2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate George Flaggs Jr., Campaign

Address P. O. Box 1674 Vicksburg County Warren

Telephone (Work) 601-359-3328 (Home) 601-942-0492 (Fax) 601-630-8008

Contact Name George Flaggs Jr Email Address 455flaggs@yahoo.com

Office Sought State Representative Political Party Democrat

☐ 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	$ 64,950.00 + $ 500.00	$ 65,450.00	$ 65,450.00
Total amount of disbursements	$ 30,205.21 + $ 1685.00	$ 31,890.21	$ 31,890.21
Total amount of cash on hand		$ 33,559.79	

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) January 28, 2009 (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 Delbert Hosemann, 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.

RECEIVED
JAN 28 2009
Secretary of State
Capitol Office

SS07-01

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Association of Realtors	__/__/__	$ 1000.00
Mailing Address: P.O. Box 321000	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bankers Association	__/__/__	$ 1000.00
Mailing Address: P.O. Box 1091	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: GCORP, LLC	__/__/__	$ 1000.00
Mailing Address: 1004 County Rd	__/__/__	$
City, State, Zip Code: Guntown, MS 38849	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Pfizer Inc	__/__/__	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: New York, NY 10017-5755	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gene or Pam Smith	__/__/__	$ 500.00
Mailing Address: 2212 Avanti LN	__/__/__	$
City, State, Zip Code: Birmingham, AL 35226-1030	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: MS Power Co	__/__/__	$ 500.00
Mailing Address: P.O. Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Swisher International Inc.	__/__/__	$ 500.00
Mailing Address: P.O. Box 2230	__/__/__	$
City, State, Zip Code: Jacksonville, FL 32203-2230	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Independent RX PAC	__/__/__	$ 500.00
Mailing Address: 4209 Lakewood Dr STE 399	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Associates of Mortgage Brokers	__/__/__	$ 500.00
Mailing Address: 2107 Nicholson Ave	__/__/__	$
City, State, Zip Code: Waveland, MS 39576	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: MS Farm Bureau	__/__/__	$ 500.00
Mailing Address: P.O. Box 1972	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: WB Consolidated	__/__/__	$ 500.00
Mailing Address: 770 N. West St	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Caplin Enterprises Inc	__/__/__	$ 500.00
Mailing Address: 147 W. Gallatin St	__/__/__	$
City, State, Zip Code: Hazlehurst, MS 39083	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Luke Montgomery	__/__/__	$ 500.00
Mailing Address: P.O. Box 37	__/__/__	$ 300.00
City, State, Zip Code: Fulton, MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 800.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Larry or Delois Montgomery	__/__/__	$ 300.00
Mailing Address: 101 Francis Dr	__/__/__	$
City, State, Zip Code: Fulton, MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Worth Thomas	__/__/__	$ 300.00
Mailing Address: P.O. Box 774	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: EMPAC, MS	__/__/__	$ 250.00
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1640	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAM-PAC	__/__/__	$ 250.00
Mailing Address: P.O. BOX 1992	__/__/__	$
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Warnock & Associates, LLC	__/__/__	$ 250.00
Mailing Address: P.O. BOX 1623	__/__/__	$
City, State, Zip Code: Canton, MS 39046	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: The Corbitt Co, LLC	__/__/__	$ 250.00
Mailing Address: P.O. BOX 14225	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brian Cooper	__/__/__	$ 500.00
Mailing Address: 911 Lily Creek Resort Rd	__/__/__	$
City, State, Zip Code: Jamestown, KY 42629	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: E Z Purchasing Inc DBA Quick Way of	__/__/__	$ 1000.00
Mailing Address: Corinth 501 Hwy 72 W	__/__/__	$
City, State, Zip Code: Corinth, MS 38834	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bancorpsouth	__/__/__	$ 1000.00
Mailing Address: P.O. Box 789	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802-0789	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Dental PAC	__/__/__	$ 1000.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Anheuser-Busch Inc.	__/__/__	$ 1000.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Commonwealth Brands Inc	__/__/__	$ 1000.00
Mailing Address: P.O. Box 51587	__/__/__	$
City, State, Zip Code: Bowling Green, KY 42102	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pharmaceutical Research + Manufacturers of America	__/__/__	$ 1000.00
Mailing Address: 950 F. Street NW	__/__/__	$
City, State, Zip Code: Washington, DC 20004	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: A+A of Tupelo Inc. DBA Globe Distributing	__/__/__	$ 1000.00
Mailing Address: 120 Franklin St	__/__/__	$
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Advance America	__/__/__	$ 1000.00
Mailing Address: 135 N Church St	__/__/__	$
City, State, Zip Code: Spartanburg, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. 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	__/__/__	$ 1000.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Cleveland, TN 37364-0550	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	__/__/__	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: AT+T MS	__/__/__	$ 500.00
Mailing Address: 175 E Capitol St Landmark Center Rm 703	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Associates For Home Care	__/__/__	$ 500.00
Mailing Address: P.O. Box 14608	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec 31, 2007 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UnitedHealthcare Services Inc	__/__/__	$ 500.00
Mailing Address: P.O. Box 1459	__/__/__	$
City, State, Zip Code: Minneapolis, MN 55440-1459	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMHA VPAC	__/__/__	$ 500.00
Mailing Address: P.O. Box 320369	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Titlemax A/P	__/__/__	$ 500.00
Mailing Address: 15 Bull St STE 200	__/__/__	$
City, State, Zip Code: Savannah, GA 31401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: D+E Enterprises LLC	__/__/__	$ 500.00
Mailing Address: 6228 Chaney Dr STE C	__/__/__	$
City, State, Zip Code: Collierville, TN 38017	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Island Credit Inc	__/__/__	$ 300.00
Mailing Address: 115 Pass Rd	__/__/__	$
City, State, Zip Code: Gulfport MS 39501	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tom Wallace DBA Wingfield Development	__/__/__	$ 300.00
Mailing Address: 939 Royal Oak Dr	__/__/__	$
City, State, Zip Code: Jackson, MS 39209	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly + Company	__/__/__	$ 250.00
Mailing Address	__/__/__	$
City, State, Zip Code: Indianapolis, IN 46285	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: S Levon Cattle + Land Dev. LLC	__/__/__	$ 250.00
Mailing Address: P.O. Box 21	__/__/__	$
City, State, Zip Code: Terry, MS 39170	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories	__/__/__	$ 250.00
Mailing Address: 100 Abbott Park Rd	__/__/__	$
City, State, Zip Code: Abbott Park, IL 60064-6028	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: W.O. Fitch	__/__/__	$ 500.00
Mailing Address: P.O. Box 610	__/__/__	$
City, State, Zip Code: Holly Springs, MS 38635	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: John W. Holden Jr	__/__/__	$ 500.00
Mailing Address: P.O Box 1055	__/__/__	$
City, State, Zip Code: Cleveland, TN 37364	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Fay Hinson	__/__/__	$ 300.00
Mailing Address: 839 Fairway Trail	__/__/__	$
City, State, Zip Code: Hernando, MS 38632	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee George Flaggs, Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulfco of Louisiana, INC	__/__/__	$ 250.00
Mailing Address: Tower Loan	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Tower Loans of Mississippi, INC	__/__/__	$ 250.00
Mailing Address: Tower Loan	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Gulfco of Mississippi, INC	__/__/__	$ 250.00
Mailing Address: Tower Loan	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Tower Loan INC	__/__/__	$ 250.00
Mailing Address: Tower Loan	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Financial Management + Investment Corp	__/__/__	$ 500.00
Mailing Address: P.O. Box 391	__/__/__	$ 500.00
