

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2010 Non-Judicial Election**

Name of Candidate PHIL BRYANTAddress Post Office Box 321226 Flowood, MS 39232Telephone 601-812-6609 Fax 601-960-0300Contact Name Kirk Sims Email kirk@philbryant.comOffice Sought n/a Political Party Republican☐ Check here if above is different from previous report**TYPE OF REPORT**

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)..... **Mandatory**
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)..... **Runoff Candidates**
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..... **All Candidates**
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... **Runoff Candidates**
- XXXX January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)..... **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	\$ 1,728,186 + 42,371 \$	1,770,557	\$ 1,770,557
Total amount of disbursements	\$ 361,920 + 207,191 \$	569,111	\$ 569,111
Total amount of cash on hand		\$ 2,023,993	

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 Phil BryantDate Jan. 31, 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 39206 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.

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. B. Allison, Jr.	6/10/2010	\$500.00
Mailing Address: PO Box 6020		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required): American Insurance Association		
Occupation (Required): Lobbyist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Daniel J. Barfield	10/21/2010	\$500.00
Mailing Address: P. O. Box 1101		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Barfield & Associates		
Occupation (Required): accountant	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark S. Bounds	10/9/2010	\$1,000.00
Mailing Address: Post Office Box 1753		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required): Realty Partners		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lucien Bourgeois	6/11/2010	\$1,000.00
Mailing Address: 117 Fawnwood Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lucien Bourgeois	11/15/2010	\$5,000.00
Mailing Address: 117 Fawnwood Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$6,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Barry W. Bridgforth			12/20/2010	\$1,000.00
Mailing Address: 3606 Bridgforth Rd.				
City, State, Zip: Olive Branch, MS 38654				
Name of Employer (Required): Self-Employed				
Occupation (Required): Real Estate Agent			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ed Brunini, Jr.			10/15/2010	\$1,000.00
Mailing Address: Post Office Box 119				
City, State, Zip: Jackson, MS 39205				
Name of Employer (Required): Brunini, Grantham, Grower & Hewes				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Baxter Burns			6/18/2010	\$500.00
Mailing Address: 212 Arthurs Court				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Ergon				
Occupation (Required): business			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick J. Calhoon			11/11/2010	\$2,700.00
Mailing Address: 217 W. Capitol Street, Suite 201				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required): Pruet Oil Co.				
Occupation (Required): Managing Partner			Aggregate year-to-date	\$15,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick J. Calhoon			12/2/2010	\$12,500.00
Mailing Address: 217 W. Capitol Street, Suite 201				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required): Pruet Oil Co.				
Occupation (Required): Managing Partner			Aggregate year-to-date	\$15,200.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles Cannada	12/30/2010	\$1,000.00
Mailing Address: 4245 Quail Run Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Self-Employed		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gene Carlisle	12/2/2010	\$25,000.00
Mailing Address: 263 Wagner Place		
City, State, Zip: Memphis, TN 38103		
Name of Employer (Required): Carlisle Corporation		
Occupation (Required): CEO	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: B. L. Chain	11/18/2010	\$500.00
Mailing Address: Post Office Box 2058		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Chain Electric		
Occupation (Required): Executive	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. W. Chapman	8/23/2010	\$500.00
Mailing Address: P. O. Box 550		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Chartre Consulting Ltd.		
Occupation (Required): Real Estate Developer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Beth C. Clay	12/2/2010	\$1,000.00
Mailing Address: 625 North State Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): The Clay Firm		
Occupation (Required): Lobbyist	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas W. Colbert			12/1/2010	\$1,000.00
Mailing Address: PO Drawer 320849				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required): Community Bank				
Occupation (Required): Banker			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Noel Daniels			7/12/2010	\$1,000.00
Mailing Address: 121 Easthaven Drive				
City, State, Zip: Brandon, MS 39042				
Name of Employer (Required): Gray-Daniels Auto				
Occupation (Required): General Mgr.			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Honorable Sluggo Davis			12/20/2010	\$500.00
Mailing Address: 2406 Holly Springs Rd.				
