2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 21 2010
Secretary of State
Capitol Office
DATE STAMP

Candidate's Name CECIL BROWN

Full Address PO BOX 55102 JACKSON, MS 39296

Telephone 601 709 1293 (Fax) 601 366 0113

E-mail cecilb@lycos.com

Office Sought HOUSE OF REP DISTRICT 66 Political Party DEMOCRATIC

☒ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

_____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 municipal clerk 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	36971.08	$ 36971.08	$ 36971.08
Total amount of disbursements	9930.24	$ 9930.24	$ 9930.24
Total amount of cash on hand		$ 30,993.17	

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 Candidate _____ Date 1/22/10

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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee CECIL SCHEM

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GLAXO SMITH KLINE	1/15/09	$ 1000.00
Mailing Address: PO BOX 17929	__/__/__	$
City, State, Zip Code: PHILADELPHIA, PA 19101	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAY STREET CORP	12/30/09	$ 500.00
Mailing Address: PO BOX 16505	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: William W Harris	12/18/09	$ 500.00
Mailing Address: 6 Longfellow Park	__/__/__	$
City, State, Zip Code: Cambridge MA 02138	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): PRIVATE INVESTOR	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: MAE PAC	12/10/09	$ 500.00
Mailing Address: PO BOX 10845	__/__/__	$
City, State, Zip Code: JACKSON, MS 39289	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee CECIL BROWN

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DIVEN B & LYNN EVANS	10/2/09	$ 300.00
Mailing Address: 4127 RIDGEWOOD RD	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): UMC	__/__/__	$
Occupation (Required): PHYSICIAN	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: CHEVRON CORPORATION	9/2/09	$ 500.00
Mailing Address: PO BOX 9024	__/__/__	$
City, State, Zip Code: CONCORD, CA 94524	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: ALTRIA CLIENT SERVICES INC	10/30/09	$ 500.00
Mailing Address: 6601 W BROAD ST.	__/__/__	$
City, State, Zip Code: RICHMOND, VA 23230	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: DANA & SHEILA BOYINGTON	11/17/09	$ 500.00
Mailing Address: 3406 ENDAVE BAY DR.	__/__/__	$
City, State, Zip Code: CHATTANOOGA, TN 37415	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BILLY JR AND CALHOUN	10/30/09	$ 500.00
Mailing Address: 4211 EASTVIEW DR	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): PRIMEX OIL CO.	__/__/__	$
Occupation (Required): GENERAL PARTNER	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: JAMES OLMAN, LYNN LIPSCOMB	11/2/09	$ 500.00
Mailing Address: P O BOX 626	__/__/__	$
City, State, Zip Code: GREENVILLE, MS 38702	__/__/__	$
Name of Employer (Required): LIPSCOMB OIL CO.	__/__/__	$
Occupation (Required): EXECUTIVE	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: SOUTHERN FARM BUREAU LIFE INS CO	10/29/09	$ 500.00
Mailing Address: PO BOX 78	__/__/__	$
City, State, Zip Code: JACKSON, MS 39205	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	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: LANE DITTO	11/2/09	$ 1000.00
Mailing Address: 3972 START PLACE	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): STATE ST GROUP	__/__/__	$
Occupation (Required): EXECUTIVE	Aggregate year-to-date	$ 1000.00

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MR MRS JOHN CORLEW	11/1/09	$ 500.00
Mailing Address: 2124 GATEVER DR	/ /	$
City, State, Zip Code: JACKSON, MS 39211	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTORNEY	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: M H A PAC	10/28/09	$ 500.00
Mailing Address: PO BOX 16444	/ /	$
City, State, Zip Code: JACKSON, MS 39236	/ /	$
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: E B ROBINSON JR.	10/28/09	$ 500.00
Mailing Address: 49 EASTBROOK	/ /	$
City, State, Zip Code: JACKSON, MS 39216	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required):	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: HUGH & CYNTHIA PARKER	10/20/09	$ 1000.00
Mailing Address: 120 CANTERBURY PLACE	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): HURNE CPAs	/ /	$
Occupation (Required): CPA	Aggregate year-to-date	$ 1000.00

Reporting period 11/09 through 12/31/09

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENTERPRISE HOLDINGS INC PAC	12/17/09	$ 500.00
Mailing Address: 600 CORPORATE PARK DRIVE	__/__/__	$
City, State, Zip Code: ST LOUIS MO 63105	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: KEN + MARTHA KORTMAYER	11/23/09	$ 500.00
Mailing Address: 9473 FISHER FERRY RD.	__/__/__	$
City, State, Zip Code: VICKSBURG MS 39180	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): WRITER/ ARTIST	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: EARON WEAKE	11/16/09	$ 500.00
Mailing Address: 2469 MERIDIANVILLE RD.	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): ROSS & YERGER INS CO.	__/__/__	$
Occupation (Required): INSURANCE	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: KAY ATWOOD VANSHIVER	11/9/09	$ 500.00
Mailing Address: PO BOX 565	__/__/__	$
City, State, Zip Code: KOSCIUSKO, MS 39090	__/__/__	$
Name of Employer (Required): ATWOOD FENCE CO.	__/__/__	$
Occupation (Required): CONTRACTOR	Aggregate year-to-date	$ 500.00

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Reporting period 1/1/09 through 12/31/09

