Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee: Committee to Elect Jim Atchison

Address: 1966 Popps Ferry Rd

Telephone: 228-275-9922 Fax: 228-275-9881

Treasurer: Christopher A. Davis Email: cdavis@davistitle.net

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **January 4, 2011 Pre-Election Report** (January 1, 2010, 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, 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	$15850 + $4825	$20675	$20675
Total amount of disbursements	$17779.75 + $789.54	$18569.29	$18569.29
Total amount of cash on hand		$2105.71	

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

C. A. Davis
Signature of Director or Treasurer

1-31-11
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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee to Elect Jim Atchison

Reporting period 1/2/2011 through 1/24/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul T. Wall and Arlene Wall	1/7/11	$ 500-
Mailing Address: 2566 Spring Ridge Dr.	1/9/11	$ 500
City, State, Zip Code: Biloxi MS 39531	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 1000-

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve J. Delahousey	1/7/11	$ 500-
Mailing Address: 2580 Rue Pala Fox	__/__/__	$
City, State, Zip Code: Biloxi MS	__/__/__	$
Name of Employer (Required): Self - AMR	__/__/__	$
Occupation (Required): Businessman	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: Mark D Mayor	1/7/11	$ 500-
Mailing Address: P.O. Box 730	__/__/__	$
City, State, Zip Code: Biloxi MS	__/__/__	$
Name of Employer (Required): Biloxi Freezing and Processing	__/__/__	$
Occupation (Required): Seafood Processing	Aggregate year-to-date	$ 500-

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cecilia and Richard Schmidt, Jr	1/7/11	$ 500-
Mailing Address: 420 Chablis Lane	__/__/__	$
City, State, Zip Code: Biloxi MS 39531	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 500-

Name of Candidate or Committee to Elect Jim Atchison

Reporting period 1/2/2011 through 1/24/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) L.L.C.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kenny Holloway Real Estate, L.L.C	1/7/11	$ 500-
Mailing Address: 2015 Arbonne Ct.	/ /	$
City, State, Zip Code: Biloxi, MS	/ /	$
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: Carlene Alfonso	1/7/11	$ 500-
Mailing Address: 5352 Red Creek Rd	/ /	$
City, State, Zip Code: Long Beach, MS 39560	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Realtor	Aggregate year-to-date	$ 500-

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) L.L.C.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Appraisal Associates, L.L.C	1/7/11	$ 300-
Mailing Address: P.O Box 4554	/ /	$
City, State, Zip Code: Biloxi MS 39535	/ /	$
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: Home Builders Assoc. of MS Coast	1/7/11	$ 250
Mailing Address: 10480 Corporate Drive, Ste. 1	/ /	$
City, State, Zip Code: Gulfport, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250

Name of Candidate or Committee Jim Atchison

Reporting period 1-2-11 through 1-24-11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Home Builders Assoc. of Mississippi	1/7/11	$ 500-
Mailing Address: P. O. Box 3556	/ /	$
City, State, Zip Code: Jackson, MS 39207	/ /	$
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: Jim Atchison	1/7/11	$ 1500-
Mailing Address: 1966 Pupps Ferry Rd	1/24/11	$ 5000-
City, State, Zip Code: Biloxi MS	1/24/11	$ 300-
Name of Employer (Required): Self	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 6800-

C. 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	1/31/11	$ 250-
Mailing Address: P. O Box 81368	/ /	$
City, State, Zip Code: Lafayette LA 70598	/ /	$
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: MS Realtors Political Action Comm.	1/31/11	$ 1000-
Mailing Address: P. O. Box 321000	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Jim Atchison

Reporting period 1-2-11 through 1-24-11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Island View Casino	1/5/11	$ 250-
Mailing Address: P.O. Box 1600	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250-

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Andrew A. Ragula	1/9/11	$ 500-
Mailing Address: 2503 S. Shore Dr.	/ /	$
City, State, Zip Code: Biloxi, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Doctor	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: Gulf Coast Distributors, Inc	1/21/11	$ 1500-
Mailing Address: P.O. Box 961	/ /	$
City, State, Zip Code: Biloxi, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1500-

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Swetman Security Services, Inc	1/17/11	$ 500-
Mailing Address: 180 Delauney St	/ /	$
City, State, Zip Code: Biloxi MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500-

Name of Candidate or Committee to Elect Jim Atchison

Reporting period 1-2-11 through 1-24-11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rich's Car Wash	1/16/11	$ 500
Mailing Address: 1066 Hill Crest Rd	__/__/__	$
City, State, Zip Code: Mobile AL 36695	__/__/__	$
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	$

Name of Candidate or Committee to Elect Jim Atchison

Reporting period 1-2-11 through 1-24-11

ITEMIZED DISBURSEMENTS

A. Full name: Amermail Digital Direct, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 2174	1/2/11	$ 2663.50
City, State, Zip Code: Jackson MS 39225	1/4/11	$ 2663.50
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 5327 -
B. Full name: Amermail Digital Direct LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 2174	1/6/11	$ 850 -
City, State, Zip Code: Jackson MS	__/__/__	$
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 6177 -
C. Full name: MJM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 2175	1/6/11	$ 1875 -
City, State, Zip Code: Jackson MS 39225	__/__/__	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 1875 -
D. Full name: High Cotton Grill and Catering	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: S Bayou View Dr.	1/7/11	$ 806.49
City, State, Zip Code: Gulfport MS 39507	__/__/__	$
Purpose of Disbursement (Optional): Catering	Aggregate Year-to-date	$ 806.49
E. Full name: Amermail Digital Direct LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 2174	1/21/11	$ 754.26
City, State, Zip Code: Jackson MS	1/21/11	$ 2663.50
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 9594.76
F. Full name: Amermail Digital Direct	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 2174	1/21/11	$ 2663.50
City, State, Zip Code: Jackson MS	1/24/11	$ 850 -
Purpose of Disbursement (Optional): Advertisement	Aggregate Year-to-date	$ 13108.26

Name of Candidate or Committee Elect Jim Atkinson

Reporting period 1-2-11 through 1-24-11

ITEMIZED DISBURSEMENTS

A. Full name Ric Ottaniecski	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/21/11	$ 2000-
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) Video Production	Aggregate Year-to-date	$ 2000-
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	$