City, State, Zip: Hernando, MS 38632				
Name of Employer (Required): DeSoto County				
Occupation (Required): Chancery Clerk			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gene Delcomyn			6/11/2010	\$1,000.00
Mailing Address: 109 Grandview Circle				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): BankPlus				
Occupation (Required): President			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard L Devoe			9/1/2010	\$500.00
Mailing Address: 502 College Hill Rd.				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): Church Devoe and Assoc, PLLC				
Occupation (Required): CPA CFP			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rick Elam	9/1/2010	\$1,000.00
Mailing Address: 3805 Majestic Oaks Drive		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Ole Miss & Self-employment		
Occupation (Required): Prof & Consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas S. Elmore	11/12/2010	\$5,000.00
Mailing Address: Post Office Box 36		
City, State, Zip: Aberdeen, MS 39730		
Name of Employer (Required): Eutaw Construction		
Occupation (Required): CEO	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Mark Fairchild	11/10/2010	\$2,500.00
Mailing Address: Post Office Box 15909		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Fairchild Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. C. T. Finnegan	11/18/2010	\$2,500.00
Mailing Address: 1200 Velma Avenue		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Finlo Construction Company		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Col. and Mrs. Tyler H. Fletcher	11/18/2010	\$500.00
Mailing Address: 30 Crane Park		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): US Army / USM		
Occupation (Required): retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John P. Fullenwider	5/13/2010	\$1,000.00
Mailing Address: Post Office Box 2020		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): JPB Pathology		
Occupation (Required): Pathologist	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John P. Fullenwider	8/9/2010	\$1,000.00
Mailing Address: Post Office Box 2020		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): JPB Pathology		
Occupation (Required): Pathologist	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John P. Fullenwider	12/6/2010	\$5,000.00
Mailing Address: Post Office Box 2020		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): JPB Pathology		
Occupation (Required): Pathologist	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank Genzer	12/31/2010	\$1,000.00
Mailing Address: 145 Saint Jude Street		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required): Self		
Occupation (Required): Architect	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. Glynn Griffing	8/23/2010	\$250.00
Mailing Address: 2318 Irving Place		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Griffing & Associates		
Occupation (Required): Employee Benefits	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard Hale	5/26/2010	\$1,000.00
Mailing Address: 110 Clairmont Cove		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Blue Cross Blue Shield		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: IN-KIND DONATION	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Gary J. Harkins	10/9/2010	\$250.00
Mailing Address: 205 Sunrise Point Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Harkins Realty		
Occupation (Required): Realtor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James Clay Hays, Jr.	9/17/2010	\$500.00
Mailing Address: 4342 N. Honeysuckle Lane		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Private Practice		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Gene Hutcheson	10/9/2010	\$3,750.00
Mailing Address: 971 Lakeland Dr., Suite 450		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Jackson Heart Clinic		
Occupation (Required): Cardiologist	Aggregate year-to-date	\$3,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry L. Johnson	5/26/2010	\$25,000.00
Mailing Address: PO Box 12004		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Landmark Homes		
Occupation (Required): President	Aggregate year-to-date	\$25,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Richard S. Kuebler	10/27/2010	\$250.00
Mailing Address: 108 Bradford Green		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Nuclear Radiology		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lee Crum Lampton	10/9/2010	\$2,500.00
Mailing Address: PO Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon, Inc.		
