2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

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Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Tom King

Full Address P.O. Box 1134 Petal, MS 39465

Telephone 601-582-3617 (Fax) 601-582-3617

E-mail tking@senate.ms.gov

Office Sought Senate #44 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ **January 29, 2010 Annual Report** (January 1, 2009, through December 31, 2009).....**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 municipal clerk 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	$ 94,550	$ 94,550
Total amount of disbursements	$ 19,882	$ 19,882
Total amount of cash on hand	$ 83,647	

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

Tom King
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.

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Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name NEJAM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Morningside Drive	__/__/__	$
City, State, Zip Code Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1455.00
B. Full name US Postoffice	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 40th Ave.	__/__/__	$ 420.40
City, State, Zip Code Hattiesburg, MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 420.40
C. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 98 West	10/5/09	$ 543.35
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 543.35
D. Full name Verizon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 98	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 820.00
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	$

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Name of Candidate or Committee Tom King

Reporting period January 1, 2009 through January 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name: The Mathena Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P O Bx. 797	5/4/09	$ 1000.00
City, State, Zip Code: Madison, MS 39180	9/4/09 ~~10/16/09~~	$ 1000.00 ~~3500.00~~
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5500.00
B. Full name: Petal Rotary Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/12/09	$ 185.00
City, State, Zip Code: Petal, MS 39465	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 680.00
C. Full name: Friends of Billy Hewes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/27/09	$ 500.00
City, State, Zip Code: Gulfport, MS	__/__/__	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
D. Full name: USM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Hardy St.	10/14/09	$ 200.00
City, State, Zip Code: Hattiesburg, MS 39402	11/2/09	$ 130.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 370.00
E. Full name: Wicker for Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/13/09	$ 500.00
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name: Sam's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Hwy 98 West	12/3/09	$ 222.71
City, State, Zip Code: Hattiesburg, MS 39402	12/10/09	$ 121.28
Purpose of Disbursement (Optional): Christmas Cheeseballs, etc.	Aggregate Year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	1/15/09	$ 500.00
Mailing Address: 450 Laurel St. Suite 1420	__/__/__	$
City, State, Zip Code: Baton Rouge, La. 70801	__/__/__	$
Name of Employer (Required): Geo	__/__/__	$
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: BenLaw Ventures, Inc.	3/17/09	$ 1,000.00
Mailing Address: P.O. BX. 572	__/__/__	$
City, State, Zip Code: Hattiesburg, ms. 39403	__/__/__	$
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: Warren Paving	4/4/09	$ 1,000.00
Mailing Address: P.O. BX. 572	__/__/__	$
City, State, Zip Code: Hattiesburg, ms. 39403	__/__/__	$
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: NeCaise Construction Co., Inc.	4/3/09	$ 1,000.00
Mailing Address: P.O. BX 572	__/__/__	$
City, State, Zip Code: Hattiesburg, ms. 572	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

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	6/30/09	$ 500.00
Mailing Address: 135 N. Church St.	__/__/__	$
City, State, Zip Code: Spartanburg, S.C. 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer Health Care	6/22/09	$ 500.00
Mailing Address: 444 Pembrooke Dr.	__/__/__	$
City, State, Zip Code: Madison, MS. 39110	__/__/__	$
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: R + J Trucking, Inc.	8/24/09	$ 250.00
Mailing Address: 5266 Old Hwy. 11 Suite 70-349	__/__/__	$
City, State, Zip Code: Hattiesburg, MS. 39402	__/__/__	$
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: MS. Trucking Assoc. - PAC	9/1/09	$ 1,000.00
Mailing Address: 825 N. President St.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39202-3002	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Asphalt Assoc.	8/27/09	$ 1,000.00
Mailing Address: 711 N. President St.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39205-0904	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern	9/2/09	$ 500.00
Mailing Address: THree Commercial Place	__/__/__	$
City, State, Zip Code: Norfolk, VA. 23510-2191	__/__/__	$
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: BNSF Railway Co.	8/21/09	$ 500.00
Mailing Address: 2500 Lou Menk DR.	__/__/__	$
City, State, Zip Code: Ft. Worth, Texas 76131	__/__/__	$
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: Fordham - Thompson Dev., LLC	9/3/09	$
Mailing Address: P.O. BX 307	__/__/__	$ 350.00
City, State, Zip Code: Hattiesburg, Ms. 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Hospitality & Restaurant Assoc.	9/3/09	$ 250.00
Mailing Address: 130 Riverview Dr. Suite A	__/__/__	$
City, State, Zip Code: Flowood, Ms. 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CSX Transportation, Inc.	9/8/09	$ 500.00
Mailing Address: P.O. BX. 44057	__/__/__	$
City, State, Zip Code: Jacksonville, Fla. 32231-4057	__/__/__	$
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: Ms. Manufacturers Assoc.	9/4/09	$ 500.00
Mailing Address: 720 N. Presidents St.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39202	__/__/__	$
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: Dunn Roadbuilder	9/9/09	$ 1,000.00
Mailing Address: P.O. BX 6560	__/__/__	$
City, State, Zip Code: Laurel, Ms. 39441-6560	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan 1, 2009 through Dec. 31, 2009