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROB OR PAM WELLS	11/18/09	$ 500.00
Mailing Address: 226 WEATFIELD RD	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): YOUNG WILLIAMS	/ /	$
Occupation (Required): ATTORNEY	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: MNA PAC	11/10/09	$ 250.00
Mailing Address: 71 WOODGREEN PLACE	/ /	$
City, State, Zip Code: MADISON, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: QC HOLDINGS INC.	10/25/09	$ 250.00
Mailing Address: STE 1500	/ /	$
City, State, Zip Code: OVERLAND, KS 66210	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: GRAND TRUNK WESTERN RR	9/4/09	$ 250.00
Mailing Address: PO BOX 5125	/ /	$
City, State, Zip Code: TROY, MI 48007-5125	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

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A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JANET S LUTHER CPT	11/10/09	$ 250.00
Mailing Address: 1200 MEADOWBROOK RD #44	/ /	$
City, State, Zip Code: JACKSON, MS 39206	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): PRIEST / PRIEST	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: H C BAILEY JR	10/29/09	$ 250.00
Mailing Address: 1022 HIGHLAND COLONY PKWY	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required): H C BAILEY COMPANIES	/ /	$
Occupation (Required): RE DEVELOPMENT	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DICK & SALLY MULPAS	11/10/09	$ 500.00
Mailing Address: 3929 CRANE RUN	/ /	$
City, State, Zip Code: JACKSON, MS 39216	/ /	$
Name of Employer (Required): MULPAS WOODLANDS GROUP	/ /	$
Occupation (Required): TIMBER	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: MS HEALTHCARE ASSN PAC	10/29/09	$ 500.00
Mailing Address: 1076 HIGHLAND COLONY PKWY #125	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

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Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) ASSOCIATION	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENTERTAINMENT SOFTWARE ASSO	9/21/09	$ 500.00
Mailing Address: 575 7TH ST NW STE 300	__/__/__	$
City, State, Zip Code: WASHINGTON, DC 20004	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: LUKE ANNE	11/10/09	$ 250.00
Mailing Address: 4140 SANDRIDGE DR	__/__/__	$
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BILL TOWN	11/6/09	$ 500.00
Mailing Address: 1776 LELIA DR.	__/__/__	$
City, State, Zip Code: JACKSON, MS 39216	__/__/__	$
Name of Employer (Required): NIX-TOWN	__/__/__	$
Occupation (Required): REAL ESTATE	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: TIM FORD	11/4/09	$ 500.00
Mailing Address: PO BOX 22587	__/__/__	$
City, State, Zip Code: JACKSON, MS 39225	__/__/__	$
Name of Employer (Required): BALCH & BINGHAM	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee CECIL BROWN

Reporting period 7/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MIKE MCREE	10/29/09	$ 500.00
Mailing Address: PO BOX 1006	__/__/__	$
City, State, Zip Code: JACKSON, MS 39216	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): INVESTMENTS	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: WILSON JOHNSON LONISA DIXON	10/29/09	$ 250.00
Mailing Address: 1620 BELMONT ST	__/__/__	$
City, State, Zip Code: JACKSON, MS 39202	__/__/__	$
Name of Employer (Required): BAKER DONELSON	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI AMERICAN LIFE INS CO.	10/26/09	$ 1000.00
Mailing Address: P O BOX 12449	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAKER DONELSON MS PAC	10/26/09	$ 500.00
Mailing Address: PO BOX 14167	__/__/__	$
City, State, Zip Code: JACKSON, MS 39236	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee CELIL BROWN

Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) ASSOCIATION	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASSOCIATION FOR HEALTHCARE	12/1/09	$ 300.00
Mailing Address: 134 FAIRMONT ST STE B	__/__/__	$
City, State, Zip Code: CLINTON, MS 39056	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: LEARNING THROUGH SPORTS, INC.	11/17/09	$ 500.00
Mailing Address: 1 MT LAUREL AVE STE 210	__/__/__	$
City, State, Zip Code: BIRMINGHAM, AL 35242	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: ENTergy	11/18/09	$ 250.00
Mailing Address: PO BOX 1640	__/__/__	$
City, State, Zip Code: JACKSON, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$ 250.00
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	$

Name of Candidate or Committee CECIL BROWN

Reporting period 1/1/09 through 12/31/09

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ITEMIZED DISBURSEMENTS

A. Full name JOHN HORAN CAMPAIGN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5334 I-55 NW FRONTAGE RD	3/24/09	$ 1000.00
City, State, Zip Code JACKSON, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
B. Full name HARVEY JOHNSON CAMPAIGN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 9964	5/19/09	$ 1000.00
City, State, Zip Code JACKSON, MS 39286	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
C. Full name AMERIMAIL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 125 E SMITH ST	8/11/09	$ 1761.75
City, State, Zip Code JACKSON, MS 39201-5106	8/12/09	$ 2792.28
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4555.03
D. Full name PIP PRINTING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 420 CHRISTINE DR	11/8/09	$ 496.97
City, State, Zip Code RIDGELAND, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 496.97
E. Full name ROBERT GRAHAM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 68	11/9/09	$ 500.00
City, State, Zip Code JACKSON, MS 39205-0068	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
F. Full name LEIGH THOMAS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5305 FARNSWORTH DRIVE	11/17/09	$ 1733.98
City, State, Zip Code JACKSON, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1733.98

SS04-06

Name of Candidate or Committee CECIL BROWN

Reporting period 1/1/09 through 12/31/09

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
CARDT LEAGE		
Mailing Address 2375 N STATE ST	10/22/09	$ 175 88
City, State, Zip Code JACKSON, MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 175 88
B. 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	$
C. 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	$
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	$