Occupation (Required): President/Operations	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: New Republican Majority Fund	7/20/2010	\$2,500.00
Mailing Address: 201 North Union Street, # 530		
City, State, Zip: Alexandria, VA 22314		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Benchmark Construction Corp.	6/17/2010	\$1,000.00
Mailing Address: Post Office Box 31177		
City, State, Zip: Jackson, MS 39286		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Indian Tribe	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Miss. Band of Choctaw Indians	11/15/2010	\$5,000.00
Mailing Address: Post Office Box 6090		
City, State, Zip: Philadelphia, MS 39350		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. William S. Mayo	10/15/2010	\$500.00
Mailing Address: 2890 S. Lamar Blvd.		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Mayo Eye Center		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. William L. McLean	9/24/2010	\$1,000.00
Mailing Address: 5677 Highway 84 West		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): The Essmuller Company		
Occupation (Required): Executive	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Buddy Medlin & Associates, Inc.	11/8/2010	\$500.00
Mailing Address: PO Box 24087		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chip Miskelly	10/15/2010	\$1,670.00
Mailing Address: 104 Airport Road		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Miskelly Furniture		
Occupation (Required): business	Aggregate year-to-date	\$1,670.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Oscar Miskelly	6/11/2010	\$1,000.00
Mailing Address: 513 Pine Hill Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Miskelly Furniture		
Occupation (Required): Retail	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Oscar Miskelly	10/15/2010	\$1,000.00
Mailing Address: 513 Pine Hill Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Miskelly Furniture		
Occupation (Required): Retail	Aggregate year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Danny F. Mitchell	8/30/2010	\$1,500.00
Mailing Address: 305 Thomgate Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Godwin Group		
Occupation (Required): Senior Partner/Board Chairman	Aggregate year-to-date	\$4,250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Danny F. Mitchell	10/9/2010	\$250.00
Mailing Address: 305 Thomgate Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Godwin Group		
Occupation (Required): Senior Partner/Board Chairman	Aggregate year-to-date	\$4,250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Danny F. Mitchell	11/15/2010	\$1,000.00
Mailing Address: 305 Thomgate Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Godwin Group		
Occupation (Required): Senior Partner/Board Chairman	Aggregate year-to-date	\$4,250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Danny F. Mitchell	12/16/2010	\$1,500.00
Mailing Address: 305 Thomgate Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Godwin Group		
Occupation (Required): Senior Partner/Board Chairman	Aggregate year-to-date	\$4,250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: A. Jake Mladinich, II	12/16/2010	\$250.00
Mailing Address: 398 Lakeview Blvd.		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Johnny Morgan	12/6/2010	\$5,000.00
Mailing Address: PO Box 309		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Morgan & White Insurance		
Occupation (Required): President	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Johnny Morgan	12/6/2010	\$5,000.00
Mailing Address: PO Box 309		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Morgan & White Insurance		
Occupation (Required): President	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Johnny Morgan	6/28/2010	\$5,000.00
Mailing Address: PO Box 309		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Morgan & White Insurance		
Occupation (Required): President	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James L. Morris	6/7/2010	\$250.00
Mailing Address: PO Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Procon, Inc		
Occupation (Required): Business Owner	Aggregate year-to-date	\$750.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James L. Morris	6/18/2010	\$500.00
Mailing Address: PO Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Procon, Inc		
Occupation (Required): Business Owner	Aggregate year-to-date	\$750.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William D. Mounger	7/19/2010	\$1,500.00
Mailing Address: 200 East Capitol St., Ste 1601		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Self		
Occupation (Required): Oil Investments	Aggregate year-to-date	\$26,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William D. Mounger	10/29/2010	\$10,000.00
Mailing Address: 200 East Capitol St., Ste 1601		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Self		
Occupation (Required): Oil Investments	Aggregate year-to-date	\$26,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William D. Mounger	12/16/2010	\$15,000.00
Mailing Address: 200 East Capitol St., Ste 1601		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Self		
Occupation (Required): Oil Investments	Aggregate year-to-date	\$26,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Carl Nicholson	11/18/2010	\$2,000.00
Mailing Address: PO Drawer 15099		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): Nicholson & Co.		
Occupation (Required): CPA	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John N. Palmer			11/15/2010	\$5,000.00
Mailing Address: Post Office Box 3747				
City, State, Zip: Jackson, MS 39207				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jim Payne			10/9/2010	\$5,000.00
Mailing Address: PO Box 1737				
City, State, Zip: Ridgeland, MS 39158				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$6,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jim Payne			11/15/2010	\$1,000.00
Mailing Address: PO Box 1737				
City, State, Zip: Ridgeland, MS 39158				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$6,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Larry Payne			11/18/2010	\$1,000.00
Mailing Address: 9 North Heron Cove				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): Retired				
Occupation (Required): Tree Farmer			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C. Ray and Cindy Phillips			10/9/2010	\$1,000.00
Mailing Address: 372 Sun Dial Road				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): self				
Occupation (Required): business/ homemaker			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deborah T. Phillips			7/19/2010	\$2,500.00
Mailing Address: 1830 Crane Ridge Drive				
City, State, Zip: Jackson, MS 39216				
Name of Employer (Required): Holly and Associates				
Occupation (Required): Office Manager			Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles Porter			6/11/2010	\$5,000.00
Mailing Address: 1037A Lake Village Circle				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Porter Construction Inc.				
