Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee: Committee to Elect John Caldwell

Address: P.O. Box 984 Hernando, MS. 38632

Telephone: 901-634-2400 Fax:

Treasurer: Sunny Stuckey Email: Sunny.stuckey@me.com

☐ 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, 2010 through January 22, 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	$9450.00 +	$ 729.50	$ 16,745.00	$ 16,745.00
Total amount of disbursements	$7118.95 +	$ 208.12	$ 7327.07	$ 7327.07
Total amount of cash on hand			$	

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 1-3-11

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

Name of Candidate or Committee Committee to Elect John Caldwell. Page 1 of 5

Reporting period 11-1-10 through 1-03-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Doris B OR Shelia M. Reed	10/18/10	$ 250.00
Mailing Address: 920 Ridgeside Drive	__/__/__	$
City, State, Zip Code: Brandon, Ms. 39042.	__/__/__	$
Name of Employer (Required): Rankin County	__/__/__	$
Occupation (Required): administrator	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: Larry K. Depriest	11/17/10	$ 1000.00
Mailing Address: 7240 Craft Goodman Road	__/__/__	$
City, State, Zip Code: Olive Branch, Ms. 38654	__/__/__	$
Name of Employer (Required): Depriest Chevrolet	__/__/__	$
Occupation (Required): Auto dealership	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: Louis J. OR Pam Cuccia	11/25/10	$ 1500.00
Mailing Address: 1003 Winthrop Avenue.	__/__/__	$
City, State, Zip Code: Smyrna, Tn. 37167.	__/__/__	$
Name of Employer (Required): manufacturing	__/__/__	$
Occupation (Required): Glue manufacturer distributor	Aggregate year-to-date	$ 1500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Webster E Johnson; Mrs Webster E. Johnson	11/30/10	$ 400.00
Mailing Address: 55 East Pearl Street.	__/__/__	$
City, State, Zip Code: Hernando, Ms.	__/__/__	$
Name of Employer (Required): Retired.	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Committee to Elect John Caldwell

Reporting period 11-1-10 through 1-3-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT Gilless Development	11/30/10	$ 500.00
Mailing Address: P.O. Box 205	__/__/__	$
City, State, Zip Code: Southaven, MS 38671	__/__/__	$
Name of Employer (Required): Owner	__/__/__	$
Occupation (Required): Real Estate developer	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: Ross B Ose & Sissy F. Ose	11/30/10	$ 250.00
Mailing Address: 3455 Robertson Gin Road	__/__/__	$
City, State, Zip Code: Hernando, MS 39632.	__/__/__	$
Name of Employer (Required): Self-employed	__/__/__	$
Occupation (Required): drug testing company	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: Robert E Wharton.	12/9/10	$ 500.00
Mailing Address: P.O. Box 257.	__/__/__	$
City, State, Zip Code: Memphis, Tn. 38101.	__/__/__	$
Name of Employer (Required): Self employed GNW.	__/__/__	$
Occupation (Required): Oil Company.	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: Bill Fowler's Bodyworks	12/9/10	$ 250.00
Mailing Address: 8610 Highway 51 North	__/__/__	$
City, State, Zip Code: Southaven MS 38671	__/__/__	$
Name of Employer (Required): Owner.	__/__/__	$
Occupation (Required): auto body shop.	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect John Caldwell

Reporting period 11-1-10 through 1-3-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Floyd S. Robertson	12/8/10	$ 250.00
Mailing Address: P.O. Box 15	__/__/__	$
City, State, Zip Code: Lake Cormorant	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
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: J. Scott or Kathryn K. Newton	12/9/10	$ 250.00
Mailing Address: 206 Bellewether Pass.	__/__/__	$
City, State, Zip Code: Ridgeland, MS. 39157	__/__/__	$
Name of Employer (Required): Attorney at Law	__/__/__	$
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: Republican Club of Tate Co.	12/14/10	$ 300.00
Mailing Address: P.O. Box 252	__/__/__	$
City, State, Zip Code: Independence, MS. 38639	__/__/__	$
Name of Employer (Required): Republican Committee of Tate County	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Billy D Haynes & Sandra J. Haynes	12/17/10	$ 500.00
Mailing Address: 1201 Wheeler Road	__/__/__	$
City, State, Zip Code: Hernando, MS. 3	__/__/__	$
Name of Employer (Required): Rental Property	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect John Caldwell

Reporting period 11-1-10 through 1-3-11

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Empire Truck Sales, LLC.	12/14/10	$ 500.00
Mailing Address: P.O. Box 54325.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39288-4325.	__/__/__	$
Name of Employer (Required): Trucking Company	__/__/__	$
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: Waters Truck & Tractor Company, Inc.	12/13/10	$ 500.00.
Mailing Address: Highway 82 West Bypass/Plymouth Rd.	__/__/__	$
City, State, Zip Code: Columbus, Ms. 39703.	__/__/__	$
Name of Employer (Required): Trucking Company.	__/__/__	$
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: Reynolds Engineering	12/23/10.	$ 1000.00
Mailing Address: P.O. Box 526.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39205	__/__/__	$
Name of Employer (Required): Engineering firm.	__/__/__	$
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: Samuel L. Agnew.	12/24/10	$ 1000.00
Mailing Address: 242 Granville Ct	__/__/__	$
City, State, Zip Code: Baton Rouge, La 70810	__/__/__	$
Name of Employer (Required): Engineering firm	__/__/__	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 1000.00

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Reporting period 11-1-10 through 1-3-11

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe A. Waggoner	12/9/10	$ 500.00
Mailing Address: 1458 Highland Park Drive	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39211-5968	__/__/__	$
Name of Employer (Required): Waggoner Engineering	__/__/__	$
Occupation (Required): Engineer/Principal	Aggregate year-to-date	$ 5000.00

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	$

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Reporting period 11-1-10 through 1-3-11

ITEMIZED DISBURSEMENTS

A. Full name: Margin of Victory Partners / MVP Consulting	Date (Mo., Day, Year): 12/8/10	Amount of each disbursement this period: $ 1000.00
Mailing Address: P.O. Box 196	12/8/10	$ 976.00
City, State, Zip Code: Collierville Tn. 38027	Aggregate Year-to-date	$ 1976.00
Purpose of Disbursement (Optional): Bushcards/print/consulting agreement		
B. Full name: Frontier Strategies LLC	Date (Mo., Day, Year): 12/8/10	Amount of each disbursement this period: $ 3000.00
Mailing Address: 740 Avignon Suite A.	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157.	Aggregate Year-to-date	$ 3000.00
Purpose of Disbursement (Optional): Website.		
C. Full name: Jack Devantier.	Date (Mo., Day, Year): 12/8/10	Amount of each disbursement this period: $ 1500.00
Mailing Address: 4084 Rebekah Drive	__/__/__	$
City, State, Zip Code: Olive Branch, Ms. 38654.	Aggregate Year-to-date	$ 1500.00
Purpose of Disbursement (Optional): Campaign management		
D. Full name: Olga's Restaurant	Date (Mo., Day, Year): 12/9/10.	Amount of each disbursement this period: $ 426.95.
Mailing Address: 4760 I55N.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39211 601-366-2366	Aggregate Year-to-date	$ 426.95
Purpose of Disbursement (Optional): fundraising event Jackson		
E. Full name: USPS	Date (Mo., Day, Year): 12/28/10	Amount of each disbursement this period: $ 216.00
Mailing Address: Hwy 51	__/__/__	$
City, State, Zip Code: Meshet Ms.	Aggregate Year-to-date	$ 216.00
Purpose of Disbursement (Optional): postage for mailers.		
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	$