City, State, Zip Code: Meridian, MS 39302	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Heritage Credit, LLC	__/__/__	$ 500.00
Mailing Address: 605 Crescent Blvd STE 101	__/__/__	$ 1000.00
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$ 1000.00
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: 1ST Franklin Financial	__/__/__	$ 500.00
Mailing Address: P.O. Box 880	__/__/__	$ 500.00
City, State, Zip Code: Taccoa, GA 30577	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Acceptance Loan Co Inc	__/__/__	$ 500.00
Mailing Address: 121 West Church St	__/__/__	$
City, State, Zip Code: Jackson AL 36545	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James F. Dill Jr	__/__/__	$ 1000.00
Mailing Address: P.O. Box 50	__/__/__	$ 1000.00
City, State, Zip Code: Dayton, TN 37321	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UMC Holding Co INC	__/__/__	$ 1000.00
Mailing Address: 130 Arkansas St	__/__/__	$
City, State, Zip Code: Paducah, KY 42003	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Pioneer Credit Co	__/__/__	$ 500.00
Mailing Address: 1870 Executive Park Dr NW	__/__/__	$
City, State, Zip Code: Cleveland, TN 37312	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Republic Finance LLC	__/__/__	$ 1000.00
Mailing Address: P.O. Box 15429	__/__/__	$
City, State, Zip Code: Baton Rouge, LA 70895	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Motor Club of America Inc	__/__/__	$ 1000.00
Mailing Address: P.O. Box 60	__/__/__	$
City, State, Zip Code: Paducah, KY 42002-0060	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tower Loan	__/__/__	$ 1000.00
Mailing Address: P.O. Box 32001	__/__/__	$
City, State, Zip Code: Flowood, MS 39232-001	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: First Tower Corp	__/__/__	$ 1000.00
Mailing Address: P.O. Box 16000	__/__/__	$
City, State, Zip Code: Jackson, MS 39288	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: John I. Brasher	__/__/__	$ 500.00
Mailing Address: 145 Brasher Rd	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LEN PAC	__/__/__	$ 1000.00
Mailing Address: 3 Lakeland Cr. STE 201	__/__/__	$
City, State, Zip Code: Jackson, MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Management Associates MS	__/__/__	$ 1000.00
Mailing Address: 2550 Flowood Dr. STE. 402	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: All American Check Cashing INC	__/__/__	$ 500.00
Mailing Address: P.O. Box 1350	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: IBB Benjamin	__/__/__	$ 500.00
Mailing Address: P.O. Box 4423	__/__/__	$
City, State, Zip Code: Jackson, MS 39296	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eric Tiebauer Attorney at Law	__/__/__	$ 500.00
Mailing Address: 4363 Hwy 45 N (P.O. Box 1421)	__/__/__	$
City, State, Zip Code: Waynesboro, MS 39367	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Pontotoc Title Loans	__/__/__	$ 300.00
Mailing Address: 291 B West Oxford St	__/__/__	$
City, State, Zip Code: Pontotoc, MS 38863	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Panola Title Loans INC	__/__/__	$ 300.00
Mailing Address: 347 B Hwy 6 West	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: 1st Cash Title Loans LLC	__/__/__	$ 250.00
Mailing Address: 110 Canal Place	__/__/__	$
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. + Mrs. Jerry Stogner	__/__/__	$ 1500.00
Mailing Address: P.O. Box 1683	__/__/__	$
City, State, Zip Code: McComb, MS 39649	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deweese Title Loan LLC	__/__/__	$ 1000.00
Mailing Address: 208 B Hwy 12 West	__/__/__	$
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Luke Montgomery	__/__/__	$ 1000.00
Mailing Address: P.O. Box 37	__/__/__	$
City, State, Zip Code: Fulton, MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Title Cash of Ocean Springs	__/__/__	$ 1000.00
Mailing Address: 2318 Bienville Blvd	__/__/__	$
City, State, Zip Code: Ocean Springs, MS 39564	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WETH Good Government Fund	__/__/__	$ 250.00
Mailing Address: Five Giralda Farms	__/__/__	$
City, State, Zip Code: Madison, NJ 07940	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Perry Title Loan INC	__/__/__	$ 250.00
Mailing Address: 802 Holland Ave	__/__/__	$
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: MTPA PAC	__/__/__	$ 1000.00
Mailing Address: 345 Hwy 12 W	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Bank of Forest	__/__/__	$ 250.00
Mailing Address: P.O. Box 60	__/__/__	$
City, State, Zip Code: Forest MS 39074	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Valley Premises Corporation	__/__/__	$ 500.00
Mailing Address: P.O. Box 8287	__/__/__	$
City, State, Zip Code: Greenwood, MS 38930	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Miss Bank PAC	__/__/__	$ 1000.00
Mailing Address: P.O Box 1091	__/__/__	$ 1000.00
City, State, Zip Code: Jackson, MS 39215	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richton Bank + Trust	__/__/__	$ 500.00
Mailing Address: P.O. Box 527	__/__/__	$
City, State, Zip Code: Richton, MS 39476	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Magnolia State Bank	__/__/__	$ 500.00
Mailing Address: P.O. Box 508	__/__/__	$
City, State, Zip Code: Bay Spring, MS 39422	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Regions Financial Corporation	__/__/__	$ 500.00
Mailing Address: 417 20TH St North	__/__/__	$
City, State, Zip Code: Birmingham, AL. 35203	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Citizens Bank	__/__/__	$ 250.00
Mailing Address: P.O. Box 667	__/__/__	$
City, State, Zip Code: Byhalia, MS 38611	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Guaranty Bank	__/__/__	$ 1000.00
Mailing Address: P.O. Drawer 657	__/__/__	$
City, State, Zip Code: Belzoni, MS 39038	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: RiverHills Bank	__/__/__	$ 1000.00
Mailing Address: P.O. Box 608	__/__/__	$
City, State, Zip Code: Port Gibson, MS 39150	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Spirit Bank	__/__/__	$ 300.00
Mailing Address: P.O. Box 430	__/__/__	$
City, State, Zip Code: Belmont, MS 38827	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Peoples Bank of the South	__/__/__	$ 1000.00
Mailing Address: P.O. Box 70	__/__/__	$
City, State, Zip Code: Bude, MS 39630	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Bank of Benoit	__/__/__	$ 500.00
Mailing Address: P.O. Box 299	__/__/__	$
City, State, Zip Code: Benoit, MS 38725	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: First State Bank	__/__/__	$ 500.00
Mailing Address: P.O. Box 506	__/__/__	$
City, State, Zip Code: Waynesboro, MS 39367	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hancock Bank	__/__/__	$ 1000.00
Mailing Address: P.O. Box 4019	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Citizens Bank	__/__/__	$ 1000.00
Mailing Address: P.O. Box 209	__/__/__	$
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Bank of Yazoo	__/__/__	$ 1000.00
Mailing Address: P.O. Box 1000	__/__/__	$
City, State, Zip Code: Yazoo City, MS 39194	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Newton County Bank	__/__/__	$ 1000.00
Mailing Address: P.O. Box 120	__/__/__	$
City, State, Zip Code: Newton, MS 39345	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Planters Bank + Trust Company	__/__/__	$ 1000.00
Mailing Address: P.O. Box 31	__/__/__	$
City, State, Zip Code: Indianola, MS 38751	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bank of Brookhaven	__/__/__	$ 1000.00
Mailing Address: P.O. Box 889	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39602	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: First Bank	__/__/__	$ 250.00
Mailing Address: P.O. Box 808	__/__/__	$
City, State, Zip Code: McComb, MS 39649	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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 George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rosa A. Temple Mural Committee	2/25/08	$ 1000.00
Mailing Address: P.O. Box 822793		
City, State, Zip Code: Vicksburg, MS 39182	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mt Heroden Baptist Church	5/23/08	$ 300.00
Mailing Address		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vicksburg Packers	2/24/08	$ 300.00
Mailing Address		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Charlie Flaggs	4/9/08	$ 350.00
Mailing Address		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 350.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilton	1/__/08	$ 450.38
Mailing Address: 1021 E. Countyline Rd		
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 450.38