Occupation (Required): Owner			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Billy Powell			12/21/2010	\$1,000.00
Mailing Address: 136 Swan Sea Lane				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Powell Petroleum				
Occupation (Required): President/Owner			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lou Ann Poynter			11/17/2010	\$1,000.00
Mailing Address: 1010 South 34th Avenue				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clarke Reed			12/2/2010	\$1,000.00
Mailing Address: 139 Bayou Road				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required): Reed-Joseph International				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael L. Retzer	12/2/2010	\$1,000.00
Mailing Address: PO Box 4457		
City, State, Zip: Greenville, MS 38704		
Name of Employer (Required): Retzer Resources		
Occupation (Required): business	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Forrest Rhemann, Jr.	7/21/2010	\$2,000.00
Mailing Address: 1781 Cleary Rd.		
City, State, Zip: Florence, MS 39073		
Name of Employer (Required): Petroleum Equipment, Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. E.B. Robinson, Jr.	7/12/2010	\$1,000.00
Mailing Address: 49 Eastbrooke		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Knox Ross	6/18/2010	\$500.00
Mailing Address: PO Box 369		
City, State, Zip: Pelahatchie, MS 39145		
Name of Employer (Required): City of Pelahatchie		
Occupation (Required): Mayor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ken M. Rushing	10/9/2010	\$1,000.00
Mailing Address: 633 Lakewood Cove		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Tellus Operating Group, LLC		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe F. Sanderson, Jr.			9/29/2010	\$5,000.00
Mailing Address: 1005 W. 15th Street				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required): Sanderson Farms, Inc.				
Occupation (Required): Chairman and CEO			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leland Speed			7/20/2010	\$5,000.00
Mailing Address: PO Box 22728				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): East Group/Parkway Properties				
Occupation (Required): Chairman			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Stafford			12/16/2010	\$1,000.00
Mailing Address: Post Office Drawer 1216				
City, State, Zip: West Point, MS 39773				
Name of Employer (Required): Fitness Concepts				
Occupation (Required): owner			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kimes and Stone Construction Inc			6/16/2010	\$500.00
Mailing Address: PO Box 550				
City, State, Zip: Booneville, MS 38829				
Name of Employer (Required): Kimes & Stone Construction, Inc.				
Occupation (Required): Highway Construction			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Andy Taggart			9/29/2010	\$1,000.00
Mailing Address: 148 Chapel Lane				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Taggart, Rims and Usry, PLLC				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Trusty Company, Inc.			10/9/2010	\$1,000.00
Mailing Address: P.O. Box 4040				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): The Trusty Company, Inc.				
Occupation (Required): Insurance Sales			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William J. Van Devender			11/15/2010	\$1,000.00
Mailing Address: PO Box 5327				
City, State, Zip: Jackson, MS 39296				
Name of Employer (Required): Southern Timber				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: T. L. Wallace			11/12/2010	\$5,000.00
Mailing Address: 98 River Road				
City, State, Zip: Columbia, MS 39429				
Name of Employer (Required): T. L. Wallace Company				
Occupation (Required): road builder			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard B. Wax			11/1/2010	\$25,000.00
Mailing Address: 212 Front Street N				
City, State, Zip: Amory, MS 38821				
Name of Employer (Required): The Wax Company, LLC				
Occupation (Required): Executive			Aggregate year-to-date	\$25,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Walter Weems			10/15/2010	\$500.00
Mailing Address: P.O. Drawer 119				
City, State, Zip: Jackson, MS 39205				
Name of Employer (Required): Brunini, Grantham Grower & Hewes				
Occupation (Required): Attorney			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William G. Yates, Jr.	9/1/2010	\$200.00
Mailing Address: 304 Dogwood Street		
City, State, Zip: Philadelphia, MS 39350		
Name of Employer (Required): Yates Construction		
Occupation (Required): CEO	Aggregate year-to-date	\$7,700.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William G. Yates, Jr.	11/15/2010	\$7,500.00
Mailing Address: 304 Dogwood Street		
City, State, Zip: Philadelphia, MS 39350		
Name of Employer (Required): Yates Construction		
