

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Walter Michel
Address 2630 Ridgewood Road, Suite B, Jackson, MS 39216 County Hinds
Telephone (Work) (601) 352-0757 (Home) (601) 352-0757 (Fax) (601) 353-2858
Contact Name Walter Michel Email Address Walter@WalterMichel.com
Office Sought Senate, District 25 Political Party Republican

☐

Check here if above is different from previous report

TYPE OF REPORT

☐ CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING ☐

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic 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 appropriate office 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.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	6,816.26 + \$ 400.00	\$ 7,216.26	\$ 7,216.26
Total amount of disbursements \$	11,649.63 + \$ 4,144.45	\$ 15,794.08	\$ 15,794.08
Total amount of cash on hand \$		174,108.27	

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

Walter Michel
(Signature of Candidate)

1/19/09
(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 Delbert Hosemann, 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.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Walter MichelReporting period 1/1/08 through 12/31/08**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>12 / 17 / 08</u>	\$ 500.00
Mailing Address <u>135 N. Church Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies, Inc.</u>		<u>01 / 20 / 08</u>	\$ 500.00
Mailing Address <u>One Busch Place</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>St. Louis, MO 63118</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>		<u>07 / 10 / 08</u>	\$ 500.00
Mailing Address <u>100 Bayer Road</u>		<u>11 / 06 / 08</u>	\$ 500.00
City, State, Zip Code <u>Pittsburgh, PA 15205-9741</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Commonwealth Brands, Inc.</u>		<u>11 / 10 / 08</u>	\$ 1,000.00
Mailing Address <u>900 Church Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bowling Green, KY 42101</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Walter MichelReporting period 1/1/08 through 12/31/08**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>12 / 31 / 08</u>	\$ 500.00
Mailing Address <u>P. O. Box 61270</u>		<u> / / </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>		<u>10 / 23 / 08</u>	\$ 500.00
Mailing Address <u>2630 Ridgewood Road, Suite C</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer, Inc.</u>		<u>11 / 20 / 08</u>	\$ 500.00
Mailing Address <u>235 E. 42nd Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>New York, NY 10017</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharmaceutical Research and Manufacturers of America</u>		<u>01 / 22 / 08</u>	\$ 500.00
Mailing Address <u>950 F. Street, NW</u>		<u> / / </u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Walter MichelReporting period 1/1/08 through 12/31/08**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lawrence M. Spivey</u>		<u>05 / 05 / 08</u>	\$ 300.00
Mailing Address <u>P. O. Box 13885</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39236-3885</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL*PAC</u>		<u>11 / 20 / 08</u>	\$ 500.00
Mailing Address <u>702 SW 8th Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Bentonville, AR 72716-0150</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wyeth Pharmaceuticals Good Government Fund</u>		<u>08 / 18 / 08</u>	\$ 300.00
Mailing Address <u>5 Giralda Farms</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison, NJ 07940</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Henry Michel</u>		<u>03 / 12 / 08</u> <u>05 / 05 / 08</u>	\$ 237.26 119.00
Mailing Address <u>4421 Audubon Park Drive</u>		<u>07 / 10 / 08</u>	\$ 120.00
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>09 / 05 / 08</u>	\$ 120.00
Name of Employer (Required) <u>J. Walter Michel Agency, Inc.</u>		<u>12 / 15 / 08</u>	\$ 120.00
Occupation (Required) <u>Real Estate Broker</u>		Aggregate year-to-date	\$ 716.26