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 Assoc.	9/9/09	$ 2,500.00
Mailing Address: 601 George St.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Blackridge Emulsions, Inc.	9/15/09	$ 1,000.00
Mailing Address: 12251 Bernard Pkwy. #200	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39503	__/__/__	$
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: Holden Earth moving & Construction	9/16/09	$ 1,000.00
Mailing Address: P.O. BX. 5188	__/__/__	$
City, State, Zip Code: Van Cleave, MS. 39565	__/__/__	$
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: Glynn Mallette	9/16/09	$ 10,000.00
Mailing Address: 3708 Hwy. 90	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name FRANK Mallette	9/16/09	$ 5,000.00
Mailing Address 3708 Hwy. 90	__/__/__	$
City, State, Zip Code Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ARLin MALLette	9/16/09	$ 5,000.00
Mailing Address 11800 Sugar Ridge Rd.	__/__/__	$
City, State, Zip Code VANCleave, MS. 39565	__/__/__	$
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 BLAKe MaLLette	9/16/09	$ 5,000.00
Mailing Address 12712 Seaman Rd.	__/__/__	$
City, State, Zip Code VANCleave, MS. 39565	__/__/__	$
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 MS. Realtors	9/11/09	$ 250.00
Mailing Address P.O. BX. 321000	__/__/__	$
City, State, Zip Code Jackson, MS. 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: Corporation ✓PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Independent Rx PAC	9/22/09	$ 500.00
Mailing Address: 4209 Lakeland Dr. Suite 399	__/__/__	$
City, State, Zip Code: Flowood, Ms. 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ✓Corporation ✓PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Power Co PAC	9/21/09	$ 500.00
Mailing Address: P.O. BX. 4079	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39502	__/__/__	$
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: Chevron Corp.	9/28/09	$ 1,000.00
Mailing Address: P.O BX. 1300	__/__/__	$
City, State, Zip Code: Pascagoula 1300	__/__/__	$
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: K. R. Borries Construction	10/1/09	$ 500.00
Mailing Address: 3300 OAK Street	__/__/__	$
City, State, Zip Code: Gautier, Ms. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jack Oppie	9/29/09	$ 500.00
Mailing Address: 1105 Westwood St.	__/__/__	$
City, State, Zip Code: Pascagoula, MS. 39567	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: F & H Trucking	10/1/09	$ 1,000.00
Mailing Address: P.O. BX. 1414	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553-1414	__/__/__	$
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: Moseley Mallette	10/1/09	$ 1,000.00
Mailing Address: 13101 Fort Bayou Rd.	__/__/__	$
City, State, Zip Code: VAN Cleave, MS. 39565	__/__/__	$
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: Elaine Bright	9/30/09	$ 500.00
Mailing Address: 10200 Hwy 57	__/__/__	$
City, State, Zip Code: VAN Cleave, MS. 39565	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jim Brashier	9/30/09	$ 500.00
Mailing Address: 12461 Preservation Dr.	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39530	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Delta Sanitation	9/30/09	$ 1,000.00
Mailing Address: P.O. BX. 669	__/__/__	$
City, State, Zip Code: Ocean Springs, MS. 39566	__/__/__	$
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: Powell Construction Service, Inc.	9/30/09	$ 500.00
Mailing Address: 17300 Springhaka Dr. W.	__/__/__	$
City, State, Zip Code: VANCleave, MS. 39565	__/__/__	$
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: Bobby Johnson Trucking	9/22/09	$ 500.00
Mailing Address: 13020 Little Bluff Dr.	__/__/__	$
City, State, Zip Code: VANCleave, MS. 39565	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kenneth Smith & William Mitchell Rental	9/29/09	$ 1,000.00
Mailing Address: P.O. BX. 819	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Waste Oil Collectors, Inc	9/30/09	$ 500.00
Mailing Address: P.O. BX. 330	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
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: Conrad Yelverton Distributors, Inc	9/30/09	$ 500.00
Mailing Address: P.O. BX. 11637	__/__/__	$
City, State, Zip Code: Daytona Beach, Fla. 32120	__/__/__	$
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: Crown Eqpt. Co., Inc.	9/24/09	$ 1,000.00
Mailing Address: P.O. BX. 10627	__/__/__	$
City, State, Zip Code: Birmingham, Alabama 35202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Tom King