Occupation (Required): CEO	Aggregate year-to-date	\$7,700.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Bennett V. York	11/18/2010	\$1,000.00
Mailing Address: 1421 S. 28th Ave.		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): York Dental		
Occupation (Required): Dentist	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Community Bank	11/12/2010	\$1,000.00
Mailing Address: 804 Hill Street		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	7/20/2010	\$1,000.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,750.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	12/16/2010	\$1,250.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	11/3/2010	\$1,000.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ENPAC Mississippi	11/15/2010	\$2,500.00
Mailing Address: Post Office Box 1640		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Howard Industries, Inc.	9/24/2010	\$1,000.00
Mailing Address: PO Box 1588		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Miss. AGC - PAC	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 2418		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Optometry for Progress	12/29/2010	\$2,500.00
Mailing Address: 141 Executive Drive, Suite 5		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wilson's Termite & Environ. Serv	10/9/2010	\$250.00
Mailing Address: 206-A E. Government Street		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Honorable Gary A. Chism	10/18/2010	\$250.00
Mailing Address: Post Office box 2343		
City, State, Zip: Columbus, MS 39704		
Name of Employer (Required): State of MS/Columbus Insurance		
Occupation (Required): MS. Representative/Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Freddie Bagley	12/2/2010	\$500.00
Mailing Address: 112 Oakridge Rail		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Community Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ben Puckett	7/12/2010	\$500.00
Mailing Address: Post Office Box 3170		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required): Puckett Machinery		
Occupation (Required): Chairman/CEO	Aggregate year-to-date	\$3,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ben Puckett			10/15/2010	\$2,500.00
Mailing Address: Post Office Box 3170				
City, State, Zip: Jackson, MS 39207				
Name of Employer (Required): Puckett Machinery				
Occupation (Required): Chairman/CEO			Aggregate year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Julian Allen			12/6/2010	\$5,000.00
Mailing Address: 408 Tyler Ave				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): R. J. Allen & Associates				
Occupation (Required): developer			Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stout's Carpets, Inc.			8/23/2010	\$250.00
Mailing Address: 02 PR 2050				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Bill Baker			9/1/2010	\$500.00
Mailing Address: 440 North Lamar				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): City of Oxford				
Occupation (Required): Alderman			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Roy N. Moore			9/1/2010	\$500.00
Mailing Address: 1000 Whispering Valley Cove				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael H. Overstreet	9/1/2010	\$1,000.00
Mailing Address: 902 Muirfield Dr		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Mike Overstreet Properties, LLC		
Occupation (Required): real estate - self	Aggregate year-to-date	\$6,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael H. Overstreet	12/6/2010	\$5,000.00
Mailing Address: 902 Muirfield Dr		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Mike Overstreet Properties, LLC		
Occupation (Required): real estate - self	Aggregate year-to-date	\$6,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. A. D. Buffington	6/11/2010	\$2,000.00
Mailing Address: 1007 Country Place Drive		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Self-Employed		
Occupation (Required): Real Estate Investment & Mgmt	Aggregate year-to-date	\$4,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. A. D. Buffington	6/11/2010	\$2,000.00
Mailing Address: 1007 Country Place Drive		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Self-Employed		
Occupation (Required): Real Estate Investment & Mgmt	Aggregate year-to-date	\$4,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. A. D. Buffington	12/17/2010	\$500.00
Mailing Address: 1007 Country Place Drive		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Self-Employed		
Occupation (Required): Real Estate Investment & Mgmt	Aggregate year-to-date	\$4,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cecil McCrory			6/7/2010	\$1,000.00
Mailing Address: Post Office Box 69				
City, State, Zip: Brandon, MS 39043				
Name of Employer (Required): The Tractor Store, Inc.				
