGE	__/__/__	$
Occupation (Required): STUDENT AID ADVISOR	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DANNY C. MCALISTER	11/9/10	$ 1,000.00
Mailing Address: 25081 HWY 370 WEST	__/__/__	$
City, State, Zip Code: FALKNER, MS 38629	__/__/__	$
Name of Employer (Required): HILL BROTHERS CONSTRUCTION	__/__/__	$
Occupation (Required): CONSTRUCTION	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee BRANDON FRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ERIC HOLLAND	11/9/10	$ 250.00
Mailing Address: P.O. BOX 127	/ /	$
City, State, Zip Code: FULTON, MS	/ /	$
Name of Employer (Required): THE MEADOWS	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. WARREN OR TERESA E. TARDY	11/4/10	$ 500.00
Mailing Address: 1934 OLD HICKORY BLVD.	/ /	$
City, State, Zip Code: BRENTWOOD, TN 37027	/ /	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	/ /	$
Occupation (Required): GOVERNMENT RELATIONS	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: VICTOR L. CAMPBELL	11/2/10	$ 1,500.00
Mailing Address: 1307 CHICKERING RD.	/ /	$
City, State, Zip Code: NASHVILLE, TN 37215-4521	/ /	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	/ /	$
Occupation (Required): SENIOR V.P. OF INVESTOR RELATIONS	Aggregate year-to-date	$ 1,500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. PARKER SHERRILL	11/8/10	$ 1,000.00
Mailing Address: 713 VAIL CT.	/ /	$
City, State, Zip Code: NASHVILLE, TN 37215-1849	/ /	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	/ /	$
Occupation (Required): V.P. OF GOVERNMENT RELATIONS	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EDWARD E. MCCOY	11/9/10	$ 300.00
Mailing Address: 59 CR 1040	/ /	$
City, State, Zip Code: BOONEVILLE, MS 38829	/ /	$
Name of Employer (Required): RETIRED	/ /	$
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: WILLIAM J. MCCOY OR EDITH L. MCCOY	11/5/10	$ 1,500.00
Mailing Address: BILLY MCCOY CAMPAIGN FUND 259 CR 1021	/ /	$
City, State, Zip Code: BIENVILLE, MS 38865-9360	/ /	$
Name of Employer (Required): STATE OF MS	/ /	$
Occupation (Required): SPEAKER OF HOUSE	Aggregate year-to-date	$ 1,500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KENNETH OSWALT	10/23/10	$ 500.00
Mailing Address: FILM ACCOUNT 121 CR 500	/ /	$
City, State, Zip Code: PLANTERSVILLE, MS 38862	/ /	$
Name of Employer (Required): OSWALT FARMS	/ /	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ALAN R. YUSPEH / JANET HORN YUSPEH	11/4/10	$ 250.00
Mailing Address: P.O. BOX 331728	/ /	$
City, State, Zip Code: NASHVILLE, TN 37209-7516	/ /	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	/ /	$
Occupation (Required): SENIOR VICE PRESIDENT	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LARRY AND DELOIS MONTGOMERY	11/9/10	$ 500.00
Mailing Address: 101 FRANCIS DRIVE	/ /	$
City, State, Zip Code: FULTON, MS 38843	/ /	$
Name of Employer (Required): CHECK DEPOT	/ /	$
Occupation (Required): PRINCIPAL	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RENASANT BANK EMPLOYEES VOLUNTARY POLITICAL COMMITTEE	11/10/10	$ 500.00
Mailing Address: P.O. BOX 709	/ /	$
City, State, Zip Code: TUPELO, MS 38802	/ /	$
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: THOMAS E. CHILDS, JR.	11/15/10	$ 1,500.00
Mailing Address: P.O. BOX 1429	2/1/10	$ 2,500.00
City, State, Zip Code: FULTON, MS 38843	/ /	$
Name of Employer (Required): SELF-EMPLOYED	/ /	$
Occupation (Required): RETIRED ATTORNEY	Aggregate year-to-date	$ 4,000.00

