

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee **FRIENDS OF KNOX ROSS**

Address POST OFFICE BOX 1, PELAHATCHIE, MS 39145

Telephone 601-969-7440 **Fax** 601-355-9003

Treasurer PAUL V BREAZEALE Email pbreazeale@bsoltd.com

☐ Check here if above is different from previous report

TYPE OF REPORT

<input type="checkbox"/>	May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....	Mandatory
<input type="checkbox"/>	June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....	Runoff Candidates
<input type="checkbox"/>	October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....	All Candidates
<input type="checkbox"/>	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....	Runoff Candidates
<input checked="" type="checkbox"/>	January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....	All Candidates and Political Committees
<input type="checkbox"/>	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	\$ 2,500.00+ \$	\$ 2,500.00	\$ 2,500.00
Total amount of disbursements	\$.00 + \$	\$.00	\$.00
Total amount of cash on hand		\$ 2,500.00	

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 Director of Treasury

01/31/2011

Date _____

Authority: Refer to Miss. Code Ann. 523-15-801 (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 601-353-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee FRIENDS OF KNOX ROSSReporting period JANUARY 1, 2010 through DECEMBER 31, 2010**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>PAUL V BREAZEALE</u>		<u>8 / 4 / 2010</u>	\$ <u>500.00</u>
Mailing Address <u>9 CYPRESS LANE</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>BREAZEALE, SAUNDERS & O'NEIL, LTD</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ <u>500.00</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>FEDERATED INSURANCE CO</u>		<u>8 / 9 / 2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>POST OFFICE BOX 321422</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</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>FEDERATED LIFE INSURANCE</u>		<u>8 / 9 / 2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>POST OFFICE BOX 321422</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>FLOWOOD, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input 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> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$