Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

RECEIVED
JAN 25 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Comittee to Elect Jim Atchison

Address 1966 Popps Ferry Road, Biloxi, MS

Telephone 228-388-4860 Fax

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	$17789.75	+$ 779.54	$ 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.

Signature of Director or Treasurer

Date 1-24-11

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 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 Palafox	__/__/__	$
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 Mayer	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 Pepper 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-

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	1/5/11	$ 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.	1/4/11	$ 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

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Amermail Digital Direct, LLC		
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		
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		
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		
Mailing Address: 5 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		
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		
Mailing Address: P.O. Box 2174	1/21/11	$ 2663.50
City, State, Zip Code: Jackson MS	1/21/11	$ 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 Ottaviewski	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/24/11	$ 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	$