*AMENDED

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Campaign Finance
Secretary of State

Name of Candidate or Committee TO RE-ELECT JIM KITCHENS

Reporting period OCT. 1- ~~OCT. 23~~ 2010 through OCT. 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WYNN E. CALLAND & BARBARA	10/1/10	$ 500.00
Mailing Address: 517 NORTHDALE DRIVE	__/__/__	$
City, State, Zip Code: COLUMBUS, MS 39705	__/__/__	$
Name of Employer (Required): STEEL CORPORATION	__/__/__	$
Occupation (Required): EXCUTIVE	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: MARK WILLIAMSON	10/5/10	$ 500.00
Mailing Address: P.O. BOX 1545	__/__/__	$
City, State, Zip Code: STARKVILLE, MS 39762	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): ATTORNEY	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: MR & MRS DAVID BARGIE	10/4/10	$ 250.00
Mailing Address: 706 MAGNOLIA DRIVE	__/__/__	$
City, State, Zip Code: MACON, MS 39341	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): TIMBER OWNER	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: CHARLES BRUCE BROWN	10/20/10	$ 500.00
Mailing Address: P.O. BOX 228	__/__/__	$
City, State, Zip Code: STARKVILLE, MS 39760	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$