2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Senate District 36 Special Election

RECEIVED
JAN 3 1 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect Chris McDaniel

Address PO DRAWER 1049

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

Treasurer TRENT MULLOY Email TAMulloy@bmfco.com

☐ 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

____ 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 $	+$20525.00	$ 20525.00	$ 20525.00
Total amount of disbursements $	+$511.38	$ 511.38	$ 511.38
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.

Trent A. Mulloy
Signature of Director or Treasurer

1-31-2011
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.

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 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

Page _____ of _____

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	___/___/___	$
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	$

See attached