Occupation (Required): Ag. Sales			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr and Mrs William H. Spann, Jr.			11/15/2010	\$250.00
Mailing Address: 232 Timberton Drive				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Douglas W. Rouse			11/18/2010	\$1,000.00
Mailing Address: 111 Bedford Road				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): Southern Bone & Joint				
Occupation (Required): orthopedist			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Edward J. Langton			11/19/2010	\$1,000.00
Mailing Address: PO Box 15637				
City, State, Zip: Hattiesburg, MS 39404				
Name of Employer (Required): Grand Bank				
Occupation (Required): Banker			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Russell			12/20/2010	\$250.00
Mailing Address: 5560 Stateline Road				
City, State, Zip: Walls, MS 38680				
Name of Employer (Required): Desoto County				
Occupation (Required): BOS			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. M. Patrick Nelson	12/20/2010	\$250.00
Mailing Address: P.O. Box 246		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): Entergy		
Occupation (Required): Regional Customer Service Mgr.	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R & R Rentals and Hotshot, Inc.	6/17/2010	\$1,000.00
Mailing Address: PO Box 1161		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R & R Rentals and Hotshot, Inc.	11/18/2010	\$1,000.00
Mailing Address: PO Box 1161		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Don Halle	8/26/2010	\$671.57
Mailing Address: 225 Cowan Rd		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required): Gulf Properties		
Occupation (Required): Realtor/Builder	Aggregate year-to-date	\$671.57
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John M. Hill, Jr.	12/20/2010	\$1,000.00
Mailing Address: 328 Westview Drive		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required): self		
Occupation (Required): developer	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chevron Corporation			9/17/2010	\$1,000.00
Mailing Address: Post Office Box 1300				
City, State, Zip: Pascagoula, MS 39568				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sells J. Newman, Jr.			6/28/2010	\$295.00
Mailing Address: 113 Ridgecrest Drive				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): MS Farm Credit				
Occupation (Required): Executive			Aggregate year-to-date	\$795.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sells J. Newman, Jr.			11/10/2010	\$500.00
Mailing Address: 113 Ridgecrest Drive				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): MS Farm Credit				
Occupation (Required): Executive			Aggregate year-to-date	\$795.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Scott Newton			8/9/2010	\$1,000.00
Mailing Address: 206 Bellewether Pass				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Baker Donelson Law Office				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Dental PAC			12/31/2010	\$1,000.00
Mailing Address: 2630 Ridgewood Road				
City, State, Zip: Jackson, MS 39216				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Dental PAC	12/2/2010	\$1,000.00
Mailing Address: 2630 Ridgewood Road		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Durr Boyles	11/8/2010	\$1,000.00
Mailing Address: 5334 Carolwood Dr.		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Boyles Moak		
Occupation (Required): Insurance	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf South Management, Inc.	6/10/2010	\$250.00
Mailing Address: 108 Little Creek Road		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Albert C. Clark	10/9/2010	\$1,000.00
Mailing Address: Post Office Box 966		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): C. C. Clark Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Reagan L. Ford	10/25/2010	\$250.00
Mailing Address: 706 F Highway 12 West		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Self		
Occupation (Required): Optometrist	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph O. Mobley	10/9/2010	\$250.00
Mailing Address: 1027 Fultz Road		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. J. Wilmot Thomson, Jr.	10/18/2010	\$250.00
Mailing Address: 523 Greenboro Street		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stuart Vance	12/16/2010	\$500.00
Mailing Address: Post Office Box 733		
City, State, Zip: Starkville, MS 39760		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rayford B. Vaughn, Jr.	10/18/2010	\$500.00
Mailing Address: 1990 Woodlake Road		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Mississippi State University		
Occupation (Required): Professor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James D. Wallace	10/18/2010	\$250.00
Mailing Address: 1087 Robin Drive		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Boardtown Builders		