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Char's	6/26/08	$ 223.00
Mailing Address: 4500 I-55 N. Highland Village		
City, State, Zip Code: Jackson, MS	__/__/__	$ 683.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 906.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Fish Fry		
Mailing Address 2503 Halls Ferry Rd	1/8/08	$ 1000.00
City, State, Zip Code Vicksburg MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
R+R Security		
Mailing Address P.O. Box 820722	1/10/08	$ 1250.00
City, State, Zip Code Vicksburg, MS 39182	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1250.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vicksburg City Auditorium		
Mailing Address	2/28/08	$ 683.00
City, State, Zip Code Vicksburg, MS	1/29/08	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1183.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Headliner Entertainment		
Mailing Address	4/11/08	$ 245.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 245.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Barbara Reed		
Mailing Address	__/__/__	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Brenda Hill		
Mailing Address	__/__/__	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec 31, 2007 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Linda Barnes		
Mailing Address	__/__/__	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name Blacks in Government	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name Two Rivers Restaurant	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12/27/08	$ 363.86
City, State, Zip Code Canton, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 363.86
D. Full name Dillards	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1200 E Countyline Rd	12/26/08	$ 1059.84
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1059.84
E. Full name Belk's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1200 E. Countyline Rd	12/26/08	$ 235.00
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 235.00
F. Full name Lefleur Limo	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 219 Industrial Dr	12/26/08	$ 540.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 540.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
US Airway/Cheap Tickets		
Mailing Address Washington DC	12/11/08	$ 328.94
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 328.94

