2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Kelvin E. Butler

Address 2018 Hawthorne DR. McComb, MS 39648

Telephone 601-680-4281 Fax 601-680-4281

Contact Name DAVID KNOX Email knoxalpha06@aol.com

Office Sought STATE SENATE-DIST.-38 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	$12,450.00 +	$2,297.00	$14,747.00	$14,747.00
Total amount of disbursements	$9617.98 +	$4717.48	$14,335.46	$14,335.46
Total amount of cash on hand			$3,100.43	

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 Candidate

Date 12-31-11

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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Kelvin E. Butler

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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: Grand Trunk Western Railroad Co.	5/1/10	$ 250.00
Mailing Address: 2800 Livernois, Suite 300	__/__/__	$
City, State, Zip Code: Troy, Michigan 48007-5025	__/__/__	$
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: MS Hospitality & Rest. Assoc.	4/19/10	$ 500.00
Mailing Address: 130 Riverview DR, Suite A	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
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	4/12/10	$ 500.00
Mailing Address: 5100 Tennyson Parkway Suite 1200	__/__/__	$
City, State, Zip Code: Plano, TX 75024	__/__/__	$
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: W B Consolidated	4/23/10	$ 400.00
Mailing Address: 770 North West Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

SS04-05

Name of Candidate or Committee Kelvin E. Butler

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: Neel Schaffer	4/14/10	$ 500.00
Mailing Address: P.O. Box 22625	/ /	$
City, State, Zip Code: Jackson, MS 39225-2625	/ /	$
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: Buddy Medlin & Assoc. Inc.	5/4/10	$ 200.00
Mailing Address: P.O. Box 24087	/ /	$
City, State, Zip Code: Jackson, MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: South MS Title Company Inc.	5/6/10	$ 1000.00
Mailing Address: P.O. Box 1703	/ /	$
City, State, Zip Code: McComb, MS 39648	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grant Fox	5/11/10	$ 500.00
Mailing Address: P.O. Box 310	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Kelvin E. Butler

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 Concrete Assoc.	5/10/10	$ 200.00
Mailing Address: 6700 old Canton Rd.	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Harris, Jernigan & Geno PLLC	5/11/10	$ 500.00
Mailing Address: P.O. Box 3380	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
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: MS Malt Beverage Assoc.	5/12/10	$ 500.00
Mailing Address: P.O. Box 1132	__/__/__	$
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: Lucias Lampton	5/15/10	$ 500.00
Mailing Address: 111 Magnolia St	__/__/__	$
City, State, Zip Code: Magnolia, MS 39652	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Kelvin E. Butler

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: AC Timerson	5/17/10	$ 400.00
Mailing Address: 5118 Dewees Circle	__/__/__	$
City, State, Zip Code: Jackson, MS 39209	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: MS Power Company	5/10/10	$ 200.00
Mailing Address: P.O. Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Montgomery Enterprises Inc.	5/18/10	$ 500.00
Mailing Address: P.O. Box 37	__/__/__	$
City, State, Zip Code: Fulton, MS 38843	__/__/__	$
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: Com Cast	5/4/10	$ 250.00
Mailing Address: 1701 JFK Boulevard	__/__/__	$
City, State, Zip Code: Philadelphia, PA 19103	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Kelvin E. Butler

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: ENPAC MISSISSIPPI	5/20/10	$ 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

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Auto Title Loans Too Inc.	5/19/10	$ 200.00
Mailing Address: 147 W. Gallatin St	/ /	$
City, State, Zip Code: Hazelhurst, MS 39083	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TKSA, Inc,	5/12/10	$ 200.00
Mailing Address: 147 W. Gallatin St.	/ /	$
City, State, Zip Code: Hazelhurst, MS 39083	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Southwest Distributors, Inc	5/26/10	$ 500.00
Mailing Address: P.O. Box 1148	/ /	$
City, State, Zip Code: Summit, MS 39666	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Kelvin E. Butler

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: Cellular South	5/25/10	$ 250.00
Mailing Address: 1018 Highland Colony Pkwy	8/19/10	$ 250.00
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ ~~500.00~~ 250.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Weyerhaeuser	6/1/10	$ 500.00
Mailing Address: P.O. Box 9769	/ /	$
City, State, Zip Code: Federal Way, WA 98063	/ /	$
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: Anheuser Bush Inc.	8/19/10	$ 500.00
Mailing Address: One Bush Place	/ /	$
City, State, Zip Code: St. Louis Missouri 63118	/ /	$
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: AT&T	8/6/10	$ 500.00
Mailing Address: 175 E. Capital St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Kelvin E. Butler

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: ALTRIA Client Service Inc.	9/29/10	$ 500.00
Mailing Address: 6601 W. Broad St.	/ /	$
City, State, Zip Code: Richmond, VA 23230	/ /	$
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: Advance America	8/30/10	$ 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

