Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Jamie Creel Campaign

Address 890 Lackland Dr.

Telephone 228-424-1590 Fax 228-594-9636

Treasurer _____ Email jamiecreeldistrict116@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory

____ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only

____ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory

____ 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	$4150 +$ 1000	$ 5150	$ 5150
Total amount of disbursements	$4324.14 +$ 0	$ 4324.14	$ 4324.14
Total amount of cash on hand	$825.86	$ 825.86	

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

Jamie Creel
Signature of Director or Treasurer

Date 1/4/2011

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 601-576-3918.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Jamie Creel

Reporting period 1/1/2010 through 1/4/2011

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Dunaway Signs Mailing Address: 12724 Parkers Creek Rd City, State, Zip Code: Biloxi MS 39532 Purpose of Disbursement (Optional):	10/2/2010	$ 1534.32
	12/15/2010	$ 667.68
	Aggregate Year-to-date	$ 2,202.06
B. Full name: Knight Abbey Printing Mailing Address: 316 Bohn St. City, State, Zip Code: Biloxi MS 39530 Purpose of Disbursement (Optional):	12/20/2010	$ 707.36
	1/5/2011	$ 1414.72
	Aggregate Year-to-date	$ 2,122.08
C. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

Name of Candidate or Committee Jamie Creel

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Reporting period 12/17/2010 through 1/4/2011

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulfside Casino Partnership	12/30/2010	$ 250.00
Mailing Address: 3300 W. Beach Blvd.	__/__/__	$
City, State, Zip Code: Gulfport MS 39501	__/__/__	$
Name of Employer (Required): Owner	__/__/__	$
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: Angel Harrelson	12/25/2010	$ 500.00
Mailing Address: 807 Darius Dr.	__/__/__	$
City, State, Zip Code: Biloxi, MS 39532	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
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: Sweetman Security Service	12/16/2010	$ 250.00
Mailing Address: 180 Delaunney	__/__/__	$
City, State, Zip Code: Biloxi MS 39530	__/__/__	$
Name of Employer (Required): Owner	__/__/__	$
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: Kena Hendricks	12/28/2010	$ 400.00
Mailing Address: 894 On the Green	__/__/__	$
City, State, Zip Code: Biloxi MS 39532	__/__/__	$
Name of Employer (Required): Memorial Hospital	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Jamie Grell

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Reporting period 1/1/2010 through 1/4/2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Moak Campaign	10/1/2010	$ 2,500.
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required): self	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thom Newman II	12/6/2010	$ 250.00
Mailing Address: 3526 Wells Ferry	__/__/__	$
City, State, Zip Code: Biloxi MS 39532	__/__/__	$
Name of Employer (Required): self	__/__/__	$
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	__/__/__	$
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	$