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Les Sourr's Charmantes		
Mailing Address	12/5/08	$ 700.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 700.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Senator's Place		
Mailing Address	11/19/08	$ 460.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 460.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Miss Public Transit		
Mailing Address 2501 Halls Ferry Rd	12/14/08	$ 250.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Marcus Bottom Picnic		
Mailing Address Halls Ferry Rd	2/14/08	$ 1400.00
City, State, Zip Code Vicksburg, MS 39180	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1400.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
United Way		
Mailing Address	10/31/08	$ 6600.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 6600.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Blue Note Music Club		
Mailing Address 2623 Pearl St	9/19/08	$ 400.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
National Association Negro Business + Prof.		
Mailing Address	10/3/08	$ 800.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 800.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Patricia S. Brown		
Mailing Address	10/3/08	$ 300.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Chapter of Blacks in Government		
Mailing Address	10/14/08	$ 800.00
City, State, Zip Code Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 800.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Congressman Travis W. Childers		
Mailing Address	10/17/08	$ 250.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Marlon Matey		
Mailing Address	10/17/08	$ 1000.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
100 Black Men of Jackson, INC	10/22/08	$ 400.00
Mailing Address: P.O. Box 9514		
City, State, Zip Code: Jackson, MS 39286	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vivian Flaggs	10/27/08	$ 500.00
Mailing Address: 2930 Park Ave		
City, State, Zip Code: Vicksburg, MS 39180	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Emmarie F. Anderson	11/17/08	$ 500.00
Mailing Address		
City, State, Zip Code: Vicksburg, MS 39180	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Vicksburg Warren Chapter JSU Alumni	12/11/08	$ 250.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Crowne Plaza	11/3/08	$ 475.57
Mailing Address: 13400 W. Sunrise Blvd		
City, State, Zip Code: Sunrise, FL	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 475.57

