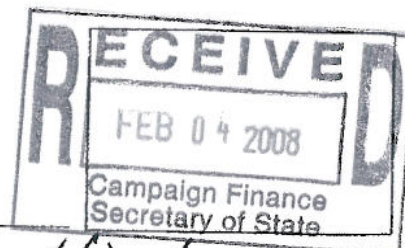


2008 ELECTION CYCLE  
CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Candidate Russell C. Nowell  
Address 4226 N. Columbus Ave. County Winston  
Telephone (Work) 662-803-1132 (Home) 662-773-4702 (Fax) 662-779-1120  
Contact Name Russell C. Nowell Email Address rnowell@aol.com  
Office Sought Dist 43 Representative Political Party Democratic

☒ 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 \$	6,500.00 + \$ 100.00	\$ 6,600.00	\$ 6,600.00
Total amount of disbursements \$	2,135.00 + \$ 3300.25	\$ 5,435.25	\$ 5,435.25
Total amount of cash on hand \$		4557.22	

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: 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.



Name of Candidate or Committee

Russell C. Nowell

Reporting period

Jan 1, 2008 through Dec. 1, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WLSM-FM</u>	<u>2/28/08</u>	\$ <u>75.00</u>
Mailing Address		
<u>P.O. Box 279</u>		
City, State, Zip Code		
<u>Louisville MS 39339</u>	<u>11/10/08</u>	\$ <u>1005.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1080.00</u>
<u>Advertising</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WLSM-FM</u>		
Mailing Address		
<u>P.O. Box 279</u>	<u>12/17/08</u>	\$ <u>240.00</u>
City, State, Zip Code		
<u>Louisville MS 39339</u>	<u>1/1/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1320.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Louisville Community Services</u>		
Mailing Address		
	<u>2/18/08</u>	\$ <u>200.00</u>
City, State, Zip Code		
<u>Louisville MS 39339</u>	<u>10/20/08</u>	\$ <u>75.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>275.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ISAC Web Design</u>		
Mailing Address		
<u>258 Lighthouse Lane</u>	<u>3/16/08</u>	\$ <u>240.00</u>
City, State, Zip Code		
<u>Brandon MS 39047</u>	<u>1/1/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>240.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>National Wild Turkey Federation</u>		
Mailing Address		
	<u>2/28/08</u>	\$ <u>300.00</u>
City, State, Zip Code		
	<u>1/1/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
<u>Sponsorship</u>		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
	<u>1/1/08</u>	\$
City, State, Zip Code		
	<u>1/1/08</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Russell C. NovellPage 2 of 2Reporting period Jan 1, 2008 through Dec 31, 2008

## ITEMIZED RECEIPTS

A. 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>MS Health Care Assn. PAC</u>		<u>1/13/08</u>	\$ <u>250.00</u>
Mailing Address <u>114 Market Ridge Dr</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
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>Integrity Political Action Committee</u>		<u>1/13/08</u>	\$ <u>5000.00</u>
Mailing Address <u>306 Maxey Drive Suite D</u>		___/___/___	\$
City, State, Zip Code <u>Bradley MS 39042</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>5000.00</u>
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 Russell C. Nowell Page 1 of 2  
 Reporting period Jan 1, 2008 through Dec. 31, 2008

## ITEMIZED RECEIPTS

A. 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>Atlet Mississippi PAC</u>	<u>12/2/08</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St. Suite 702</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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>MS Malt Beverage Assn. Six Pac PAC</u>	<u>12/30/08</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 1132</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" 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 <u>Committee to Clean Environment</u>	<u>1/1/</u>	\$
Mailing Address <u>3000 N. State St</u>	<u>1/30/08</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39216</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
D. 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>ENPAC Mississippi</u>	<u>1/30/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>