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Architects PAC	12/7/10	$ 500.00
Mailing Address: 509 E. Captial St.	/ /	$
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: MTPA, PAC	12/29/10	$ 200.00
Mailing Address: 345 Hwy 6 West	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Kelvin E. Butler

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: Norfolk Southern Corp.	12/31/10	$ 250.00
Mailing Address: 3 Commerical Place	/ /	$
City, State, Zip Code: Norfolk, VA 23510	/ /	$
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: Camille Young	12/13/10	$ 200.00
Mailing Address: 556 Twin Cedars DR.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

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 Kelvin E. Butler

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

ITEMIZED DISBURSEMENTS

A. Full name: Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 519	4/13/10	$ 239.66
City, State, Zip Code: Meadville, MS 39653	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 239.66
B. Full name: NHIOA'S	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1840 N. Greenville Ave. St 178	4/29/10	$ 211.00
City, State, Zip Code: Richardson, TX 75081-1898	__/__/__	$
Purpose of Disbursement (Optional): Golf tourn.	Aggregate Year-to-date	$ 211.00
C. Full name: Gene TIRE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 200 W. Presley Blvd.	5/2/10	$ 300.61
City, State, Zip Code: McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional): 2-TIRES	Aggregate Year-to-date	$ 300.61
D. Full name: Trophies & Treasures	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 709 Robb St.	5/6/10	$ 130.00
City, State, Zip Code: Summit, MS 39666	5/18/10	$ 130.00
Purpose of Disbursement (Optional): Trophies / Golf tourn.	Aggregate Year-to-date	$ 260.00
E. Full name: MPIC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 88550	5/10/10	$ 310.30
City, State, Zip Code: Pearl, MS 39208	__/__/__	$
Purpose of Disbursement (Optional): Notebooks	Aggregate Year-to-date	$ 310.30
F. Full name: Gray Daniel Chevrolet	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 6060 I 55 North	5/12/10	$ 1,398.70
City, State, Zip Code: Jackson, MS 39211	__/__/__	$
Purpose of Disbursement (Optional): Car Repair	Aggregate Year-to-date	$ 1,398.70

Name of Candidate or Committee Kelvin E. Butler

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

ITEMIZED DISBURSEMENTS

A. Full name	Kelvin Butler	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2018 Hawthorne DR.	1/1/10	$ 1,587.00
City, State, Zip Code	McComb, MS 39648	12/31/10	$
Purpose of Disbursement (Optional)	Petty Cash	Aggregate Year-to-date	$ 1,587.00
B. Full name	Lamar MAY Auto Repair	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2150 Park DRIVE	5/19/10	$ 288.22
City, State, Zip Code	McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional)	Car Repair	Aggregate Year-to-date	$ 288.22
C. Full name	Quail Hollow Golf Course	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1102 Percy Quin Dr.	5/19/10	$ 1,771.00
City, State, Zip Code	McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional)	Golf tourn.	Aggregate Year-to-date	$ 1,771.00
D. Full name	Uptons TIRES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6371 I55 North	5/27/10	$ 303.33
City, State, Zip Code	Jackson, MS 39213	__/__/__	$
Purpose of Disbursement (Optional)	2 tires	Aggregate Year-to-date	$ 303.33
E. Full name	MORI'S	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1424 old Square Rd.	6/1/10	$ 267.50
City, State, Zip Code	Jackson, MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Brief Case	Aggregate Year-to-date	$ 267.50
F. Full name	Nobles Bros. Cleaners	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	222 Desoto St.	1/1/10	$ 361.91
City, State, Zip Code	McComb, MS 39648	12/31/10	$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	$ 361.91

Name of Candidate or Committee Kelvin E. Butler

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

ITEMIZED DISBURSEMENTS

A. Full name: Kelvin Butler Educational Foundation	Date (Mo., Day, Year): 2/31/10	Amount of each disbursement this period: $ 500.00
Mailing Address: 2018 Hawthorne Dr.		
City, State, Zip Code: McComb, MS 39648	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name: Dillard's	Date (Mo., Day, Year): 8/7/10	Amount of each disbursement this period: $ 244.50
Mailing Address: 1200 County Line Rd.		
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 244.50
C. Full name: Howell Motors	Date (Mo., Day, Year): 10/25/10	Amount of each disbursement this period: $ 646.75
Mailing Address: Hwy 51 North		
City, State, Zip Code: Summit, MS 39666	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 646.75
D. Full name: Jos A. Banks	Date (Mo., Day, Year): 11/24/10	Amount of each disbursement this period: $ 426.57
Mailing Address: 6156 Hwy 98 W. Suite 7		
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 426.57
E. Full name: Trip to Destin FL	Date (Mo., Day, Year): 2/15/10	Amount of each disbursement this period: $ 500.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
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	$