Delbert Hosemann
SECRETARY OF STATE

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

RECEIVED
JAN 04 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Casey Eure Campaign

Address: 13372 Damon CT. Biloxi, MS 39532

Telephone: 228-297-2849 Fax:

Treasurer: Casey Eure Email: eure@Cablecne.net

☐ Check here if above is different from previous report

**TYPE OF REPORT**

X January 4, 2011 Pre-Election Report (January 1, 2011, 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, 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) — 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 | $ 40,650.00 + $ 7,047.00 | $ 47,697.00 | $ 47,697.00 |
| Total amount of disbursements | $ 26,731.57 + $ | $ 26,731.57 | $ 26,731.57 |
| Total amount of cash on hand | 20,965.43 | $ 20,965.43 | |

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

Casey Eure
Signature of Director or Treasurer

11-4-11
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 601-576-2619.*
*2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Prime Time Agency | 11/15/10 | $ 2,500.00 |
| 1313 25th Ave | 11/15/10 | $ 4,811.75 |
| Gulfport, MS 39501 | Aggregate Year-to-date | $ 7,311.75 |

| B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Gayle Parker | 11/15/10 | $ 55.00 |
| 730 DR Martin Luther King JR Blvd | __/__/__ | $ 82.00 |
| Biloxi, MS 39530 | Aggregate Year-to-date | $ 137.00 |

| C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Coastline Farm | 11/16/10 | $ 216.65 |
| 11548 Dedeaux Rd. | 11/16/10 | $ 178.14 |
| Gulfport, MS 39503 | Aggregate Year-to-date | $ 394.79 |

| D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Coastline Farm | 11/18/10 | $ 119.41 |
| 11548 Dedeaux Rd | __/__/__ | $ |
| Gulfport, MS 39503 | Aggregate Year-to-date | $ 119.41 |

| E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Prime Time Agency | 11/18/10 | $ 3,132.36 |
| 1313 25th Ave | 11/19/10 | $ 2,500.00 |
| Gulfport, MS 39501 | Aggregate Year-to-date | $ 12,944.11 |

| F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Charlie Hart | 11/20/10 | $ 100.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ 100.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11



# ITEMIZED DISBURSEMENTS

| Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Biloxi Bombers | 11/29/10 | $ 200.00 |
| | Aggregate Year-to-date | $ 200.00 |
| B. Gayle Parker, 730 Dr. Martin Luther King JR Blvd, Biloxi, MS 39530 | 12/13/10 | $ 64.00 |
| | Aggregate Year-to-date | $ 64.00 |
| C. The Prime Time Agency, 1313 25th Ave, Gulfport, MS 39501 | 12/13/10 | $ 6,321.93 |
| | Aggregate Year-to-date | $ 19,266.04 |
| D. Cableone, 786 Dr. Martin Luther King JR Blvd, Biloxi, MS 39503 | 12/15/10 | $ 163.75 |
| | Aggregate Year-to-date | $ |
| E. Winning Edge Communications, 305 East 16th, Anniston AL 36207 | 12/14/10 | $ 2,386.58 |
| | Aggregate Year-to-date | $ 2,386.58 |
| F. Double K Ent. | 12/21/10 | $ 850.00 |
| | Aggregate Year-to-date | $ 850.00 |

SS04-06

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Foster Film Inc | | |
| Mailing Address 2346 Park Place | 12/22/10 | $ 2950.00 |
| City, State, Zip Code Gulfport, MS 39507 | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| B. Full name | Aggregate Year-to-date | $ 2950.00 |
| Harrison County Republican Club | | |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 12/22/10 | $ 100.00 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| C. Full name | Aggregate Year-to-date | $ 100.00 |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| D. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| E. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| F. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

SSC4-05

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

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# ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Baker Services | 12/17/10 | $ 250.00 |
| PO Box 6717 | / / | $ |
| Jackson, MS 39282 | / / | $ |
| | / / | $ |
| Aggregate year-to-date | | $ 250.00 |

