2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
FEB 03 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name Russell C. Nowell

Full Address 4226 N. Columbus Ave Louisville MS 39339

Telephone 662-803-1132 Fax 662-773-3023

Contact Name Russell Nowell Email

Office Sought Dist 43 Representative Political Party Democratic

☐ 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 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	$ 750.00 + $ 200.00	$ 950.00	$ 950.00
Total amount of disbursements	$ 1125.69 + $ 2993.00	$ 4118.69	$ 4118.69
Total amount of cash on hand		$ 1388.53	

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

Russell Nowell
Signature of Candidate

1/30/10
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.

Name of Candidate or Committee Russell C. Nowell

Reporting period Jan 1 09 through Dec 31 09

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Louisville Publishing, Inc.	6/9/09	$ 145.00
Mailing Address P.O. Box 469	3/5/09	$ 140.00
City, State, Zip Code Louisville, MS 39339	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		
B. Full name Louisville Publishing Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 469	4/24/09	$ 145.69
City, State, Zip Code Louisville, MS 39339	4/8/09	$ 50.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 450.69
C. Full name WLSM-FM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 279	6/16/09	$ 40.00
City, State, Zip Code Louisville, MS 39339	4/24/09	$ 240.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 280.00
D. Full name Swain Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3548 Hwy 397	4/24/09	$ 395.00
City, State, Zip Code Louisville, MS 39339	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 395.00
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 Russell C. Norrell

Reporting period Jan 1, 09 through Dec 31, 10

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	12/10/09	$ 250.00
Mailing Address P.O. Box 61270	__/__/__	$
City, State, Zip Code Phoenix, AZ 85082	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name At&t Mississippi PAC	12/8/09	$ 500.00
Mailing Address 175 E. Capital St. Rm 703	__/__/__	$
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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	$