2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 25 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Haskins Montgomery

Address P.O. Box 611

Telephone 601-764-2700 Fax 601-359-9210

Contact Name Haskins Montgomery Email jceddehotmail.com

Office Sought Senate Political Party Democratic

☐ 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	$16,469.10 + $1200.00	$ 17,669.10	$ 17,699.10
Total amount of disbursements	$569.10 + $125.00	$ 694.10	$ 694.10
Total amount of cash on hand		$ 21,755.02	

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

Haskins Montgomery
Signature of Candidate

1-24-11
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.

SOS 01-10

Name of Candidate or Committee Haskins Montgomery

Reporting period January 1 through December 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T MS Pol. Action Comm.	8/16/10	$ 500.00
Mailing Address: 175 E. Capital Street Room 703	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
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: Community Financial Services (Capital Pac)	10/5/10	$ 500.00
Mailing Address: 201 Keith Street SW, Ste 80	/ /	$
City, State, Zip Code: Cleveland TN 37311	/ /	$
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: Denbury	/ /	$
Mailing Address: 5100 Tennyson Parkway, Suite 1200	9/23/10	$ 1000.00
City, State, Zip Code: Plano TX 75024	/ /	$
Name of Employer (Required): Oil Company	/ /	$
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: Robert K. McDonald	12/9/10	$ 5000.00
Mailing Address: 103 Little Creek Road	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 5000.00

Name of Candidate or Committee Hazlkins Montgomery

Reporting period January 1 through December 31 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William + Suzanne Sumrall	12/22/10	$ 1500.00
Mailing Address: P.O. Box 94	__/__/__	$
City, State, Zip Code: Bay Springs MS 39422	__/__/__	$
Name of Employer (Required): Sumrall Oil Company	__/__/__	$
Occupation (Required): CEO Sumrall Oil Company	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: Ricky Ruffin	12/22/10	$ 1000.00
Mailing Address: P.O. Box 565	__/__/__	$
City, State, Zip Code: Bay Springs MS 3944	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Atty at Law	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: Capitol Advocacy Group, PAC	12/20/10	$ 250.00
Mailing Address: P.O. Box 217	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
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: Rock Company Public Sector LLC	12/17/10	$ 500.00
Mailing Address: 450 Laurel Street, Suite 1420	__/__/__	$
City, State, Zip Code: Baton Rouge, LA 70801	__/__/__	$
Name of Employer (Required): Rock	__/__/__	$
Occupation (Required): Georgia-Pacific	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Hoskins Montgomery

Reporting period January 1 through December 31 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GEO-PRO LLC	12/23/10	$ 500.00
Mailing Address: P.O. Box 5098	__/__/__	$
City, State, Zip Code: Brandon MS 39047	__/__/__	$
Name of Employer (Required): ~~Retired~~	__/__/__	$
Occupation (Required): Investments	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: Robert R Ward	12/23/10	$ 1250.00
Mailing Address: 4230 Quail Run Road	__/__/__	$
City, State, Zip Code: Jackson, MS	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Consulting	Aggregate year-to-date	$ 1250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James D. Hobson III	12/28/10	$ 1000.00
Mailing Address: 1617 Clemens Street	__/__/__	$
City, State, Zip Code: Vicksburg MS 39180	__/__/__	$
Name of Employer (Required): Service Master	__/__/__	$
Occupation (Required): Sales	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: Harry Patton	12/26/10	$ 1000.00
Mailing Address: 202 Cypress Street	__/__/__	$
City, State, Zip Code: Leland MS 38756	__/__/__	$
Name of Employer (Required): Primtec Bank	__/__/__	$
Occupation (Required): Banker	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Haskins Montgomery

Reporting period January 1 through December 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. Chuck Hunt	12/22/10	$ 1000.00
Mailing Address: 8423 Dogwood Road	__/__/__	$
City, State, Zip Code: Germantown, TN 38139	__/__/__	$
Name of Employer (Required): Banker Bank of Ark.	__/__/__	$
Occupation (Required): Banker	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: Mississippi Power Company State PAC	12/21/10	$ 400.00
Mailing Address: P.O. Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC Mississippi	12/22/10	$ 500.00
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
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: Norfolk Southern Corporation	9/29/10	$ 250.00
Mailing Address: Three Commercial Place	__/__/__	$
City, State, Zip Code: Norfolk VA 23510	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Haskins Montgomery

Reporting period January 1 through December 31 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Haskins Montgomery	2/16/10	$ 319.10
Mailing Address: P.O. Box 611	__/__/__	$
City, State, Zip Code: Bay Springs MS 39422	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Candidate	Aggregate year-to-date	$ 319.10

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	$

Name of Candidate or Committee Haskins Montgomery

Reporting period January 1 through December 31 2010

ITEMIZED DISBURSEMENTS

A. Full name: American Cancer Society	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1907	2/14/10	$ 250.00
City, State, Zip Code: Biloxi Surrogate, MS 39422	__/__/__	$
Purpose of Disbursement (Optional): Adv.	Aggregate Year-to-date	$ 250.00
B. Full name: Bush Signs LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 4328	7/6/10	$ 319.10
City, State, Zip Code: Montgomery, AL 36108	__/__/__	$
Purpose of Disbursement (Optional): Fans - Adv	Aggregate Year-to-date	$ 319.10
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	__/__/__	$
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	$