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| RPM Investments LLC | 11/4/10 | $ 1000.00 |
| 22160 Hwy 53 | 12/20/10 | $ 400.00 |
| Gulfport, MS 39503 | / / | $ |
| | / / | $ |
| Aggregate year-to-date | | $ 1,400.00 |

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Gayle Ladner Bentz | 12/21/10 | $ 1,000.00 |
| 2619 Parkview DR. | / / | $ |
| Biloxi MS 39532 | / / | $ |
| Retired | / / | $ |
| Aggregate year-to-date | | $ 1000.00 |

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| On the Water LLC | 12/3/10 | $ 300.00 |
| 732 Wells DR. | 12/9/10 | $ 100.00 |
| Biloxi, MS 39532 | / / | $ |
| | / / | $ |
| Aggregate year-to-date | | $ 400.00 |

Name of Candidate or Committee Casey Eure Campaign

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Janet and Norwood Jr. Seymour | 12/13/10 | $ 1000.00 |
| Mailing Address: 16057 Hwy 67 | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39532 | __/__/__ | $ |
| Name of Employer (Required): Gulf Pride | __/__/__ | $ |
| Occupation (Required): Co-owner | 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: Fred Schwan | 12/13/10 | $ 250.00 |
| Mailing Address: PO Box 61 | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39533 | __/__/__ | $ |
| Name of Employer (Required): Lighthouse Marble | __/__/__ | $ |
| Occupation (Required): owner | 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: Jim + Linden Brashier | 12/9/10 | $ 1000.00 |
| Mailing Address: 12461 Preservation DR. | __/__/__ | $ |
| City, State, Zip Code: Gulfport, MS 39530 | __/__/__ | $ |
| Name of Employer (Required): Insurance center at BancorpSouth | __/__/__ | $ |
| 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: Sheila A. Hebert | 12/3/10 | $ 300.00 |
| Mailing Address: 729 Clover Place | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39532 | __/__/__ | $ |
| Name of Employer (Required): Biloxi Reg. Medical Center | __/__/__ | $ |
| Occupation (Required): CRNA | Aggregate year-to-date | $ 300.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11



# ITEMIZED RECEIPTS

| | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: Gregory N. Nolte III | 12/9/10 | $ 1,000.00 |
| Mailing Address: 790 Ivy Hill Court | __/__/__ | $ |
| City, State, Zip Code: Biloxi MS 39532 | __/__/__ | $ |
| Name of Employer (Required): DNP | __/__/__ | $ |
| Occupation (Required): owner | Aggregate year-to-date | $ 1000.00 |
| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: Richard B. Bennett | 12/9/10 | $ 300.00 |
| Mailing Address: 20108 Daugherty Rd | __/__/__ | $ |
| City, State, Zip Code: Long Beach, MS 39560 | __/__/__ | $ |
| Name of Employer (Required): State of MS | __/__/__ | $ |
| Occupation (Required): State Representative | Aggregate year-to-date | $ 300.00 |
| C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: Linda and Sidney Malpass | 12/9/10 | $ 250.00 |
| Mailing Address: 1991 Popps Ferry Rd. | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39532 | __/__/__ | $ |
| Name of Employer (Required): Malpass Pool & Spa | __/__/__ | $ |
| Occupation (Required): owner | Aggregate year-to-date | $ 250.00 |
| D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: Shelly B. Boone | 12/9/10 | $ 250.00 |
| Mailing Address: 16127 Carolyn ST | 12/14/10 | $ 1000.00 |
| City, State, Zip Code: Gulfport, MS 39503 | __/__/__ | $ |
| Name of Employer (Required): Palazzo & Co. CPA | __/__/__ | $ |
| Occupation (Required): CPA | Aggregate year-to-date | $ 1250.00 |

