Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

RECEIVED
JAN 04 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Mike Bryan

Address PO Box 3174 Tupelo, MS 38803-3174

Telephone 662.841.8778 Fax 662.680.9385

Treasurer Mike Bryan Email mike.bryan@comcast.net

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011).....Mandatory

____ January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).....Runoff Candidates only

____ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory

____ 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

Beginning Balance - 60653	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$2900.00 + $450.00	$ 3350.00	$ 3350.00
Total amount of disbursements	$ + $ 57.43	$ 57.43	$ 57.43
Total amount of cash on hand		$ 3899.10	

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 Director or Treasurer

Date 1-3-2011

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 Mike Bryan

Reporting period 1-1-2010 through 1-1-2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Guy Mitchell III	12/8/10	$ 500.00
Mailing Address: P.O. Box 7120	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Name of Employer (Required): Mitchell McNutt	__/__/__	$
Occupation (Required): Attorney	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: Colin Maloney	12/8/10	$ 2400.00
Mailing Address: P.O. Box 1366	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Name of Employer (Required): Century	__/__/__	$
Occupation (Required): Contractor	Aggregate year-to-date	$ 2400.00

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 Mike Bryan

Reporting period 1-1-2010 through 1-1-2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
city of Tupelo (Sign Post)		
Mailing Address P.O. Box 1485	12/9/10	$ 50.00
City, State, Zip Code Tupelo MS 38802	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 50.00
B. Full name Marvin's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	12/9/10	$ 7.43
City, State, Zip Code Tupelo, MS 38801	__/__/__	$
Purpose of Disbursement (Optional) 2x4 for sign	Aggregate Year-to-date	$ 7.43
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	$