Delbert Hosemann
SECRETARY OF STATE

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JAN 04 2011
Campaign Finance
Secretary of State
DATE STAMP

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee: Jess Hogue for State Representative

Address: PO Box 4146 Biloxi MS 39535

Telephone: 228-365-2986 Fax: 662-234-0336

Treasurer: Jess Hogue Email: TrustJessHogue@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 4, 2011 Pre-Election Report (January 1, 2011, 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, 2011 through December 31, 2011).....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	$8100.00 + $ 1,175.00	$ 9,275.00	$ 9,275.00
Total amount of disbursements	$7968.33 + $ 272.52	$ 8,240.85	$ 8,240.85
Total amount of cash on hand		$ 1,034.15	

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 or Treasurer: [signature] Date: 1/4/11

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 601-576-3819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Jess Hogue for State Rep.

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Calvin Coleman, Jr.	12/15/10	$ 400.00
Mailing Address: 18224 Dedeaux Clan Road	__/__/__	$
City, State, Zip Code: Gulfport MS 39503	__/__/__	$
Name of Employer (Required): Naomi's Catering	__/__/__	$
Occupation (Required): Chef	Aggregate year-to-date	$ 400.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Parri Mitchell	12/1/10	$ 700.00
Mailing Address: 2572 Sheridan Court	__/__/__	$
City, State, Zip Code: Biloxi MS	__/__/__	$
Name of Employer (Required): Office Manager	__/__/__	$
Occupation (Required): Back & Neck Care Center	Aggregate year-to-date	$ 700.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jess Hogue	12/1/10	$ 6000.00
Mailing Address: 1591 Pelican Bayou Drive	__/__/__	$
City, State, Zip Code: Biloxi MS 39532	__/__/__	$
Name of Employer (Required): Virginia College	__/__/__	$
Occupation (Required): Instructor	Aggregate year-to-date	$ 6000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Hogue	12/15/10	$ 1000.00
Mailing Address: 1591 Pelican Bayou Drive	__/__/__	$
City, State, Zip Code: Biloxi MS 39532	__/__/__	$
Name of Employer (Required): United States Air Force	__/__/__	$
Occupation (Required): Captain	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Jess Hogue for State Representative

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Election Impact Group	12/15/10	$ 1000.00
Mailing Address: PO Box 2078		
City, State, Zip Code: Oxford MS 38655	12/22/10	$ 470.38
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1470.38

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jennart Ad Design		
Mailing Address: 13309 Rocky Mountain Drive	12/1/10	$ 3210.00
City, State, Zip Code: Biloxi MS 39532	12/2/10	$ 1814.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5024.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lagniappe Portraits		
Mailing Address: PO Box 1416	12/1/10	$ 233.65
City, State, Zip Code: Ocean Springs MS 39566	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 233.65

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shaughnessy Printing		
Mailing Address: 234 Caillavet St.	12/2/10	$ 342.40
City, State, Zip Code: Biloxi MS 39530	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 342.40

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Naomi's Catering		
Mailing Address: 18224 Dedeaux Clan Road	12/15/10	$ 400.00
City, State, Zip Code: Gulfport MS 39503	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 400.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rachel Willis		
Mailing Address: PO Box 7987	12/21/10	$ 250.00
City, State, Zip Code: University, MS 38677	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

Name of Candidate or Committee Jess Hogue for State Representative

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

ITEMIZED DISBURSEMENTS

A. Full name Sam's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15065 Creosote Rd.	12/15/10	$ 247.90
City, State, Zip Code Gulfport MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 247.90
B. 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	$
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	$