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Shivers Properties OF MS LLC | 12/22/10 | $ 400.00 |
| Mailing Address: 375 Tegarden Rd | / / | $ |
| City, State, Zip Code: Gulfport, MS 39507 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 400.00 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Orgler Holdings LLC | 12/10/10 | $ 200.00 |
| Mailing Address: 7003 Rolling Green DR | 12/22/10 | $ 100.00 |
| City, State, Zip Code: Pass Christian, MS 39571 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 300.00 |

| C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Coastal Waste Company INC | 12/14/10 | $ 500.00 |
| Mailing Address: PO Box 6127 | / / | $ |
| City, State, Zip Code: D'Iberville, MS 39540 | / / | $ |
| 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: Electric Power Associations OF MS | 12/16/10 | $ 250.00 |
| Mailing Address: PO Box 3306 | / / | $ |
| City, State, Zip Code: Ridgeland MS 39158 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 250.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11



# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: William Lee Guice IV | 11/4/10 | $ 3,000.00 |
| Mailing Address: 430 Sanlemay Court | 12/9/10 | $ 100.00 |
| City, State, Zip Code: Biloxi, MS 39532 | / / | $ |
| Name of Employer (Required): Guice Offshore | / / | $ |
| Occupation (Required): Owner | Aggregate year-to-date | $ 3,100.00 |

| B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: W S Swetman III | 11/4/10 | $ 500.00 |
| Mailing Address: 7834 Rushing Oaks DR. | / / | $ |
| City, State, Zip Code: Biloxi, MS 39532 | / / | $ |
| Name of Employer (Required): Harrison County | / / | $ |
| Occupation (Required): Board of Supervisors Dist 1 | 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: Deviney Construction Company Inc | 12/17/10 | $ 250.00 |
| Mailing Address: PO Box 6717 | / / | $ |
| City, State, Zip Code: Jackson, MS 39282 | / / | $ |
| 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: Deviney Brothers Inc | 12/14/10 | $ 250.00 |
| Mailing Address: PO Box 6717 | / / | $ |
| City, State, Zip Code: Jackson, MS 39282 | / / | $ |
| Name of Employer (Required): | / / | $ |
| Occupation (Required): | Aggregate year-to-date | $ 250.00 |

Name of Candidate or Committee Casey Eure Campaign

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Ann Gary | 12/9/10 | $ 500.00 |
| Mailing Address: 859 On The Green | 12/22/10 | $ 100.00 |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| Name of Employer (Required): Gulf Pride | / / | $ |
| Occupation (Required): | Aggregate year-to-date | $ 600.00 |

| B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Douglas and Mary Hebert | 12/9/10 | $ 250.00 |
| Mailing Address: 12494 Raintree Place | / / | $ |
| City, State, Zip Code: Biloxi, MS 39532 | / / | $ |
| Name of Employer (Required): Retired | / / | $ |
| 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: George and Jaime Denmark | 12/9/10 | $ 500.00 |
| Mailing Address: 11455 Holly Bluff Circle | / / | $ |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| 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: Jimmy R. Lane | 12/9/10 | $ 500.00 |
| Mailing Address: PO Box 1437 | / / | $ |
| City, State, Zip Code: Ocean Springs MS 39566 | / / | $ |
| Name of Employer (Required): Lane Construction | / / | $ |
| Occupation (Required): Owner | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee Casey Ewre Campaign

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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: Community Bank | 12/9/10 | $ 500.00 |
| Mailing Address | __/__/__ | $ |
| City, State, Zip Code | __/__/__ | $ |
| 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: JEH Consulting, LLC | 12/8/10 | $ 250.00 |
| Mailing Address: 304 Porter Ave | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39530 | __/__/__ | $ |
| 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: Maxwell Walker Consulting Group LLC | 12/9/10 | $ 500.00 |
| Mailing Address: PO Box 1665 | __/__/__ | $ |
| City, State, Zip Code: Pascagoula MS 39565 | __/__/__ | $ |
| 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: Johnson Collision Center Inc | 12/9/10 | $ 500.00 |
| Mailing Address: 12262-B Parker Creek Rd | __/__/__ | $ |
| City, State, Zip Code: Biloxi MS 39532 | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee Casey Eure Campaign