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Columbus & Greenville Railway Co.	10/2/09	$ 500.00
Mailing Address: 1200 C Scottsville Rd. Suite 200	__/__/__	$
City, State, Zip Code: Rochester, N.Y. 14624	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M & B Railroad	10/2/09	$ 500.00
Mailing Address: 1200 C Scottsville Rd. Suite 200	__/__/__	$
City, State, Zip Code: Rochester, N.Y. 14624	__/__/__	$
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: Spectra Energy Corp. PAC	9/28/09	$ 500.00
Mailing Address: 5400 Westheimer Court	__/__/__	$
City, State, Zip Code: Houston, TX. 77056	__/__/__	$
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: Danbury Resources, Inc.	10/21/09	$ 500.00
Mailing Address: 5100 Tennyson PKwy. Suite 1200	__/__/__	$
City, State, Zip Code: Plano, TX. 75024	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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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	11/9/09	$ 500.00
Mailing Address: P.O. BX. 650205	__/__/__	$
City, State, Zip Code: Dallas, TX 75265-0205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MS.	11/12/09	$ 250.00
Mailing Address: P.O. BX. 1640	__/__/__	$
City, State, Zip Code: Jackson, MS. 39215-1640	__/__/__	$
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: Grand Trunk Western R.R. Co.	9/4/09	$ 500.00
Mailing Address: 2800 Livernois Suite 300	__/__/__	$
City, State, Zip Code: Troy, Michigan 48007-5025	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Ms. PAC	8/31/09	$ 500.00
Mailing Address: 125 East Capitol St. Suite 702	__/__/__	$
City, State, Zip Code: Jackson, MS. 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dickerson & Bowen, Inc.	12/8/09	$ 500.00
Mailing Address P.O. Bx. 1008	__/__/__	$
City, State, Zip Code Brookhaven, Ms. 39602	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALTRIA Client Services, Inc.	12/3/09	$ 500.00
Mailing Address 333 N. Point Center E. Suite 615	__/__/__	$
City, State, Zip Code Alpharetta, Ga. 30023	__/__/__	$
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	__/__/__	$
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	$

