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

Name of Candidate Joey Fillingane

Address 8 Westbrook Drive, Sumrall, MS 39482

Telephone 601 221 2070 Fax 601 264-3363

Contact Name Joey Fillingane Email joey@fillingane lawfirm.com

Office Sought State Senate Dist. 41 Political Party Republican

☐ 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	$18950.00 +$ 2355.72	$ 21,305.72	$ 21,305.72
Total amount of disbursements	$9062.86 +$ 550.00	$ 9612.86	$ 9612.86
Total amount of cash on hand		$20,806.28	

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

Joey Fillingane 1/29/11

Signature of Candidate **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 Joy Fillingane

Reporting period 1/1/10 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)	1/12/10	$ 250.00
Mailing Address: 6000 Lora Park Dr.	/ /	$
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	1/12/10	$ 500.00
Mailing Address: One Comcast Center	/ /	$
City, State, Zip Code: Philadelphia, PA 19103-2838	/ /	$
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: Grand Trunk Western Railroad Co.	1/12/10	$ 250.00
Mailing Address: PO Box 5025	10/20/10	$ 250.00
City, State, Zip Code: Troy, MI 48007	/ /	$
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 Corp.	1/12/10	$ 250.00
Mailing Address: 3 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 Jay Fillingane

Reporting period 1/1/10 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: Hattiesburg Clinic Healthcare Policy Cmte.	2/22/10	$ 1000.00
Mailing Address: 415 S. 28th Ave.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Astra Zeneca, Clinc.	6/24/10	$ 500.00
Mailing Address: PO Box 15437	__/__/__	$
City, State, Zip Code: Wilmington, DE 19850-5437	__/__/__	$
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: Bruser Healthcare, LLC	6/30/10	$ 500.00
Mailing Address: 444 Pembrooke Dr.	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
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: Merck Sharp and Dohme Corp.	7/28/10	$ 500.00
Mailing Address: One Merck Dr.	__/__/__	$
City, State, Zip Code: Whitehouse Station, NJ 08889	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Jay Fillingane

Reporting period 1/1/10 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: Mississippi Dental PAC	5/25/10	$ 500.00
Mailing Address: 2630 Ridgewood Rd., Ste. C	/ /	$
City, State, Zip Code: Jackson, MS 39216-4920	/ /	$
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: Chevron Corp.	10/7/10	$ 500.00
Mailing Address: PO Box 9034	/ /	$
City, State, Zip Code: Concord, PA 94524	/ /	$
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: AT+T Mississippi PAC	10/7/10	$ 500.00
Mailing Address: 175 E. Capital St. Landmark Ctr. Rm 703	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
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: MAC-PAC	10/27/10	$ 500.00
Mailing Address: 500 Broadway Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39401	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

Reporting period 1/1/10 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: Advance America	10/27/10	$ 500.00
Mailing Address: 135 N. Church St.	/ /	$
City, State, Zip Code: Spartanburg, SC 29306	/ /	$
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: General Electric Co.	11/4/10	$ 500.00
Mailing Address: PO Box 9544	/ /	$
City, State, Zip Code: Fort Myers, FL 33906-9544	/ /	$
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: Centene Mngt. Co., LLC	11/4/10	$ 1000.00
Mailing Address: Centene Corp.	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required)	/ /	$
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: Anheuser-Busch, Inc.	11/12/10	$ 500.00
Mailing Address: One Busch Place	/ /	$
City, State, Zip Code: St. Louis, MO 63118	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Fay Fillingane

Reporting period 1/1/10 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: Entertainment Software Assoc.	11/12/10	$ 500.00
Mailing Address: 575 7th St. NW, Ste. 300	/ /	$
City, State, Zip Code: Washington DC 20004	/ /	$
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: WB Consolidated	11/19/10	$ 250.00
Mailing Address: 770 N. West St.	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
Name of Employer (Required)	/ /	$
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: MS Independent Rx PAC	11/19/10	$ 500.00
Mailing Address: 4209 Lakeland Dr. Ste. 349	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: MS Realtors PAC	12/19/10	$ 500.00
Mailing Address: PO Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

