2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Senate District 36 Special Election

Name of Candidate ALBERT BUTLER

Address P.O. BOX 614, PORT GIBSON, MS. 39150

Telephone (601) 437-4099 Fax (601) 437-0688

Contact Name _____ Email butlerlaw@wildblue.net

Office Sought STATE SENATE DISTRICT 36 Political Party N/A

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **February 9, 2010 Pre-Election Report** (January 1, 2010, through February 6, 2010).....**Mandatory**

_X_ **March 2, 2010 Runoff Report** (February 7, 2010 through February 27, 2010).....**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	$5500 +$ 1356	$ 6856	$ 16256
Total amount of disbursements	$5219 +$ 4233	$ 9452	$ 16132
Total amount of cash on hand		$ 124	

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

Albert Butler
Signature of Candidate

3/10/10
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 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.

SOS 01-10

MAR-10-2010 17:50 From:CITY OF PORT GIBSON 6014378667 To:8778828783 P.1/7

Name of Candidate or Committee ALBERT BUTLER

Reporting period 2/7/10 through 2/27/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TANDA RESOURCES	2/15/10	$ 200
Mailing Address: 4900 WOODWAY, SUITE 1040	/ /	$
City, State, Zip Code: HOUSTON, TX 77056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DISTRICT 1199C POLITICAL ACTION FUND	2/3/10	$ 500
Mailing Address: 1319 LOCUST ST.	/ /	$
City, State, Zip Code: PHILADELPHIA, PA 19107	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BUDDY MEDLIN & ASSOCIATES, INC.	2/15/10	$ 200
Mailing Address: P.O. BOX 24087	/ /	$
City, State, Zip Code: JACKSON, MS 39225-4087	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MISSISSIPPI FEC #C00363879	2/15/10	$ 250
Mailing Address: P.O. BOX 1640	/ /	$
City, State, Zip Code: JACKSON, MS. 39215-1640	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

MAR-10-2010 17:50 From:CITY OF PORT GIBSON 6014378667 To:8778828783 P.2/7

Name of Candidate or Committee ALBERT BUTLER

Reporting period 2/7/10 through 2/27/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: US CONSOLIDATED GROUP LLC	2/10/10	$ 500
Mailing Address: 4785 I-55 NORTH SUITE 102	/ /	$
City, State, Zip Code: JACKSON MS. 39206	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MIKE ESPY	2/11/10	$ 1000
Mailing Address: 124 CHERRY LAUREL CIRCLE	/ /	$
City, State, Zip Code: RIDGELAND, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 1000

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify): SOCIAL FRATERNITY	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ETA TAU CHAPTER OMEGA PSI PHI FRATERNITY	/ /	$ 300
Mailing Address: P.O. BOX 704	/ /	$
City, State, Zip Code: PORT GIBSON, MS. 39150	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RIVERHILLS BANK	2/12/10	$ 1000
Mailing Address: 702 MARKET ST.	/ /	$
City, State, Zip Code: PORT GIBSON MS. 39150	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): BANKING	Aggregate year-to-date	$ 1000

SS04-05

MAR-10-2010 17:50 From:CITY OF PORT GIBSON 6014378667 To:8778278783 P.3/7

Name of Candidate or Committee ALABRI BUTLER

Reporting period 2/7/10 through 2/27/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAJ. ANTOINETTE R. GANT	2/10/10	$ 500
Mailing Address: 1094 OLOGGER LANE	/ /	$
City, State, Zip Code: FOUNTAIN, CO 80817	/ /	$
Name of Employer (Required): U.S. MILITARY	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DONALD CLARK	2/15/10	$ 500
Mailing Address: P.O. BOX 22567	/ /	$
City, State, Zip Code: JACKSON, MS. 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAMES D. SHANNON	2/15/10	$ 250
Mailing Address: 100 WEST GALLATIN STREET	/ /	$
City, State, Zip Code: HAZLEHURST, MS. 39083	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SANDRA NOBLE	2/18/10	$ 300
Mailing Address: 2169 GORDON STATION ROAD	/ /	$
City, State, Zip Code: PORT GIBSON, MS. 39150	/ /	$
Name of Employer (Required): RETIRED EDUCATOR	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500