Name of Candidate or Committee Walter MichelReporting period 1/1/08 through 12/31/08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fidelity Brokerage Services, LLC		___ / ___ / ___	\$
Mailing Address 100 Summer Street		___ / ___ / ___	\$
City, State, Zip Code Boston, MA 02110		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Income, Interest, Dividends		Aggregate year-to-date	\$ 5,415.80
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Total non-itemized receipts		___ / ___ / ___	\$ 400.00
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 400.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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 Walter Michel
 Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name ALEC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1129 20 th Street NW, Suite 500	<u>04 / 29 / 08</u>	\$ 375.00
City, State, Zip Code Washington, DC 20036	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 375.00
B. Full name American Council of Young Political Leaders	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2131 K Street NW, Suite 400	<u>12 / 15 / 08</u>	\$ 400.00
City, State, Zip Code Washington, DC 20037	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 400.00
C. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 519	<u>01 / 01 / 08</u> – <u>06 / 14 / 08</u>	\$ 737.95
City, State, Zip Code Meadville, MS 39653-0519	<u>07 / 15 / 08</u> – <u>12 / 15 / 08</u>	\$ 738.10
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,476.05
D. Full name Discover Financial Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 6103	<u>01 / 30 / 08</u>	\$ 455.72
City, State, Zip Code Carol Stream, IL 60197-6103	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) ALEC Conference	Aggregate Year-to-date	\$ 455.72
E. Full name Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 8105	<u>01 / 11 / 08</u> – <u>06 / 10 / 08</u>	\$ 240.00
City, State, Zip Code Baton Rouge, LA 70891	<u>07 / 10 / 08</u> – <u>12 / 15 / 08</u>	\$ 240.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 480.00
F. Full name Frame Werks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4760 I-55 North	<u>02 / 14 / 08</u>	\$ 402.33
City, State, Zip Code Jackson, MS 39211	<u>04 / 10 / 08</u> <u>06 / 26 / 08</u>	\$ 62.00 390.18
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 854.51

Name of Candidate or Committee Walter Michel
 Reporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name Gulf Pines	Date (Mo., Day, Year) <u>02 / 05 / 08</u> – <u>07 / 03 / 08</u>	Amount of each disbursement this period \$ 700.00
Mailing Address P. O. Box 922		
City, State, Zip Code Bay Springs, MS 39422	<u>07 / 29 / 08</u> – <u>12 / 04 / 08</u>	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,200.00
B. Full name Northside Sun	Date (Mo., Day, Year) <u>01 / 10 / 08</u>	Amount of each disbursement this period \$ 1,083.75
Mailing Address P. O. Box 16709		
City, State, Zip Code Jackson, MS 39236		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,083.75
C. Full name Rotary Club of Jackson	Date (Mo., Day, Year) <u>01 / 08 / 08</u> – <u>06 / 02 / 08</u>	Amount of each disbursement this period \$ 125.00 120.00
Mailing Address P. O. Box 3807		
City, State, Zip Code Jackson, MS 39207	<u>10 / 07 / 08</u> – <u>10 / 20 / 08</u>	\$ 125.00 120.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 490.00
D. Full name University of Mississippi	Date (Mo., Day, Year) <u>04 / 16 / 08</u>	Amount of each disbursement this period \$ 500.00
Mailing Address P. O. Box 249		
City, State, Zip Code University, MS 38677	<u>09 / 10 / 08</u>	\$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 600.00
E. Full name Walter Michel	Date (Mo., Day, Year) <u>01 / 10 / 08</u>	Amount of each disbursement this period \$ 250.00
Mailing Address 2630 Ridgewood Road, Suite B		
City, State, Zip Code Jackson, MS 39216	<u>04 / 15 / 08</u> – <u>08 / 11 / 08</u>	\$ 2,159.60 325.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,734.60
F. Full name 2630 Ridgewood Road, LLC	Date (Mo., Day, Year) <u>01 / 11 / 08</u> – <u>06 / 10 / 08</u>	Amount of each disbursement this period \$ 750.00
Mailing Address 2630 Ridgewood Road		
City, State, Zip Code Jackson, MS 39216	<u>07 / 10 / 08</u> – <u>12 / 11 / 08</u>	\$ 750.00
Purpose of Disbursement (Optional) Office Rental	Aggregate Year-to-date	\$ 1,500.00

Name of Candidate or Committee Walter MichelReporting period 1/1/08 through 12/31/08

ITEMIZED DISBURSEMENTS

A. Full name Clarion Ledger	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 23067	01 / 07 / 08 - 06 / 05 / 08	\$ 119.00
City, State, Zip Code Jackson, MS 39225	07 / 05 / 08 - 12 / 05 / 08	\$ 95.61
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 214.61
B. Full name Total non-itemized disbursements	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$ 4,127.95
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,127.95
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	\$