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMC Materials	11/23/09	$ 500.00
Mailing Address: P.O. Box 2569	9/18/09	$ 250.00
City, State, Zip Code: Madison, MS 39130	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Concrete Industries Assoc. Inc.	11/18/09	$ 500.00
Mailing Address: 6700 Old Canton Rd.	__/__/__	$
City, State, Zip Code: Ridgeland, MS. 39157	__/__/__	$
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: Lawrence Warren	11/19/09	$ 5000.00
Mailing Address: P.O. Box 572	4/3/09	$ 2000.00
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 7000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Volkert & Assoc., Inc.	11/20/09	$ 500.00
Mailing Address: 162 Porter Ave.	__/__/__	$
City, State, Zip Code: Biloxi, MS 39533	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William E. Stone, Special	11/19/09	$ 1000.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Booneville, MS 38829	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: T. L. Wallace (Tommy)	11/23/09	$ 5000.00
Mailing Address: P.O. Box 523	__/__/__	$
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
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: MS Asphalt Contractor PAC	11/23/09	$ 1000.00
Mailing Address: 711 W. Pres. Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
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: N. L. Carson	11/23/09	$ 500.00
Mailing Address: 2221 Waggoner Road	__/__/__	$
City, State, Zip Code: Carthage, MS 39051	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Traffic Control Products	11/19/09	$ 750.00
Mailing Address P.O. Box 820	__/__/__	$
City, State, Zip Code Brandon, MS 39043	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sunbelt Sealing, Inc.	11/20/09	$ 250.00
Mailing Address PO Box 3770	__/__/__	$
City, State, Zip Code Jackson, MS 39218	__/__/__	$
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 Simmons Erosion Control, Inc.	11/23/09	$ 500.00
Mailing Address PO Box 206	__/__/__	$
City, State, Zip Code Lake, MS 39092	__/__/__	$
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 Kay Atwood Van Skiver	11/23/09	$ 500.00
Mailing Address PO Box 565	__/__/__	$
City, State, Zip Code Koscinsku, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joe Magee Const. Co., Inc	11/23/09	$ 1000.00
Mailing Address PO Box 340	/ /	$
City, State, Zip Code Lake, MS 39092	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eutaw Const. Co., Inc.	11/20/09	$ 1000.00
Mailing Address PO Box 36	/ /	$
City, State, Zip Code Aberdeen, MS 39730	/ /	$
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 The Blaine Companies	11/23/09	$ 1000.00
Mailing Address PO Box 1208	/ /	$
City, State, Zip Code Mount Olive, MS 39119	/ /	$
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 Riverside Traffic Systems, Inc.	11/20/09	$ 1000.00
Mailing Address 1283 State Hwy 178 West	/ /	$
City, State, Zip Code New Albany, MS 38652	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike & Brenda Howell	12/10/09	$ 1000.00
Mailing Address 181 Wildwood Trail	__/__/__	$
City, State, Zip Code Petal, MS 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charlie Sutherland	12/10/09	$ 3000.00
Mailing Address 12 Waterford Place	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
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 Carl Nicholson	12/10/09	$ 250.00
Mailing Address PO Drawer 15099	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39404	__/__/__	$
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 Frank McWhorter, Jr.	12/10/09	$ 250.00
Mailing Address PO Box 15099	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ed. Langton	12/7/09	$ 1000.00
Mailing Address PO Box 15637	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name David & Judy Burckel	12/10/09	$ 500.00
Mailing Address 67 Dover Trace	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39401	__/__/__	$
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 Delores Fairley	12/10/09	$ 250.00
Mailing Address 81 Redfern Trail	__/__/__	$
City, State, Zip Code Petal, MS 39465	__/__/__	$
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 C.L. Dews & Sons Foundry	12/10/09	$ 1000.00
Mailing Address PO Box 1647	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Arthur Fokakis	12/10/09	$ 300.00
Mailing Address 120 Wildwood Trace	/ /	$
City, State, Zip Code Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. William Lewis	12/10/09	$ 300.00
Mailing Address PO Box 5090	/ /	$
City, State, Zip Code Poplarville, MS 39470	/ /	$
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 Pine Belt Oil	12/9/09	$ 500.00
Mailing Address PO Box 429	/ /	$
City, State, Zip Code Purvis, MS 39475	/ /	$
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 Rogers Management Co.	12/10/09	$ 500.00
Mailing Address PO Box 1067	/ /	$
City, State, Zip Code Petal, MS 39465	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Electric Power Assoc. of MS Pac	10/26/09	$ 500.00
Mailing Address PO Box 3300	__/__/__	$
City, State, Zip Code Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Enterprise Holdings, Inc. PAC	12/1/09	$ 250.00
Mailing Address 600 Corporate Park Drive	__/__/__	$
City, State, Zip Code St. Louis, MO 63105	__/__/__	$
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 Paul McMullan	12/7/09	$ 250.00
Mailing Address P.O Box Drawer 16868	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39404-6868	__/__/__	$
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 Dr. Shelby Thames	12/10/09	$ 300.00
Mailing Address 37 Bocage Road	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richton Tie & Lumber, LLC	12/20/09	$ 500.00
Mailing Address PO Box 606	__/__/__	$
City, State, Zip Code Petal, MS 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Assoc. for Homecare	12/1/09	$ 300.00
Mailing Address 134 Fairmont St. Suite B	__/__/__	$
City, State, Zip Code Clinton, MS 39056	__/__/__	$
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 MAF PAC	12/10/09	$ 500.00
Mailing Address 500 Broadway Drive	__/__/__	$
City, State, Zip Code Hattiesburg, MS 39401	__/__/__	$
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 Weyerhaeuser	12/11/09	$ 500.00
Mailing Address PO Box 9769	__/__/__	$
City, State, Zip Code Federal Way, WA 98063	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MD. Eye PAC	12/15/09	$ 1000.00
Mailing Address PO Box 217	__/__/__	$
City, State, Zip Code Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Swisher International, Inc.	11/4/09	$ 1000.00
Mailing Address PO Box 2230	__/__/__	$
City, State, Zip Code Jacksonville, FL 32203-2230	__/__/__	$
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 JC Cheek Contractors, Inc.	12/17/09	$ 1000.00
Mailing Address PO Box 1138	__/__/__	$
City, State, Zip Code Kosciusko, MS 39090	__/__/__	$
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 Baker Donelson MSPAC	12/30/09	$ 500.00
Mailing Address PO Box 14167	__/__/__	$
City, State, Zip Code Jackson, MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$