Occupation (Required): Contractor/Consultant/Broker	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R. S. Wofford	6/16/2010	\$25.00
Mailing Address: 118 Dover Court		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R. S. Wofford	10/9/2010	\$250.00
Mailing Address: 118 Dover Court		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Honorable Rosemary Altman	11/10/2010	\$300.00
Mailing Address: 107 Caroline Cove		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): City of Clinton		
Occupation (Required): Mayor	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Douglas M. Wright, Jr.	6/28/2010	\$500.00
Mailing Address: 265 Country Road 263		
City, State, Zip: Saltillo, MS 38866		
Name of Employer (Required): Community Eldercare Services, In		
Occupation (Required): Executive	Aggregate year-to-date	\$8,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Douglas M. Wright, Jr.	12/29/2010	\$7,500.00
Mailing Address: 265 Country Road 263		
City, State, Zip: Saltillo, MS 38866		
Name of Employer (Required): Community Eldercare Services, In		
Occupation (Required): Executive	Aggregate year-to-date	\$8,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Briggs Hopson	11/10/2010	\$1,000.00
Mailing Address: 405 Long Leaf Cove		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): Self-Employed		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Thomas B. Butchart	6/10/2010	\$100.00
Mailing Address: 3313 South Liberty Street		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): Butchart/Ellzey		
Occupation (Required): CPA	Aggregate year-to-date	\$1,100.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Thomas B. Butchart	9/29/2010	\$1,000.00
Mailing Address: 3313 South Liberty Street		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): Butchart/Ellzey		
Occupation (Required): CPA	Aggregate year-to-date	\$1,100.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tommy E. Butler	10/28/2010	\$2,000.00
Mailing Address: 102 Farrington Place		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Horne CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Max Draughn	11/8/2010	\$2,000.00
Mailing Address: 152 Old Farm Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Cypress		
Occupation (Required): Pharmaceuticals	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joey Havens	10/28/2010	\$1,000.00
Mailing Address: 130 Northshore Point		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Carla Hewitt	9/29/2010	\$1,000.00
Mailing Address: 102 Thorngate Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Madison Heart Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bryan McDonald	10/28/2010	\$1,000.00
Mailing Address: P.O. Box 1490		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required): Horne LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hugh Parker	10/28/2010	\$1,000.00
Mailing Address: 120 Canterbury Place		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Horne CPA		
Occupation (Required): Partner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leslee J. Linn	9/17/2010	\$500.00
Mailing Address: Post Office Box 1126		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): LJJ Consulting		
Occupation (Required): Consultant	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James H. Heidelberg	12/16/2010	\$1,000.00
Mailing Address: 1300 Driftwood Street		
City, State, Zip: Pascagoula, MS 39567		
Name of Employer (Required): Williams, Heidelberg, Seteiner.		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Stephen Renfro	9/1/2010	\$250.00
Mailing Address: 5113 Arthur Street		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required): Chevron		
Occupation (Required): Government Affairs	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Carl Hamilton	9/15/2010	\$250.00
Mailing Address: 616 Porter Avenue		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): Carl B. Hamilton Inc.		
Occupation (Required): Builder	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William A. Alias, Jr.	12/6/2010	\$5,000.00
Mailing Address: Post Office Box 1544		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Security Check		
Occupation (Required): President	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Virginia Wright Lavner	8/23/2010	\$500.00
Mailing Address: Post Office Box 1506		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Donna Ruth Roberts	8/23/2010	\$1,000.00
Mailing Address: 503 North Lamar Blvd.		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert H. Dunlap	9/9/2010	\$5,000.00
Mailing Address: Post Office Box 720		
City, State, Zip: Batesville, MS 38606		
Name of Employer (Required): Dunlap & Kyle Co., Inc.		
Occupation (Required): C.E.O.	Aggregate year-to-date	\$12,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert H. Dunlap	12/6/2010	\$7,000.00
Mailing Address: Post Office Box 720		
City, State, Zip: Batesville, MS 38606		
Name of Employer (Required): Dunlap & Kyle Co., Inc.		
