2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 29 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name Alan Nunnelee

Full Address PO Box 4050 Tupelo, Ms 38803

Telephone 662 840 4049 Fax

Contact Name Email alan@senatornunnelee.com

Office Sought Senator 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 receiving authority must be in actual receipt of the required reports by 6:00 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 6:00 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	$18,900 + $ 1,000	$ 19,900	$ 19,900
Total amount of disbursements	$ 37,469 + $ 11,399	$ 48,868	$ 48,868
Total amount of cash on hand		$ 30,569	

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

01/30/2010
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 _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Weatherall Printing		
Mailing Address	1/13/09	$ 1,199.12
City, State, Zip Code: Tupelo, Ms 38801	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,199.12

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Credit Card Center		
Mailing Address: PO Box 3370	1/05/09	$ 2,750.93
City, State, Zip Code: Tupelo Ms 38801	1/27/09	$ 2,199.99
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 13,037.56

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Credit Card Center		
Mailing Address: PO Box 3370	2/19/09	$ 1,009.24
City, State, Zip Code: Tupelo Ms 38801	3/24/09	$ 165.32
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 13,037.56

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Credit Card Center		
Mailing Address: PO Box 3370	04/21/09	$ 821.26
City, State, Zip Code: Tupelo, Ms 38801	04/09/09	$ 2,031.98
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 13,037.56

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Credit Card Center		
Mailing Address: PO Box 3370	07/09/09	$ 2,309.77
City, State, Zip Code: Tupelo, Ms 38801	7/27/09	$ 1,224.89
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 13,037.56

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Credit Card Center		
Mailing Address: PO Box 3370	12/02/09	$ 504.17
City, State, Zip Code: Tupelo, Ms 38801	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 13,037.56

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Frontier Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2/18/09	$ 500.00
City, State, Zip Code: Jackson, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
B. Full name: Boy Scouts of America	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/10/09	$ 250.00
City, State, Zip Code: Tupelo, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
C. Full name: America Latino Latin Exchange Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/14/09	$ 1,000.00
City, State, Zip Code: Washington DC	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00
D. Full name: United Healthcare	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/13/09	$ 500
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Return of Contribution	Aggregate Year-to-date	$ 500
E. Full name: Refreshments of Corinth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/20/09	$ 383.93
City, State, Zip Code: Corinth, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 383.93
F. Full name: Lee Yancey Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/17/09	$ 500.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi GOP	9/11/09	$ 1,000.00
Mailing Address: PO Box 60		
City, State, Zip Code: Jackson, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Saltillo Elementary Choir	10/06/09	$ 500.00
Mailing Address		
City, State, Zip Code: Saltillo, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tupelo Community Theatre	10/05/09	$ 650.00
Mailing Address		
City, State, Zip Code: Tupelo, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 650.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
New Beginnings	10/12/09	$ 1,000.00
Mailing Address		
City, State, Zip Code: Tupelo, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tupelo Junior Auxiliary	11/25/09	$ 325.00
Mailing Address		
City, State, Zip Code: Tupelo, Ms	__/__/__	$
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	$

Page _____ of _____

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jordan Russell	4/14/09	$ 1,000
Mailing Address		
City, State, Zip Code: Oxford, Ms	6/19/09	$ 2,000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jordan Russell	7/17/09	$ 1,000
Mailing Address		
City, State, Zip Code: Oxford, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,000.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mabel Murphree	6/09/09	$ 2,000.00
Mailing Address		
City, State, Zip Code: Tupelo, Ms	6/22/09	$ 4,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8,000.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mabel Murphree	7/29/09	$ 2,000.00
Mailing Address		
City, State, Zip Code: Tupelo, Ms	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8,000.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Alan Numeley	4/21/09	$ 500.00
Mailing Address: 1816 Woodcliff		
City, State, Zip Code: Tupelo Ms 38801	7/13/09	$ 2,200
Purpose of Disbursement (Optional): Expense Reimbursement	Aggregate Year-to-date	$ 4,700

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Alan Numeley	8/6/09	$ 1,000
Mailing Address: 1816 Woodcliff		
City, State, Zip Code: Tupelo Ms 38803	10/13/09	$ 1,000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,700

