2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

# REPORT OF RECEIPTS AND DISBURSEMENTS
## 2010 Non-Judicial Election

RECEIVED
JAN 10 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate CHRIS McDANIEL

Address PO DRAWER 1049

Telephone 601-428-0541 Fax 601-369-0480

Contact Name TRENT MULLOY Email TAMULLOY@LMFCO.COM

Office Sought SENATE DIST 42 Political Party REP

☐ Check here if above is different from previous report

### TYPE OF REPORT

___ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory

___ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

___ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

___ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....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 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 $ | +$ 20525.00 | $ | 20525.00 | $ 20525.00 |
| Total amount of disbursements $ | +$ 5111.38 | $ | 5111.38 | $ 5111.38 |
| Total amount of cash on hand | | $ 51,601.70 | | |

*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 1/5/2011

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 forms to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2019.*
*2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

SOS 01-10

**2010 DEPOSITS**

| | | | |
|---|---|---|---|
| 01/27/10 | $ 250.00 | | |
| 04/30/10 | $ 500.00 | | |
| 06/18/10 | $ 500.00 | | |
| 08/30/10 | $ 500.00 | | |
| 09/16/10 | $ 250.00 | | |
| 09/23/10 | $ 500.00 | | |
| 10/08/10 | $ 500.00 | | |
| 10/12/10 | $ 500.00 | | |
| 10/15/10 | $ 250.00 | | |
| 10/28/10 | $ 500.00 | | |
| 11/22/10 | $ 1,275.00 | | |
| 11/24/10 | $ 50.00 | | |
| 12/16/10 | $ 500.00 | | |
| 12/23/10 | $ 500.00 | | |
| 12/31/10 | $ 13,950.00 | **$ 20,525.00** | TOTAL 2010 DONATIONS |

# 2010 DONATIONS

| | | | | | |
|---|---|---|---|---|---|
| MS Power Company | P O Box 4079 | Gulfport | MS | 39502 | 250.00 |
| Hudson | | | | | 500.00 |
| MAE-PAC | | | | | 500.00 |
| MS Dental Pac | | | | | 500.00 |
| AT&T Miss Political Action Comm | 175 E Capital St | Jackson | MS | 39201 | 250.00 |
| Chevron Policy | P O Bxo 9034 | Concord | CA | 94524 | 500.00 |
| Check Into Cash | P O Box 550 | Cleveland | TN | 37364 | 500.00 |
| MS Independent RX Pac | 4209 Lakeland Dr | Flowood | MS | 39232 | 500.00 |
| Adams & Reese, LLP | 4500 One Shell Square | New Orleans | LA | 70139 | 250.00 |
| ENPAC Miss | P O Box 1640 | Jackson | MS | 39215 | 500.00 |
| Cable Pac MCTA | P O Box 55867 | Jackson | MS | 39296 | 200.00 |
| Denbury | 5100 Tennyson Pkway - suite 1200 | Plano | TX | 75024 | 1,000.00 |
| Comm for Clean Environment | 3000 N State St | Jackson | MS | 39216 | 200.00 |
| MS Association for Homecare | 134 Fairmont St - ste B | Clinton | MS | 39056 | 300.00 |
| MAE-PAC | | | | | 500.00 |
| Hortman Harlow Bassi Robinson | P O Drawer 1409 | Laurel | MS | 39441 | 1,000.00 |
| Blackstone Corp | P O Box 1409 | Laurel | MS | 39441 | 1,000.00 |
| Health Management Assoc | 2550 Flowood Dr Ste 402 | Flowood | MS | 39232 | 250.00 |
| Christopher McDaniel | 506 So. Court St | Ellisville | MS | 39437 | 10,000.00 |
| Miss Bail Agents | 413 S. President St Suite 111 | Jackson | MS | 39201 | 500.00 |
| MS Power Company State PAC | P O Box 4079 | Gulfport | MS | 39502 | 500.00 |
| Georgia Pacific | P O Box 61270 | Phoenix | AZ | 85082 | 500.00 |
| | | | | | |

# 2010 Disbursements

| DATE | CK# | AMOUNT | PAYEE | | ADDRESS | |
|---|---|---|---|---|---|---|
| 01/26/10 | 1113 | $150.00 | MS Miss Corporation | | P O Box 1166 | Laurel, MS 39441 |
| 06/11/10 | 1114 | $1,000.00 | B95 | | P O Box 6408 | Laurel, MS 39441 |
| 06/15/10 | 1115 | $246.00 | Jitter News | | 545 Orange Dr | Laurel, MS 39443 |
| 06/16/10 | 1116 | $100.00 | Rep Women | | | |
| 07/07/10 | 1117 | $150.00 | So Jones Booster | | P O Box 501 | Ellisville, MS 40347 |
| 07/23/10 | 1118 | $1,000.00 | B95 | | P O Box 6408 | Laurel, MS 39441 |
| 09/02/01 | 1119 | $500.00 | SJTC | | P O Box 38 | Ellisville, MS 40347 |
| 09/29/10 | 1120 | $85.09 | Southern Images | | 121 North 15th Av | Laurel, MS 39440 |
| 10/04/10 | 1121 | $500.00 | Rock the Block<br>ML Productions | | | |
| 11/09/10 | 1122 | $53.30 | Alliance Business | | 109 E. State St | Ridgeland, MS 39157 |
| 12/03/10 | 1123 | $1,326.99 | Blakeney Comm | | P O Box 6408 | Laurel, MS 39441 |

$5,111.38 TOTAL DISBURSEMENTS

Page _____ of _____

Name of Candidate or Committee _____

Reporting period _____ through _____

# ITEMIZED RECEIPTS

| A. 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 | $ |

| 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 | $ |

See attached

Name of Candidate or Committee _____

Reporting period _____ through _____

# ITEMIZED DISBURSEMENTS

| A. 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 | $ |
| **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 | __/__/__ | $ |
| | | $ |