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Campaign Finance
Secretary of State

2008 ELECTION CYCLE
CPR – SS 08-01(b)

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate JIM ELLINGTON

Address 7020 JACKSON - RAYMOND RD RAYMOND County HINDS

Telephone (Work) _____ (Home) 601-857-0906 (Fax) _____

Contact Name JIM ELLINGTON Email Address _____

Office Sought HOUSE DISTRICT 23 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ **October 28, 2008** **Pre-Election Report** (January 1, 2008, through October 25, 2008).....**Mandatory**

___ **November 18, 2008** **Pre-Runoff Report** (October 26, 2008, through November 15, 2008).....**Runoff Candidates**

✓ **January 31, 2009** **Annual Report** (January 1, 2008, through December 31, 2008).....**Mandatory**

___ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)		Total This Period	Calendar year-to-date
Total amount of contributions $	4500	+$ 200	$ 4700	$ 4700
Total amount of disbursements $	2574	+$ 2174	$ 4748	$ 4748
Total amount of cash on hand $			63,164	

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 Candidate) _____ (Date) 1/20/09

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: [illegible]

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Name of Candidate or Committee JIM ELLINGTON

Reporting period 1/1/08 through 12/31/08

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
CHARLIE ROSS FOR CONGRESS	1/8/08	$ 500
BRANDON, MS	/ /	$
CAMPAIGN	Aggregate Year-to-date	$ 500
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)		
RANDY PIERCE FOR JUDGE	9/2/08	$ 250
	/ /	$
CAMPAIGN	Aggregate Year-to-date	$ 250
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)		
MS LEUKEMIA	9/2/08	$ 540
JACKSON, MS	/ /	$
CONTRIBUTION (GOLF TOURN)	Aggregate Year-to-date	$ 540
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)		
JUDGE JIM SMITH	9/22/08	$ 250
	/ /	$
CAMPAIGN CONTRIBUTION	Aggregate Year-to-date	$ 250
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)		
RAYMOND CHAMBER OF COMMERCE	10/3/08	$ 290
RAYMOND, MS	/ /	$
GOLF TOURNAMENT	Aggregate Year-to-date	$ 290
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)		
AT+T	/ /	$ 744
JACKSON, MS	/ /	$
CELL PHONE (MONTHLY)	Aggregate Year-to-date	$ 747

5506-03 (A)

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. 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	$
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		
[illegible]	[illegible]	$
E. Full name	[illegible]	[illegible]
Mailing Address		
City, State, Zip Code		
[illegible]	[illegible]	
F. Full name	[illegible]	[illegible]
Mailing Address		
City, State, Zip Code		
[illegible]	[illegible]	

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Name of Candidate or Committee JIM ELLINGTON

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: NUCOR STEEL	5/28/08	$ 2500
Mailing Address	/ /	$
City, State, Zip Code: FLOWOOD, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2500

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS ASPHALT PAVEMENT ASSOC	5/28/08	$ 1000
Mailing Address	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHEVRON CORP.	9 22 08	500
Mailing Address: PASCAGOULA, MS		
City, State, Zip Code: ✓		500
Name of Employer (Required): GEORGIA-PACIFIC	11 22 08	250
Occupation (Required): BATON ROUGE, LA		
Aggregate year-to-date		250

JIM ELLINGTON

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A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: CHECK INTO CASH	12/12/08	$ 250
Mailing Address	___/___/___	$
City, State, Zip Code: CLEVELAND, TENN	___/___/___	$
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	___/___/___	$
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	$