2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 28 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate: Daniel Stephen Holland

Address: P.O. Box 2 Plantersville, Ms. 38862

Telephone: 662-840-5000 Fax: 662-840-5606

Contact Name: Steve Holland Email: hollandfuneraldirectors@comcast.net

Office Sought: State Rep. Political Party: Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010)..... **Mandatory**

____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).. ..... **Runoff Candidates**

____ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010)..... **All Candidates**

____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010)..... **Runoff Candidates**

X **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010)..... **All Candidates and Political Committees**

____ **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	$ 21,150.00 +$	$ 21,150.00	$ 21,150.00
Total amount of disbursements	$ 5800.13 +$ 918.37	$ 6718.49	$ 6718.49
Total amount of cash on hand		$ 42,182.90	

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

Steve Holland
Signature of Candidate

1/28/2011
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.

SOS 01-10

Name of Candidate or Committee Daniel Stephen Holland

Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer Healthcare, LLC	5/10/10	$ 500.00
Mailing Address: 444 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison, MS. 39110	/ /	$
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: AstraZeneca	6/9/10	$ 700.00
Mailing Address: 1800 Concord Pike P.O. Box 15437	/ /	$
City, State, Zip Code: Wilmington, DE 19850-5437	/ /	$
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: American Chemistry Council	6/25/10	$ 250.00
Mailing Address: 1300 Wilson Blvd.	/ /	$
City, State, Zip Code: Arlington, VA 22209	/ /	$
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: Baxter Healthcare Corp.	7/8/10	$ 500.00
Mailing Address: One Baxter Parkway	/ /	$
City, State, Zip Code: DEERFIELD, IL 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Daniel Stephen Holland

Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EIT Lilly & Company	7/9/10	$ 500.00
Mailing Address: Lilly Corporate Center, Mail drop #1852	/ /	$
City, State, Zip Code: Indianapolis, Indiana 46285	/ /	$
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: Merck, Sharp + Dohmo Corp.	7/15/10	$ 500.00
Mailing Address: One Merck Drive	/ /	$
City, State, Zip Code: Whitehouse Station, NJ 08889-3400	/ /	$
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: Council of State Governments	8/12/10	$ 300.00
Mailing Address: P.O. Box 11910	/ /	$
City, State, Zip Code: Lexington, Ky. 40578-1910	/ /	$
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: BNSF Railway Company	8/12/10	$ 250.00
Mailing Address: 2500 Lou Menk Drive, AOB-3	/ /	$
City, State, Zip Code: Fort Worth, TX 76134	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Daniel Stephen Holland

Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental	8/17/10	$ 1,000.00
Mailing Address: 2630 Ridgewood Rd. Ste. C	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39216	__/__/__	$
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: Novartis Corp.	9/7/10	$ 500.00
Mailing Address: One Health Plaza	__/__/__	$
City, State, Zip Code: East Hanover, N.J. 07936.1080	__/__/__	$
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: Motorola	8/26/10	$ 250.00
Mailing Address: P.O. Box 58429	__/__/__	$
City, State, Zip Code: Schaumburg, IL. 60168	__/__/__	$
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: Wal-Mart Stores, Inc.	9/29/10	$ 500.00
Mailing Address: 702 SW 8th Street	__/__/__	$
City, State, Zip Code: Bentonville, Ark 72716-0150	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Daniel Stephen Holland

Reporting period 1-1-2010 through 12-31-2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atria Services	8/26/10	$ 500.00
Mailing Address: 6601 W. Broad Street	/ /	$
City, State, Zip Code: Richmond, VA. 23230	/ /	$
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: United HealthCare Services, Inc	10/4/10	$ 1000.00
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440-1459	/ /	$
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: Bristol-Myers Squibb Company	10/12/10	$ 500.00
Mailing Address: P.O. Box 840769	/ /	$
City, State, Zip Code: Houston, TX 77284	/ /	$
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: Allergan USA, Inc	10/28/10	$ 1000.00
Mailing Address: 2525 Dupont Drive	/ /	$
City, State, Zip Code: Irvine, CA 92612	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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: Grand Trunk western RailRoad, Co.	7/14/2010	$ 250.00
Mailing Address: 2800 Livernois, Suite 300 P.O.Box 5025	__/__/__	$
City, State, Zip Code: Troy, Michigan	__/__/__	$
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: ABBOT Laboratories	11/4/2010	$ 400.00
Mailing Address: 100 Abbot Park Road	__/__/__	$
City, State, Zip Code: Abbot Park, IL. 60064-6028	__/__/__	$
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: AT+T P.A.C.	8/6/2010	$ 500.00
Mailing Address: 175 E. Capital St. Landmark Center	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39201	__/__/__	$
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: FBS (Friedkin Business Services	11/17/2010	$ 1000.00
Mailing Address: P.O. Box 441887	__/__/__	$
City, State, Zip Code: Houston, Tx 77244-1887	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Company	8/31/2010	$ 1,000.00
Mailing Address: 7700 Forsyth Blvd. Centene Plaza	__/__/__	$
City, State, Zip Code: St. Louis, MO. 63105	__/__/__	$
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: MS. Association For Homecare	11/02/2010	$ 1000.00
Mailing Address: 134 Fairmont St. Ste. B	__/__/__	$
City, State, Zip Code: Clinton. MS. 39056	__/__/__	$
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: Advance America	8/30/2010	$ 250.00
Mailing Address: 135 N. Church St.	__/__/__	$
City, State, Zip Code: Spartanburg. SC 29306	__/__/__	$
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: Check into Cash of MS, Inc	9/14/2010	$ 250.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Cleveland. MS. 37364-0550	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Steve Holland