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 BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BRANDON E. PRESLEY	8/31/10	$ 5,000.00
Mailing Address: 182 VERONA AVENUE	5/24/10	$ 2,500.00
City, State, Zip Code: NETTLETON, MS 38858	3/22/10	$ 500.00
Name of Employer (Required): STATE OF MISSISSIPPI	5/10/10	$ 2,000.00
Occupation (Required): PUBLIC SERVICE COMMISSIONER	Aggregate year-to-date	$ 10,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GRETA J. PRESLEY	3/20/10	$ 2,500.00
Mailing Address: 328-B LAUDERDALE ROAD	5/10/10	$ 2,000.00
City, State, Zip Code: NASHVILLE, TN	__/__/__	$
Name of Employer (Required): HOSPITAL CORPORATION OF AMERICA	__/__/__	$
Occupation (Required): EXECUTIVE ASSISTANT	Aggregate year-to-date	$ 4,500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MR. OR MRS. LYNN DAVIS	1/15/10	$ 500.00
Mailing Address: P.O. BOX 186	__/__/__	$
City, State, Zip Code: HOULKA, MS 38850	__/__/__	$
Name of Employer (Required): DAVIS INTERNATIONAL	__/__/__	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) IN KIND FUNDRAISER FOOD SERVICE	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROB LESLIE	11/9/10	$ 300.00
Mailing Address: 801 WEST JACKSON STREET	__/__/__	$
City, State, Zip Code: TUPELO, MS 38804	__/__/__	$
Name of Employer (Required): ROMIE'S GROCERY	__/__/__	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-2010 through DEC. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name ELECTION IMPACT GROUP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 2078	2 / 11 / 10	$ 1,000.00
City, State, Zip Code OXFORD, MS 38655	11 / 18 / 10	$ 250.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,250.00
B. Full name BRANDON E. PRESLEY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 182 VERONA AVE.	11 / 18 / 10	$ 500.00
City, State, Zip Code NETTLETON, MS 38858	/ /	$
Purpose of Disbursement (Optional) REIMBURSEMENT OF EXPENSES	Aggregate Year-to-date	$ 500.00
C. Full name BANCORPSOUTH - NETTLETON BRANCH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. DRAWER II	3 / 21 / 10	$ 5,000.00
City, State, Zip Code NETTLETON, MS	11 / 10 / 10	$ 15,964.65
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 18 / 10	$ 2,082.40
City, State, Zip Code	11 / 4 / 10	$ 35.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 6 / 10	$ 32.00
City, State, Zip Code	4 / 6 / 10	$ 32.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 10 / 10	$ 1,826.19
City, State, Zip Code	5 / 10 / 10	$ 2,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee BRANDON PRESLEY

Reporting period 01-01-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BANCORPSOUTH - NETTLETON BRANCH		
Mailing Address P.O. DRAWER	12/30/10	$ 395.12
City, State, Zip Code NETTLETON, MS 38858	8/31/10	$ 5,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	1/28/10	$ 4,250.00
City, State, Zip Code	5/24/10	$ 2,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 39,127.36
C. Full name DIGITAL IMPRESSIONS PRINTING	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. BOX 408	11/10/10	$ 1,252.50
City, State, Zip Code NETTLETON, MS 38858	__/__/__	$
Purpose of Disbursement (Optional) FUNDRAISER INVITATIONS AND MAILING	Aggregate Year-to-date	$ 1,252.50
D. Full name RONIE'S GROCERY	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 804 WEST JACKSON ST.	11/9/10	$ 1,638.75
City, State, Zip Code TUPELO, MS 38804	__/__/__	$
Purpose of Disbursement (Optional) FUNDRAISER FOOD, HOST	Aggregate Year-to-date	$ 1,638.75
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	$