SS04-05

MAR-10-2010 17:51 From:CITY OF PORT GIBSON 6014378667 To:8778278783 P.4/7

Name of Candidate or Committee ALBERT BUTLER

Reporting period 2/7/10 through 2/27/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
PORT GIBSON REVEILLE		
Mailing Address: P.O. BOX 1002	2/8/10	$ 120
City, State, Zip Code: PORT GIBSON, MS. 39150	2/18/10	$ 120
Purpose of Disbursement (Optional): NEWSPAPER AD	Aggregate Year-to-date	$ 720
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
COPIAH CO. COURIER		
Mailing Address: 103 S. RAGSDALE AVE.	2/10/10	$ 354
City, State, Zip Code: HAZLEHURST, MS. 39083	__/__/__	$ 354
Purpose of Disbursement (Optional): NEWSPAPER ADS (COURIER/MIRROR)	Aggregate Year-to-date	$ 2,319
C. Full name: JONATHAN HYDER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: N/A	2/15/10	$ 125
City, State, Zip Code: PORT GIBSON, MS.	__/__/__	$
Purpose of Disbursement (Optional): CAMPAIGN WORK (PUSH CARD DIST.)	Aggregate Year-to-date	$ 125
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
JOSEPH PORTER		
Mailing Address: N/A	2/15/10	$ 100
City, State, Zip Code: PORT GIBSON, MS.	__/__/__	$ 120
Purpose of Disbursement (Optional): CAMPAIGN WORK (PUSH CARD DIST.)	Aggregate Year-to-date	$ 520
E. Full name: THE FAYETTE CHRONICLE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 536	2/19/10	$ 258
City, State, Zip Code: FAYETTE, MS. 39069	__/__/__	$
Purpose of Disbursement (Optional): NEWSPAPER ADS	Aggregate Year-to-date	$ 623
F. Full name: HINDS COUNTY GAZETTE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 729	2/19/10	$ 228
City, State, Zip Code: RAYMOND, MS. 39154	__/__/__	$
Purpose of Disbursement (Optional): NEWSPAPER ADS	Aggregate Year-to-date	$ 620

SS04-06

Name of Candidate or Committee ALBERT BUTLER

Reporting period 2/7/10 through 2/27/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
EDWARD CARTER	2/15/10	$ 400
Mailing Address: P.O. BOX 98		
City, State, Zip Code: PORT GIBSON, MS. 39150	__/__/__	$ 200
Purpose of Disbursement (Optional): CAMPAIGN WORK	Aggregate Year-to-date	$ 900
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
PAT GUYNES	2/15/10	$ 300
Mailing Address: N/A		
City, State, Zip Code: CRYSTAL SPRINGS, MS.	__/__/__	$
Purpose of Disbursement (Optional): CAMPAIGN WORK (CANVASSING SUPERVISION)	Aggregate Year-to-date	$ 300
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
GEORGE BURNES	2/15/10	$ 200
Mailing Address: N/A		
City, State, Zip Code: UTICA, MS.	__/__/__	$
Purpose of Disbursement (Optional): CAMPAIGN WORK	Aggregate Year-to-date	$ 200
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
C.R. ADVERTISING	2/19/10	$ 1570
Mailing Address: 13800 COPPERMINE ROAD		
City, State, Zip Code: HERNDON, VA 20171	__/__/__	$
Purpose of Disbursement (Optional): ROBO CALLS	Aggregate Year-to-date	$ 1570
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
KENNETH MCGRIGGS		
Mailing Address: N/A	__/__/__	$ 150
City, State, Zip Code: PORT GIBSON, MS. 39150	__/__/__	$
Purpose of Disbursement (Optional): RECORD POLITICAL ADS FOR RADIO	Aggregate Year-to-date	$ 150
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
NMPR - FM RADIO		
Mailing Address: 1018 PECAN PARK CIRCLE	__/__/__	$ 1000
City, State, Zip Code: JACKSON, MS. 39209	__/__/__	$
Purpose of Disbursement (Optional): RADIO ADVERTISING	Aggregate Year-to-date	$ 1000

SS04-06

MAR-10-2010 17:51 From:CITY OF PORT GIBSON 6014378667 To:8778278783 P.6/7

Name of Candidate or Committee ALBERT BUILER

Reporting period 2/7/10 through 2/27/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SHIRLEY JONES		
Mailing Address N/A	__/__/__	$ 100
City, State, Zip Code HAZLEHURST, MS.	__/__/__	$
Purpose of Disbursement (Optional) CAMPAIGN WORK	Aggregate Year-to-date	$ 100
B. Full name BOBBIE BUCK	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address N/A	__/__/__	$ 120
City, State, Zip Code PORT GIBSON, MS. 39150	__/__/__	$
Purpose of Disbursement (Optional) CANVASSING	Aggregate Year-to-date	$ 120
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	$

MAR-10-2010 17:51 From:CITY OF PORT GIBSON 6014378667 To:8778827883 P.7/7