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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: KPR Properties, LLC | 11/4/10 | $ 1000.00 |
| Mailing Address: 13372 Damon CT. | __/__/__ | $ |
| City, State, Zip Code: Biloxi MS 39532 | __/__/__ | $ |
| 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: Atlas Real Est Services, LLC | 11/19/10 | $ 1,000.00 |
| Mailing Address: 13372 Damon CT. | __/__/__ | $ |
| City, State, Zip Code: Biloxi, MS 39532 | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1000.00 |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: John H Mallett MD | 11/21/10 | $ 500.00 |
| Mailing Address: PO Box 917 | __/__/__ | $ |
| City, State, Zip Code: Biloxi MS 39533 | __/__/__ | $ |
| 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: E&M Auto Parts & Towing Inc | 11/23/10 | $ 500.00 |
| Mailing Address: 1544 Popps Ferry Rd | __/__/__ | $ |
| City, State, Zip Code: Biloxi MS 39532 | __/__/__ | $ |
| Name of Employer (Required) | __/__/__ | $ |
| Occupation (Required) | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ABC Auto Salvage Inc | 11 / 9 / 10 | $ 1000.00 |
| Mailing Address: 7433 Woolmarket Rd. | / / | $ |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| 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: Holden Earth moving & Construction | 11 / 11 / 10 | $ 500.00 |
| Mailing Address: PO Box 5188 | / / | $ |
| City, State, Zip Code: Vancleave, MS 39565 | / / | $ |
| 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: Spinner Real Est. Holdings, LLC | 11 / 12 / 10 | $ 1000.00 |
| Mailing Address: 440 Green Teal CT. | / / | $ |
| City, State, Zip Code: Biloxi, MS 39531 | / / | $ |
| 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: TSG Agency LLC | 11 / 12 / 10 | $ 1000.00 |
| Mailing Address: 440 Green Teal CT. | / / | $ |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1000.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Lance E Wedgeworth | 12/9/10 | $ 500.00 |
| Mailing Address: PO Box 2009 | / / | $ |
| City, State, Zip Code: Gulfport, MS 39505 | / / | $ |
| Name of Employer (Required): Farm Bureau | / / | $ |
| Occupation (Required): Agent | 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: Janelle and Larry Gallotte | 12/9/10 | $ 400.00 |
| Mailing Address: 12514 Windance Dr. | / / | $ |
| City, State, Zip Code: Gulfport, MS 39503 | / / | $ |
| Name of Employer (Required): Retired | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 400.00 |

| C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Frank and Peggy McWhorter | 12/16/10 | $ 1000.00 |
| Mailing Address: PO Box 15099 | / / | $ |
| City, State, Zip Code: Hattiesburg, MS 39404 | / / | $ |
| 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: J. Casey and Jill Eure | 11/19/10 | $ 1000.00 |
| Mailing Address: 13372 Damon CT. | / / | $ |
| City, State, Zip Code: Biloxi, MS 39532 | / / | $ |
| Name of Employer (Required): SCIF | / / | $ |
| Occupation (Required): EURE Properties LLC | Aggregate year-to-date | $ 1000.00 |

Name of Candidate or Committee Casey Eure Campaign

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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: Lon Edward Preston | 11 / 18 / 10 | $ 500.00 |
| Mailing Address: 12219 Sheffield Rd | / / | $ |
| City, State, Zip Code: Gulfport, MS 39503 | / / | $ |
| Name of Employer (Required): Eddies Tire & Auto | / / | $ |
| Occupation (Required): owner | 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: IRBy Brothers | 11 / 15 / 10 | $ 1000.00 |
| Mailing Address: PO Box 7334 | / / | $ |
| City, State, Zip Code: Diberville, MS 39540 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1000.00 |

| C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Jay Knowles | / / | $ |
| Mailing Address: 17581 Old Hwy 49 | / / | $ |
| City, State, Zip Code: Saucier, MS 39574 | / / | $ |
| Name of Employer (Required): Knowles Construction | / / | $ |
| 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: Schwartz, Orgler, & Jordan | 11 / 18 / 10 | $ 1000.00 |
| Mailing Address: 15487 Oak Lane DR STE 2001 | / / | $ |
| City, State, Zip Code: Gulfport, MS 39503 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1000.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Walter J Gary | 12 / 9 / 10 | $ 250.00 |
| Mailing Address: PO Box 7060 | / / | $ |
| City, State, Zip Code: Diberville MS 39540 | / / | $ |
| Name of Employer (Required): Self | / / | $ |
| Occupation (Required) | 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: Chris and Bobbie Loveless | 12 / 7 / 10 | $ 750.00 |
| Mailing Address: 10013 Shady Place | / / | $ |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| Name of Employer (Required): Cherry Back Properties LLC | / / | $ |
| Occupation (Required): Owner | Aggregate year-to-date | $ 750.00 |

