

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATESTAMP

Name of Candidate Doug Davis

Address P. O. Box 235

Telephone 662-449-4115

Fax _____

Contact Name _____

Email _____

Office Sought STATE SENATE DIST 1

Political Party Rep.



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	\$38750 + \$2771.62	\$ 41,521.62	\$ 41,521.62
Total amount of disbursements	\$2545 + \$575	\$ 3,120	\$ 3,120
Total amount of cash on hand		\$ 59,333.94	

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

Doug Davis
Signature of Candidate

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.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name PICKERING PAC		8/14/10	\$ 250
Mailing Address 180 COUNTRY PLACE		__/__/__	\$
City, State, Zip Code PEARL, MS		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name DAVID LANDRUM		8/18/10	\$ 500
Mailing Address 120 NOAH'S MILL RD		__/__/__	\$
City, State, Zip Code MADISON, MS 39110		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS DENTAL PAC		8/17/10	\$ 500
Mailing Address 2630 RIDGEWOOD RD		__/__/__	\$
City, State, Zip Code JACKSON, MS 39216		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name LEARNING THROUGH SPORTS		8/13/10	\$ 500
Mailing Address 1 MT. LAUREL AVE		__/__/__	\$
City, State, Zip Code BIRMINGHAM, AL 35242		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>STEPHEN EDDIS</u>		<u>8/26/10</u>	\$ <u>250</u>
Mailing Address <u>300 SHERBORNE PL</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TIM FORD</u>		<u>8/30/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 22587</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CLARE HESTER</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>148 OAKHURST TRAIL</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required) <u>CAPITAL RESOURCES</u>		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FIRST TOWER CORP</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 6000</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39288</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HUGH PARKER</u>		<u>10/24/10</u>	\$ <u>500</u>
Mailing Address <u>120 CANTERBURY PLACE</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER DONELSON, MS PAC</u>		<u>8/26/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 14167</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SCOTT NEWTON</u>		<u>8/26/10</u>	\$ <u>1000</u>
Mailing Address <u>206 BENEWETHER (A11)</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>BAKER DONELSON</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES HEIDELBERG</u>		<u>8/24/10</u>	\$ <u>250</u>
Mailing Address <u>1300 DRAFTWOOD ST</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>PASCAGOULA, MS 39567</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>8/16/10</u>	\$ <u>258</u>
Mailing Address <u>NICHOLAS H. MANUEY</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>2470 CUMBERLAND DR</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>SOUTHAVEN, MS 38672</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>258</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PHARMACEUTICAL RESEARCH MANUFACTURERS of AMERICA</u>		<u>9/2/10</u>	\$ <u>1000</u>
Mailing Address <u>750 F STREET NW</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>WASHINGTON, DC 20004</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI POWER PAC</u>		<u>8/23/10</u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 4079</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KCS RAIL PAC</u>		<u>8/26/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 219335</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>KANSAS CITY, MO 64121</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>		<u>8/11/10</u>	\$ <u>300</u>
Mailing Address <u>100 Bayer Rd</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Pittsburgh, PA 15205</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Lundy</u>		<u>8/18/10</u>	\$ <u>250</u>
Mailing Address <u>458 Greenwood Ln</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Capital Resources</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Guy White</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>136 Woodmount Way</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required) <u>CONSTRUCTION</u>		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>INDEPENDENT INS. AGENTS OF MS PAC</u>		<u>8/16/10</u>	\$ <u>250</u>
Mailing Address <u>124 RIVERVIEW</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ASPHALT CONTRACTOR PAC</u>		<u>8/13/10</u>	\$ <u>1000</u>
Mailing Address <u>201 P.O. Box 904</u>		<u>1/1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MIDWEST TECHNICAL INSTITUTE</u>		<u>8/10/10</u>	\$ <u>1000</u>
Mailing Address <u>2731 FARMERS MARKET RD</u>		<u>1/1</u>	\$
City, State, Zip Code <u>SPRINGFIELD, IL 62707</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EDWARD D FRITES</u>		<u>7/26/10</u>	\$ <u>500</u>
Mailing Address <u>1919 VALLEYWOOD RD</u>		<u>1/1</u>	\$
City, State, Zip Code <u>MCLEAN, VA 22101</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS HOSPITALITY & RESTAURANT PAC</u>		<u>7/28/10</u>	\$ <u>250</u>
Mailing Address <u>130 RIVERVIEW DR</u>		<u>1/1</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. SCOTT CARTER</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>114 ROCKING CHAIR RD</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>CANTON, MS 39046</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>EUTAW CONSTRUCTION</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ROY H. PARKER</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>2820 NARROW GAUGE RD</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>BOLTON, MS 39041</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EUTAW CONSTRUCTION</u>		<u>8/17/10</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 36</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>ABERDEEN, MS 39730</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TROY JOHNSTON</u>		<u>8/18/10</u>	\$ <u>1000</u>
Mailing Address <u>4636 NOTTINGHAM RD</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39211</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>ATTN</u>		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CAPITOL ADVOCACY GROUP		8/18/10	\$ 1050
Mailing Address P.O. Box 217		__/__/__	\$
City, State, Zip Code JACKSON, MS 39205		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1050
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS HEALTHCARE ASSOC. PAC		7/30/10	\$ 1000
Mailing Address 1076 HIGHLAND COUNTRY PKWY		__/__/__	\$
City, State, Zip Code RIDGELAND, MS 39157		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHRIS GOURAS		8/18/10	\$ 1000
Mailing Address P.O. Box 1465		__/__/__	\$
City, State, Zip Code RIDGELAND, MS 39158		__/__/__	\$
Name of Employer (Required) GOURAS & ASSOC.		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS REALTORS PAC		8/16/10	\$ 1000
Mailing Address P.O. Box 321000		__/__/__	\$
City, State, Zip Code FLOWOOD, MS 39232		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SAM KEYES</u>		<u>8/12/10</u>	\$ <u>250</u>
Mailing Address <u>202 VALLEY RD</u>		<u>1/1</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LUCIEN BOURGEOIS</u>		<u>8/12/10</u>	\$ <u>250</u>
Mailing Address <u>117 FAIRWOOD DR</u>		<u>1/1</u>	\$
City, State, Zip Code <u>BRANTON, MS 39042</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS CONCRETE INDUSTRIES ASSOC.</u>		<u>8/15/10</u>	\$ <u>250</u>