Reporting period 1-2010 through 12-2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atmos Energy Corp. PAC	10/9/__	$ 500.00
Mailing Address: 5430 LBJ Freeway	__/__/__	$
City, State, Zip Code: Dallas, TX 75240	__/__/__	$
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: Health Management Assoc. MS PAC	__/__/__	$
Mailing Address: 2550 Flowood Dr. Ste 402	11/9/2010	$ 2,000.00
City, State, Zip Code: Flowood, MS. 39232	__/__/__	$
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: Pfizer, Inc	10/12/10	$ 500.00
Mailing Address: 235 East 42nd Street	__/__/__	$
City, State, Zip Code: New York, New York 10017-5755	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Inc.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medimmune Affairs, Inc	12/6/10	$ 500.00
Mailing Address: One Medimmune Way	__/__/__	$
City, State, Zip Code: Gaithersburg, MD. 20878	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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: MS Independent RX PAC	12/24/2010	$ 1000.00
Mailing Address: 4209 Lakeland Drive	/ /	$
City, State, Zip Code: Flowood MS. 39232	/ /	$
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: MAE - PAC	8/27/10	$ 1000.00
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: Medco Health Solutions	12/4/10	$ 1000.00
Mailing Address: 100 Parsons Pond Drive	/ /	$
City, State, Zip Code: Franklin Lakes, NJ. 07417-2603	/ /	$
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: Millcreek Management Corp.	12/17/10	$ 250.00
Mailing Address: P.O. Box 1130	/ /	$
City, State, Zip Code: Magee, Ms. 39111	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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: Walgreens	8/17/__	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Deerfield, IL 60015	__/__/__	$
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: Walgreens	9/8/10	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Deerfield, IL. 60015	__/__/__	$
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 Steve Holland

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Pete Stokes Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	03/11/10	$ 300.00
B. Full name: Central Medical Society Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	03/30/10	$ 400.00
C. Full name: Ms. Special Olympics Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	04/21/10	$ 200.00
D. Full name: RRC Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	05/01/10	$ 200.00
E. Full name: Committee to Elect James Smith Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	04/20/10	$ 200.00
F. Full name: Brandon Jam Campaign Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	05/18/10	$ 200.00

Aggregate Year-to-date

SS04-06

Name of Candidate or Committee Steve Holland

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
CASH	07/02/10	$ 1,200.00
	__/__/__	$
TURKey TRIP	Aggregate Year-to-date	$
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Emily Wilemon	06/08/10	$ 200.00
	__/__/__	$
Rent	Aggregate Year-to-date	$
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
MANSION OF FOR SYTE PAR	08/02/10	$ 331.56
SAN ANTONIO, GA	__/__/__	$
Hotel	Aggregate Year-to-date	$
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Charleston Place Hotel	08/05/10	$ 298.30
Charleston, SC	__/__/__	$
motel	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Committee To Elect Kelly Mims	06/29/10	$ 200.00
	__/__/__	$
Donation	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Christian Women's Job Corp	07/26/10	$ 200.00
	__/__/__	$
Donation	Aggregate Year-to-date	$

Name of Candidate or Committee Steve Holland

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Charleston Place Hotel Mailing Address City, State, Zip Code: Charleston SC Purpose of Disbursement (Optional): Motel	Date (Mo., Day, Year): 08/16/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 470.26 $ $
B. Full name: American Cancer Society Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	Date (Mo., Day, Year): 08/17/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00 $ $
C. Full name: West Jackson Baptist Church Mailing Address City, State, Zip Code: Tupelo MS. Purpose of Disbursement (Optional): Donation - Emily Holland Trip	Date (Mo., Day, Year): 08/26/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00 $ $
D. Full name: Chad May Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	Date (Mo., Day, Year): 10/15/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00 $ $
E. Full name: Walter McBride Election Comm. Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	Date (Mo., Day, Year): 11/17/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00 $ $
F. Full name: Second Heart Family Center Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	Date (Mo., Day, Year): 12/2/10 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00 $ $

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Name of Candidate or Committee Steve Holland

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Jim Hood AC Acc Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Donation	Date (Mo., Day, Year): 09/23/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00
B. Full name: Chad May Catering Mailing Address City, State, Zip Code Purpose of Disbursement (Optional): Catering	Date (Mo., Day, Year): 10/15/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 200.00
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): __/__/__ Aggregate Year-to-date	Amount of each disbursement this period: $