| C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: W L Lee | 12 / 9 / 10 | $ 1,000.00 |
| Mailing Address: 13365 John Lee Rd | / / | $ |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| Name of Employer (Required): Retired | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1,000.00 |

| D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: David A. Gary | 12 / 10 / 10 | $ 2,000.00 |
| Mailing Address: PO Box 393 | / / | $ |
| City, State, Zip Code: Biloxi MS 39533 | / / | $ |
| Name of Employer (Required): Cableman | / / | $ |
| Occupation (Required): owner | Aggregate year-to-date | $ 2,000.00 |

Name of Candidate or Committee Casey Eure Campaign

Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Just like new overspray MGMT | / / | $ 250.00 |
| Mailing Address: 2314 Broadmoor Pl | / / | $ |
| City, State, Zip Code: Gulfport, MS 39501 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | 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: Johnson Diesel Service Inc | 11/18/10 | $ 500.00 |
| Mailing Address: 12262 Parker Creek Rd. | 12/9/10 | $ 500.00 |
| City, State, Zip Code: Biloxi MS 39532 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1000.00 |

| C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Marvin Smith | 12/1/10 | $ 250.00 |
| Mailing Address: PO Box 1805 | / / | $ |
| City, State, Zip Code: Gulfport, MS 39502 | / / | $ |
| Name of Employer (Required): Gulf Coast Business Supply | / / | $ |
| Occupation (Required): Sales | 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: John Rea JR. | 12/1/10 | $ 250.00 |
| Mailing Address: 65 Bayou CIR | 12/23/10 | $ 100.00 |
| City, State, Zip Code: Gulfport, MS 39507 | / / | $ |
| Name of Employer (Required): Gulf Coast Business Supply | / / | $ |
| Occupation (Required): owner | Aggregate year-to-date | $ 350.00 |

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: John m Hill JR. | 12/9/10 | $ 300.00 |
| Mailing Address: 328 Westview DR. | / / | $ |
| City, State, Zip Code: Biloxi MS 39531 | / / | $ |
| 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: VITZI, Inc | 12/10/10 | $ 250.00 |
| Mailing Address: PO BOX 741 | / / | $ |
| City, State, Zip Code: Biloxi MS 39533 | / / | $ |
| 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: Design Precast & Pipe INC | 12/8/10 | $ 1000.00 |
| Mailing Address: PO Box 2401 | / / | $ |
| City, State, Zip Code: Gulfport, MS 39505 | / / | $ |
| 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: Larry Jones JR | 11/10/10 | $ 800.00 |
| Mailing Address: 13598 Byrnes DR. | / / | $ |
| City, State, Zip Code: Saucier, MS 39574 | / / | $ |
| Name of Employer (Required): D&L Auto Body | / / | $ |
| Occupation (Required): Owner | Aggregate year-to-date | $ 800.00 |

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Reporting period 11-15-10 through 1-4-11

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Chris and Sharon Ladner | 12/7/10 | $ 250.00 |
| Mailing Address: 19383 Windward CV | / / | $ |
| City, State, Zip Code: Gulfport, MS 39503 | / / | $ |
| Name of Employer (Required): Gulf South Mortgage | / / | $ |
| 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: Cynthia & Hugh Parker | 12/28/10 | $ 1000.00 |
| Mailing Address: 120 Canterbury Place | / / | $ |
| City, State, Zip Code: Ridgeland MS 39157 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | 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: Kim Packs | 12/1/10 | $ 500.00 |
| Mailing Address | 1/3/11 | $ 750.00 |
| City, State, Zip Code | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ 1250.00 |

| 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 | $ |