Mailing Address <u>6700 OLD CARTON RD</u>		<u>1/1</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS INDEPENDANT RX PAC</u>		<u>8/10/10</u>	\$ <u>1000</u>
Mailing Address <u>4209 LAKELAND DR</u>		<u>1/1</u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u>1/1</u>	\$
Name of Employer (Required)		<u>1/1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee DOUG DAVIS
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WALGREENS</u>	<u>12/30/10</u>	\$ <u>500</u>
Mailing Address _____	<u>1</u> <u>1</u> _____	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> _____	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> _____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATMOS ENERGY PAC</u>	<u>12/15/10</u>	\$ <u>1000</u>
Mailing Address _____	<u>1</u> <u>1</u> _____	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> _____	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> _____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer</u>	<u>12/15/10</u>	\$ <u>1000</u>
Mailing Address _____	<u>1</u> <u>1</u> _____	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> _____	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> _____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>FB5</u>	<u>12/15/10</u>	\$ <u>1000</u>
Mailing Address _____	<u>1</u> <u>1</u> _____	\$ _____
City, State, Zip Code _____	<u>1</u> <u>1</u> _____	\$ _____
Name of Employer (Required) _____	<u>1</u> <u>1</u> _____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast PAC</u>		<u>12/15/10</u>	\$ <u>1000</u>
Mailing Address <u>1701 JFK Blvd</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>PHILADELPHIA, PA 19103</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES KENNEDY</u>		<u>12/15/10</u>	\$ <u>500</u>
Mailing Address <u>1516 SHALES CREST RD</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>BIRMINGHAM, AL 35226</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GENERAL ELECTRIC</u>		<u>12/15/10</u>	\$ <u>500</u>
Mailing Address <u>c.o. 9544</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>FORT MYERS, FL 33906</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANHEUSER BUSCH</u>		<u>12/15/10</u>	\$ <u>500</u>
Mailing Address <u>ONE BUSCH PLACE</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>ST LOUIS, MO 63118</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SENTENCE MANAGEMENT COMPANY</u>		<u>12/15/10</u>	\$ <u>1000</u>
Mailing Address _____		<u>1/1/11</u>	\$
City, State, Zip Code <u>ST. LOUIS, MO 63105</u>		<u>1/1/11</u>	\$
Name of Employer (Required) _____		<u>1/1/11</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MILLCREEK MANAGEMENT CO</u>		<u>12/17/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 1130</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>MALEE, MS</u>		<u>1/1/11</u>	\$
Name of Employer (Required) _____		<u>1/1/11</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>VALLY</u>		<u>12/21/10</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 5454</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>JACKSON, MS 39288</u>		<u>1/1/11</u>	\$
Name of Employer (Required) _____		<u>1/1/11</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ABBOTT LABORATORIES PAC</u>		<u>11/04/10</u>	\$ <u>350</u>
Mailing Address <u>100 ABBOTT PARK RD</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>ABBOTT PARK, IL 60064</u>		<u>1/1/11</u>	\$
Name of Employer (Required) _____		<u>1/1/11</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>350</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bristol - Myers Squibb</u>		<u>10/13/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 840769</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>Houston, TX 77284</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NOVARTIS</u>		<u>12/22/10</u>	\$ <u>500</u>
Mailing Address <u>One Health Plaza</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>East Hanover, NJ 07936</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Homecare</u>		<u>11/22/10</u>	\$ <u>1000</u>
Mailing Address <u>134 FAIRMONT ST</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>CLINTON, MS 38056</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CCA of TENNESSEE</u>		<u>10/22/10</u>	\$ <u>400</u>
Mailing Address <u>10 BURTON HILLS BLVD</u>		<u>1/1/10</u>	\$
City, State, Zip Code <u>NASHVILLE, TN 37215</u>		<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>8/30/10</u>	\$ <u>500</u>
Mailing Address <u>135 N. CHURCH ST.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT PAC</u>		<u>8/16/10</u>	\$ <u>500</u>
Mailing Address <u>175 E. CAPITAL ST.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTRIA</u>		<u>9/30/10</u>	\$ <u>500</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code <u>RICHMOND, VA 23230</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAI SERVICES Company</u>		<u>9/19/10</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 464</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>WINSTON SALEM, NC 27102</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HARRIS JERNIGAN & Co.</u>		<u>8/18/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 3380</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39158</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSY FLANAGAN</u>		<u>8/15/10</u>	\$ <u>250</u>
Mailing Address <u>8 CROCKETT LOOP</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>HERNANDO, MS 38632</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHARLES ROSS</u>		<u>8/17/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 651</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASHLEY BRIDGEMAN</u>		<u>8/18/10</u>	\$ <u>250</u>
Mailing Address <u>132 WOODRUFF PARK</u>		<u>1</u> <u>1</u>	\$
City, State, Zip Code <u>MAADISON, MS 39110</u>		<u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C R MONTGOMERY</u>		<u>8/18/10</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1039</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>CANTON MS 39046</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMC MATERIALS</u>		<u>8/17/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 2569</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>MADISON MS 39130</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>POINT ONE STRATEGIES</u>		<u>8/18/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 3015</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39207</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS MANUFACTURERS ASSO.</u>		<u> </u> <u> </u> <u> </u>	\$ <u>250</u>
Mailing Address <u>720 NORTH PRESIDENT</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39202</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CELLULAR SOUTH</u>		<u>8/3/10</u>	\$ <u>250</u>
Mailing Address <u>1018 HIGHLAND GLOVE PARKWAY</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>RIDGECAMP, MS 39157</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ROAD BUILDERS ASSOCIATION</u>		<u>8/18/10</u>	\$ <u>250</u>
Mailing Address <u>601 GEEBEE ST.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39202</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GOLF GUARANTEE</u>		<u>8/11/10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 12409</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39236</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOMMIE CARDIN</u>		<u>8/16/10</u>	\$ <u>250</u>
Mailing Address <u>303 BORDEAUX DR</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>CYNTHIA, MS 39056</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required) <u>ATTY</u>		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee

DOUG DAVIS

Reporting period

through

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WINNING EDGE LLC</u>	<u>12/17/10</u>	\$ <u>355.50</u>
Mailing Address		
<u>7135 Hwy 431</u>		
City, State, Zip Code		
<u>ALEXANDRIA, AL</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>355.50</u>
<u>MAIL OUT</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HERNANDO CHAMBER</u>	<u>12/17/10</u>	\$ <u>320-</u>
Mailing Address		
<u>2440 Hwy 515</u>		
City, State, Zip Code		
<u>HERNANDO, MS 38632</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>320-</u>
<u>MAGAZINE AD</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>OLIVE BRANCH CHAMBER</u>	<u>12/17/10</u>	\$ <u>523.87</u>
Mailing Address		
<u>9123 PIGEON ROOST RD</u>		
City, State, Zip Code		
<u>OLIVE BRANCH, MS</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>523.87</u>
<u>LUNCHEON SPONSOR</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>NUNCLEE FOR CONGRESS</u>	<u>6/1/10</u>	\$ <u>1000</u>
Mailing Address		
<u>P.O. Box 7092</u>		
City, State, Zip Code		
<u>TUPELO, MS 38802</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1000</u>
<u>DONATION</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>DESOTO TIMER</u>	<u>6/1/10</u>	\$ <u>245.63</u>
Mailing Address		
<u>2445 Hwy 515</u>		
City, State, Zip Code		
<u>HERNANDO, MS 38632</u>	<u>12/1/10</u>	\$ <u>100.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>345.63</u>
<u>ADS</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/</u>	\$
Mailing Address		
	<u>1/1/</u>	\$
City, State, Zip Code		
	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$