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Schimmel's		
Mailing Address: 2615 N. State St	__/__/__	$ 1288.48
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1288.48

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Loving Care Camp	7/21/08	$ 300.00
Mailing Address		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
3 Fold Production	7/28/08	$ 500.00
Mailing Address: 415 Berryman Rd		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shampley's		
Mailing Address: 868 Center St	__/__/__	$ 489.10
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 489.10

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilton Garden Inn	8/2/08	$ 242.00
Mailing Address: 133 Plaza Dr		
City, State, Zip Code: Hattiesburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 242.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Geneva Jones	8/11/08	$ 500.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Warren County Circuit Clerk	9/17/08	$ 275.00
Mailing Address: P.O. Box 351		
City, State, Zip Code: Vicksburg, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 275.00

Name of Candidate or Committee George Flaggs Jr.

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Too Sweet Production		
Mailing Address	5/2/08	$ 230.00
City, State, Zip Code Vicksburg, MS 39180	10/27/08	$ 230.00
Purpose of Disbursement (Optional) ~~Too Sweet~~	Aggregate Year-to-date	$ 460.00
B. Full name Too Sweet Production	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8/11/08	$ 230.00
City, State, Zip Code Vicksburg, MS 39180	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 230.00
C. Full name LD's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 111 Mulberry St	2/8/08	$ 300.00
City, State, Zip Code Vicksburg, MS 39180	5/2/08	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 800.00
D. Full name LD's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 111 Mulberry St	__/__/__	$ 868.00
City, State, Zip Code Vicksburg, MS 39180	9/2/08	$ 400.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1268.00
E. Full name LD's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 111 Mulberry St	12/30/08	$ 462.24
City, State, Zip Code Vicksburg, MS 39180	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 462.24
F. Full name American Express	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P.O. Box 650448	__/__/__	$ 683.52
City, State, Zip Code Dallas, TX 75265	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 683.52

Name of Candidate or Committee George Flaggs Jr

Reporting period Dec. 31, 2007 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Washington Mutual Card Services		
Mailing Address P.O. Box 660487	__/__/__	$ 988.00
City, State, Zip Code Dallas TX 75266-0487	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 988.08

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chase / Cardmember Service		
Mailing Address P.O. Box 94014	__/__/__	$ 593.00
City, State, Zip Code Palatine, IL 60094-4014	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 593.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Payment Center		
Mailing Address P.O. Box 5241	__/__/__	$ 468.20
City, State, Zip Code Carol Stream, IL 60197-5241	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 468.20

D. 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	$

E. 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	$

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	$