2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate J.P COMPRETTA

Address 110 SCIANNA LANE

Telephone 228 467 7618 Fax 228 467 3118

Contact Name J.P. COMPRETTA Email COMPRETTA@MCHSI.com

Office Sought HOUSE OF REPRESENTATIVE Political Party DEMOCRAT

☐ 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

✓ 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	$ 8600.00 +$ —	$ 8600.00	$ 8600.00
Total amount of disbursements	$ 2969 +$ 3307	$ 6276.00	$ 6276.00
Total amount of cash on hand		$ 2324.00	

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

J.P. Compretta — Signature of Candidate

01-31-11 — 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.

SOS 01-10

Name of Candidate or Committee J.P. COMPRETTA

Reporting period 1/1/10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BAY High School		
Mailing Address: BLUE MEADOW ROAD	03/01/10	$ 500.00
City, State, Zip Code: BAY ST LOUIS MS. 39520	07/08/10	$ 100.00
Purpose of Disbursement (Optional): DONATION	Aggregate Year-to-date	$ 600.00
B. Full name: ADAMS-LORAINE	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: HWY 90	08/26/10	$ 240
City, State, Zip Code: BAY ST LOUIS MS 39520	10/07/10	$ 379
Purpose of Disbursement (Optional): ADVERTISEMENT	Aggregate Year-to-date	$ 619.00
C. Full name: J.P. COMPRETTA	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 110 SCIANNA LANE	06/25/10	$ 1000.00
City, State, Zip Code: BAY ST LOUIS MS 39520	06/16/10	$ 750.00
Purpose of Disbursement (Optional): EXPENSES & CONTRIBUTIONS	Aggregate Year-to-date	$ 1750.00
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	$

SS04-06

Name of Candidate or Committee J.P. COMPRETTA

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENTERPRISE Holdings, INC PAC	02/12/10	$ 250.00
Mailing Address: 600 CORPORATE PARK DRIVE	__/__/__	$
City, State, Zip Code: ST. LOUIS MO 63105	__/__/__	$
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: COMCAST	02/12/10	$ 1000.00
Mailing Address: ONE COMCAST CENTER	__/__/__	$
City, State, Zip Code: Philadelphia PA. 19103-2838	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): COMMUNICATIONS	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: AT & T Mississippi PAC	08/10/10	$ 1000.00
Mailing Address: 175 EAST Capitol St. Suite 702	__/__/__	$
City, State, Zip Code: JACKSON MS. 39201-2135	__/__/__	$
Name of Employer (Required): AT & T	__/__/__	$
Occupation (Required): Tele COMMUNICATIONS	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: Abbott LABORATORIES Employee PAC	11/29/10	$ 400.00
Mailing Address: 100 Abbott PARK ROAD	__/__/__	$
City, State, Zip Code: Abbott PARK, IL 60064-6028	__/__/__	$
Name of Employer (Required): Abbott LABORATORIES	__/__/__	$
Occupation (Required): MEDICAL	Aggregate year-to-date	$ 400.00

SS04-05

Name of Candidate or Committee J.P. COMPRETTA

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Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAL-PAC	09/29/10	$ 500.00
Mailing Address: 702 SW 8th STREET	__/__/__	$
City, State, Zip Code: BENTONVILLE AR 72716-0150	__/__/__	$
Name of Employer (Required): WAL-MART STORES INC	__/__/__	$
Occupation (Required): RETAIL	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) COMPANY	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF RAILWAY COMPANY	08/12/10	$ 250.00
Mailing Address: 3253 EAST CHESTNUT EXPRESSWAY	__/__/__	$
City, State, Zip Code: SPRINGFIELD MO 65802-2540	__/__/__	$
Name of Employer (Required): BNSF RAILROAD COMPANY	__/__/__	$
Occupation (Required): RAIL TRANSPORTATION	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: GRAND TRUNK WESTERN R.R. CO.	07/12/10	$ 500.00
Mailing Address: 2800 LIVERNOIS Suite 300	__/__/__	$
City, State, Zip Code: P.O. BOX 5025	__/__/__	$
Name of Employer (Required): TROY MICHIGAN 48007-5026	__/__/__	$
Occupation (Required): RAIL TRANSPORTATION	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: AMERISTAR CASINOS INC.	11/04/10	$ 1000.00
Mailing Address: 3773 HOWARD HUGHES PKWY.	__/__/__	$
City, State, Zip Code: LAS VEGAS NV 89169	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): GAMING	Aggregate year-to-date	$ 1000.00

SS04-05

Name of Candidate or Committee J. P. COMPRETTA

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ELI LILLY & COMPANY - PAC	02/01/10	$ 1000.00
Mailing Address: INDIANAPOLIS, IN 46285	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required): ELI-LILLY & COMPANY	__/__/__	$
Occupation (Required): MEDICAL	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 DENTAL PAC	08/18/10	$ 1000.00
Mailing Address: 2630 RIDGEWOOD ROAD STE. C	__/__/__	$
City, State, Zip Code: JACKSON MS. 39216-4920	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): DENTIST	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: CHEVRON PRODUCTS COMPANY	09/13/10	$ 1000.00
Mailing Address: P.O. BOX 1300	__/__/__	$
City, State, Zip Code: PASCAGOULA MS. 39568	__/__/__	$
Name of Employer (Required): A CHEVRON USA INC	__/__/__	$
Occupation (Required): PETROLEUM	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: ATMOS ENERGY CORPORATION PAC	10/29/10	$ 500.00
Mailing Address: 5430 LBJ FREEWAY STE 160	__/__/__	$
City, State, Zip Code: DALLAS TX 75240	__/__/__	$
Name of Employer (Required): ATMOS ENERGY	__/__/__	$
Occupation (Required): UTILITY COMPANY	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee J. P. COMPRETTA

Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CRAFT PAC	12/10/10	$ 200.00
Mailing Address: 3000 B NORTH STATE STREET	__/__/__	$
City, State, Zip Code: JACKSON MS. 39216	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): BEVERAGE ASSOCIATION OF MS.	Aggregate year-to-date	$ 200.00

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	$

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