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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: Brian Cooper	03/09/09	$ 500
Mailing Address: 916 Lilly Creek Resort Road	__/__/__	$
City, State, Zip Code: Jamestown, Ky	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: White Oak Properties, Inc	03/09/09	$ 1,000
Mailing Address: PO Box 1490	__/__/__	$
City, State, Zip Code: Magee, MS 39111	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hickory Properties	03/09/09	$
Mailing Address: PO Box 1490	__/__/__	$
City, State, Zip Code: Magee, MS 39111	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committee for Clean Environment	__/__/__	$ 500.00
Mailing Address: 3000 North State	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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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: Monsanto	3/09/09	$ 500
Mailing Address: 800 North Lindbergh	__/__/__	$
City, State, Zip Code: St. Louis, Mo 63167	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: United Healthcare	03/09/09	$ 1,000.00
Mailing Address: PO Box 1549	__/__/__	$
City, State, Zip Code: Minneapolis, MN 55440	__/__/__	$
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: Keith Herz	2/19/09	$ 250.00
Mailing Address: 21600 Zion Rd	__/__/__	$
City, State, Zip Code: Boonsville, MD 20833	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wal Mart PAC	2/13/09	$ 500
Mailing Address: 702 SW 8th St	__/__/__	$
City, State, Zip Code: Bentonville, AR 72716	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

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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: Georgia Pacific	1/16/09	$ 500
Mailing Address: PO Box 91270	__/__/__	$
City, State, Zip Code: Phoenix AZ 85082	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tyson	1/10/09	$ 500
Mailing Address: PO Box 2020	08/20/09	$ 500
City, State, Zip Code: Springdale, AR 72765	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly	2/03/09	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code: Indianapolis, IN	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Schering Corp	07/22/09	$ 1,000.00
Mailing Address: 2000 Galloping Hill Rd	__/__/__	$
City, State, Zip Code: Kenilworth, NJ 07033	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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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: Kelly Commissary LLC	3/16/09	$ 500
Mailing Address: 10550 Lindbergh Blvd	__/__/__	$
City, State, Zip Code: St Louis, MO 63132	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: American Health Ins. Plans PAC	2/4/09	$ 300
Mailing Address: 601 Pennsylvania Ave	__/__/__	$
City, State, Zip Code: Washington, DC	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser Busch	5/13/09	$ 1,000
Mailing Address	__/__/__	$
City, State, Zip Code: St. Louis MO	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wyeth Good Government Fund	06/05/09	$ 500
Mailing Address: 5 Giralda Farms	__/__/__	$
City, State, Zip Code: Madison, NJ 07940	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

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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: Advance America	4/8/09	$ 500
Mailing Address: 135 North Church	__/__/__	$
City, State, Zip Code: Southaven, SC	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AAA of Tupelo	1/5/09	$ 1,000.00
Mailing Address: 120 East Franklin	__/__/__	$
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson PAC	1/12/09	$ 500.00
Mailing Address: PO Box 14167	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra Zeneca	10/28/07	$ 500
Mailing Address: 1800 Concord Pike	__/__/__	$
City, State, Zip Code: Wilmington DE	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

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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: ATT Mississippi PAC	9/1/09	$ 500.00
Mailing Address: 175 East Capitol	__/__/__	$
City, State, Zip Code: Jackson, MS	__/__/__	$
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: BNSF Corp	5/30/09	$ 250
Mailing Address: 2500 Lou Menk Dr	__/__/__	$
City, State, Zip Code: Fort Worth, TX	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	10/15/09	$ 500
Mailing Address: PO Box 61270	__/__/__	$
City, State, Zip Code: Phoenix, AZ	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☒ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. Assoc For Homecare	12/03/09	$ 1,000.00
Mailing Address: 134 Fairmont St	__/__/__	$
City, State, Zip Code: Canton MS 39046	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

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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: Chevron	09/15/09	$ 1,000
Mailing Address: PO Box 9034	__/__/__	$
City, State, Zip Code: Concord, CA 94524	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria	11/18/09	$ 1,000
Mailing Address: 6601 West Broad	__/__/__	$
City, State, Zip Code: Richmond, VA 23230	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer	07/07/09	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	10/15/09	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

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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: Medco Solutions	7/25/09	$ 250
Mailing Address: 100 Parson Pond Dr.	__/__/__	$
City, State, Zip Code: Frankly Lake, NJ	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

B. Source: ☒ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott PAC	10/30/09	$ 350
Mailing Address: 100 Abbot Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, IL	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 350

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	$