REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election

Name of Candidate RROR PRANDON Secretary of State Capitol Office **Contact Name** Email KMCGEED Political Party_ Check here if above is different from previous report TYPE OF REPORT

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 Required to terminate reporting expenditures and has no outstanding campaign debt obligation) 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.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code
- 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 \$ Total amount of disbursements \$ Total amount of cash on hand 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

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or fallure 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, mutti-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson,

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

Name of Candidate or Committee KEVIN MEGEE		Page	L or3
Reporting period 1-1-10 through 13.		III 0/25-0	
ITEMAZED DE	31-10		
ITEMIZED RE	CEIP	TS	
A. Source: Corporation PAC Kindividual Loan		-	
Full name		Date (Mo., Day, Ye	Amount of each receipt this period
Mailing Address GARY RHOADS		51251	m S
City, State, Zip Code BIRCH LANE		_/_/	\$ 500
Name of Employer (Required) Name of Employer (Required)			_ s
Occupation (Required)			\$
B. Source: Corporation PAC Individual Loan		Aggregate year-to-date	\$
Other (please specify)		Date (Mo., Day, Yea	Amount of each
Mailing Address MAE HUDSPETH JR		5 125110	this period
City, State, Zip Code HICKORY COUE			\$ 250
Name of Employer (Required) MS 39047			\$
Occupation (Required)	-	_11_	\$
C. Source: ☐ Corporation ☐ PAC Individual ☐ Loan		Aggregate year-to-date	\$
Other (please specify)	(N	Date lo., Day, Year)	Amount of each receipt
T. VEVIN WATSON	3	125110	this period
P.O. BOX 23546 ity, State, Zip Code		_//_	\$
ime of Employer (Required) M.S. 39225	_		\$
cupation (Required)		/_/_	\$
Source: Corporation PAC Individual Loan	ye	ggregate ar-to-date	\$
Other (please specify)_	(Mo.	Date , Day, Year)	Amount of each receipt

Mailing Address

Occupation (Required)

City, State, Zip Code

FLOWCOO

Name of Employer (Required)

320001

39232

5125110

Aggregate year-to-date this period

500

\$

\$

\$

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Page		of _	

Name of Candidate or Committee KEUW MSGEE

Reporting period /-/-/0 through /2-31-10

ITEMIZED RECEIPTS

A. Source: A Corporation PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Ye	ar) Amount of eac receipt this period
Mailing Address	61/1	
City, State, Zip Code		\$
Name of Employer (Required) MS 39042		\$
Occupation (Required)		\$
B. Source: Composition See	Aggregate year-to-date	\$
☐ Other (please specify)	Date (Mo., Day, Yea	Amount of each
Mailing Address OF PHIL BRYANT	5126110	
City, State, Zip Code		\$
Name of Employer (Required) MS 39047		\$
Occupation (Required)		\$
	Aggregate year-to-date	\$
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address & MICHELLE HARRIS	5125110	\$250-
City, State, Zip Code Bucking HAM PL		\$
Isme of Employer (Required)	_''_	\$
occupation (Réquired)		\$
Source: Corporation PAC Individual Loan	Aggregate year-to-date	\$
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Alling Address HARKUNS	71-71/0	\$ 250-
ty, State, Zip Code	_'_'_	\$
me of Employer (Required) M 5 3904 7	'	\$
cupation (Required)		\$
	Aggregate year-to-date	\$

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Name of Candidate o	r Committee	KEUIN M	(SGEE
Reporting period	1-1-10	the managed	11-21-10

ITEMIZED RECEIPTS

A Source: C Comments and a second		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS POWER PAC	10 1 25 1 10	
P.O. Box 4079	ii	\$
City, State, Zip Code GULFPORT MS 39502		\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate	\$
B. Source: ECorporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name GEORGIA PACIFIC	12128110	\$25000
P.O. Bax 61270	_''_	\$
PHOENIX AZ 85082		\$
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	_1_1	\$
failing Address		\$
City, State, Zip Code		\$
lame of Employer (Required)		\$
ccupation (Required)	Aggregate	\$
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		\$
alling Address		\$
ity, State, Zip Code		\$
ame of Employer (Required)		\$
ccupation (Required)		
	Aggregate year-to-date	\$

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Page	of	d

Name of Candidate or Committee	KEVIN	MªGEE

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

ITEMIZED DISBURSEMENTS

KEVIN MEGEE	Date (No., Day, Year)	Amount of each disbursement this period
Mailing Address 408 PORT ARROP	313110	S
City, State, Zip Code BRANDON MS 39047	412110	\$ 1500
Purpose of Disbursement (Optional)		
RE-MRURSE	Aggregate Year-to-date	S
B. Full name RANKIN CO REPUBLICAN PARTY	Date (Mo., Day, Year)	Amount of each disbursement this period
205 Suagest Pault No	4/15/10	\$ 310 00
City, State, Zip Code REANDON NS 39047		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name		
SERVICE PRINTERS INC	(Mo., Day, Year)	Amount of each disbursement this period
1014 N. FLOWOOD DR City, State, Zip Code	2128110	5 411-
FLOWOOD US 39232	_''_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
ING RELISTAR INSURANCE CO	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O. Box 5044	8110110	s 425
City, State, Zip Code MINOT NO 58702-5044		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name STEVEN PALAZZO FOR CONGRESS Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Name of the Contract of the Co	811210	\$ 500 =
City, State, Zip Code BILOXI M.S		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
Full name NORTHWEST RANKIN FOOTBALL	Date (Mo., Day, Year)	Amount of each disbursement this period
5805 Hwy 25	915110	\$ 500 -
FLOWDON MS 39047		s
urpose of Disbursement (Optional)	Aggregate	s

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Page		_ of_	_	

Name of Candidate o	or Committee	KEUIN	M56	EF	_	
Reporting period	1-1-10	thr	nuah	17-21-10		

ITEMIZED DISBURSEMENTS

CAPITAL ONE	Date (Mo., Day, Year)	Amount of each disbursement this period
Ro. Box 60599	10/18/10	540-
City, State, Zip Code CITY OF INDASTRY, CA 91716 Purpose of Disbursement (Optional)		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	//	disbursement this period \$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	(inc., bay, rear)	disbursement this period
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s dispulsement this period
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S substitution period
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s