Reporting period 1/1/10 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: MS Roadbuilders (PAC) Assoc.	12/9/10	$500.00
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
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: MS Association for Homecare	12/9/10	$300.00
Mailing Address: 134 Fairmont St., Ste. B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$300.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp.	12/9/10	$250.00
Mailing Address: 3 Commercial Place	/ /	$
City, State, Zip Code: Norfolk, VA 23510	/ /	$
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: MS Bankers Association PAC	12/9/10	$1000.00
Mailing Address: PO Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$1000.00

Name of Candidate or Committee Jay Fillingane

Reporting period 1/1/10 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: Heath Mngt. Assoc. PAC	12/9/10	$ 500.00
Mailing Address: 2550 Flowood Dr., Ste. 402	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
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: MS Dental PAC	12/9/10	$ 500.00
Mailing Address: PO Box 16490	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
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: Entergy Employees' PAC	12/9/10	$ 500.00
Mailing Address: PO Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1640	__/__/__	$
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: R. Barry Cannada	12/9/10	$ 250.00
Mailing Address: 827 Pinehurst Place	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required): Butler Snow	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Jerry Ellingburg

Reporting period 1/1/10 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: Sidney P. Allen, Jr.	12/9/10	$ 250.00
Mailing Address: 710 Orleans Cir.	/ /	$
City, State, Zip Code: Rickerland, MS 39157	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Govt. Affairs Representative	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: Selby A. Ireland	12/9/10	$ 250.00
Mailing Address: 1415 Poplar Blvd.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required)	/ /	$
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: Caroline Sims	12/9/10	$ 250.00
Mailing Address: 4211 Brookdale St.	/ /	$
City, State, Zip Code: Jackson, MS 39206	/ /	$
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: Danburry Corp.	12/9/10	$ 500.00
Mailing Address: 500 Tennyson Pkwy., Ste. 1200	/ /	$
City, State, Zip Code: Plano, TX 75024	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Jay Ellington

Reporting period 1/1/10 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: Atmos Energy PAC	12/9/10	$ 500.00
Mailing Address: 5430 LBJ Freeway, Ste. 1600	/ /	$
City, State, Zip Code: Dallas, TX 75240	/ /	$
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: MS Healthcare Assoc. PAC	12/9/10	$ 1000.00
Mailing Address: 1076 Highland Colony Pkwy., Ste. 125	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Adams & Reese, LLP	12/9/10	$ 250.00
Mailing Address: 4500 One Shell Sq.	/ /	$
City, State, Zip Code: New Orleans, LA 70139	/ /	$
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: Georgia-Pacific Fin Mngt., LLC	12/9/10	$ 500.00
Mailing Address: PO Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Tony Gillingane

Reporting period 1/1/10 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: Gulf States Toyota, Inc.	12/28/10	$ 1000.00
Mailing Address: 1375 Enclave Pkwy.	__/__/__	$
City, State, Zip Code: Houston, TX 77077	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Power Co. State PAC	12/28/10	$ 400.00
Mailing Address: PO 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	__/__/__	$
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 Joey Fillingane

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Morris		
Mailing Address 314 N. 37th Ave.	1/8/10	$ 2000.00
City, State, Zip Code Hattiesburg, MS 39401	2/1/10	$ 2000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
National Awards Inc.		
Mailing Address 4705 I-55 North	1/18/10	$ 252.86
City, State, Zip Code Jackson, MS 39206-5002	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 252.86

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
University of Southern Mississippi		
Mailing Address 118 College Dr., Box 5105	5/14/10	$ 810.00
City, State, Zip Code Hattiesburg, MS 39406	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 810.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ginger Whitwell / Meadowbrook Strategies		
Mailing Address 4266 I-55 N, Suite 108	9/2/10	$ 500.00
City, State, Zip Code Jackson, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
John Morgan-Hughes / Magnolia Tide, LLC		
Mailing Address PO Box 1772	9/7/10	$ 1000.00
City, State, Zip Code Starkville, MS 39760	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Steven Palazzo for Congress		
Mailing Address PO Box 4634	9/14/10	$ 500.00
City, State, Zip Code Biloxi, MS 39535	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
GOP Mississippi Victory Fund	10/13/10	$1000.00
Mailing Address 415 Yazoo St.		
City, State, Zip Code Jackson, MS 39201	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$1000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar County GOP	10/27/10	$1000.00
Mailing Address PO Box 1900		
City, State, Zip Code Purvis MS 39475	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$1000.00

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	$