Occupation (Required): C.E.O.	Aggregate year-to-date	\$12,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Margaret and Tom Hall	8/23/2010	\$1,000.00
Mailing Address: 109 Glen Eagle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Radiance Technologies		
Occupation (Required): Business	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chan Patel	7/22/2010	\$10,000.00
Mailing Address: 5009 Bluff Cove		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): The Hampton Inn		
Occupation (Required): Manager	Aggregate year-to-date	\$15,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chan Patel		12/6/2010	\$5,000.00
Mailing Address: 5009 Bluff Cove			
City, State, Zip: Oxford, MS 38655			
Name of Employer (Required): The Hampton Inn			
Occupation (Required): Manager		Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Troy Johnston		12/20/2010	\$500.00
Mailing Address: 4636 Nottingham Road			
City, State, Zip: Jackson, MS 39211			
Name of Employer (Required): Harris & Geno PLLC			
Occupation (Required): Attorney		Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steve Pittman		6/11/2010	\$2,500.00
Mailing Address: 5345 Runnymede Road			
City, State, Zip: Jackson, MS 39211			
Name of Employer (Required): Holley & Associates			
Occupation (Required): attorney		Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steve Pittman		7/19/2010	\$2,500.00
Mailing Address: 5345 Runnymede Road			
City, State, Zip: Jackson, MS 39211			
Name of Employer (Required): Holley & Associates			
Occupation (Required): attorney		Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Mark Garriga		6/11/2010	\$1,000.00
Mailing Address: 121 Golden Pond Drive			
City, State, Zip: Madison, MS 39110			
Name of Employer (Required): Butler Snow			
Occupation (Required): Attorney		Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert Burroughs	10/9/2010	\$1,000.00
Mailing Address: P.O. Box 4451		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Burroughs Diesel Ford		
Occupation (Required): Auto Dealer	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert Burroughs	12/1/2010	\$1,000.00
Mailing Address: P.O. Box 4451		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Burroughs Diesel Ford		
Occupation (Required): Auto Dealer	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lampkin Butts	9/29/2010	\$1,000.00
Mailing Address: 8 Laurawood Court		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Sanderson Farms, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Harry H. Bush	9/29/2010	\$250.00
Mailing Address: P.O. Box 8327		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Bush Farms, Inc.		
Occupation (Required): Developer	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eastern Fishing and Rental Tool	6/10/2010	\$1,000.00
Mailing Address: 11 Spyglass Hill		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark Roberts	6/28/2010	\$500.00
Mailing Address: Post Office Box 61		
City, State, Zip: Mize, MS 39116		
Name of Employer (Required): Eastern Fishing and Rental Tools		
Occupation (Required): Partner	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Kelly Hardwick	6/18/2010	\$5,000.00
Mailing Address: 166 Planters Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Self-Employed		
Occupation (Required): Consultant	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sidney P. Allen	7/20/2010	\$300.00
Mailing Address: Post Office Box 5327		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required): Claw Forestry Services		
Occupation (Required): Chief Financial Officer	Aggregate year-to-date	\$300.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Comm. for a Clean Environment	7/20/2010	\$2,000.00
Mailing Address: 3000 North State Street		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Comm. for a Clean Environment	12/31/2010	\$3,000.00
Mailing Address: 3000 North State Street		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Royce Delaney	7/20/2010	\$200.00
Mailing Address: 13 Northtown Drive #220		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Delco, Inc.		
Occupation (Required): Vice President	Aggregate year-to-date	\$2,200.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Royce Delaney	12/17/2010	\$2,000.00
Mailing Address: 13 Northtown Drive #220		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Delco, Inc.		
Occupation (Required): Vice President	Aggregate year-to-date	\$2,200.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Harold Miles Beebe	12/17/2010	\$1,000.00
Mailing Address: 227 Coachmans Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Delco, Inc.		
Occupation (Required): Long Term Care Management	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Harold Miles Beebe	10/15/2010	\$250.00
Mailing Address: 227 Coachmans Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Delco, Inc.		
Occupation (Required): Long Term Care Management	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. James Brumfield	9/9/2010	\$250.00
Mailing Address: 10007 Osyka-Progress Road		
City, State, Zip: Magnolia, MS 39652		
Name of Employer (Required): Coca Cola		
Occupation (Required): Vice President	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Rhoda R. Royce	11/10/2010	\$250.00
Mailing Address: 4 Lafayette Circle		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): Mississippi College		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William D. Sones	9/2/2010	\$1,000.00
Mailing Address: 310 Oliver Drive		
City, State, Zip: Brookhaven, MS 39601		
Name of Employer (Required): Bank of Brookhaven		
Occupation (Required): banker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Toby Trowbridge	9/29/2010	\$250.00
Mailing Address: Post Office Box 1031		
City, State, Zip: Flora, MS 39071		
Name of Employer (Required): Madison County		
Occupation (Required): Sheriff	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Credit Union PAC	7/14/2010	\$1,000.00
Mailing Address: 1400 Lakeover Road, Suite 200		
City, State, Zip: Jackson, MS 39213		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Waymon Tigrett	6/7/2010	\$1,000.00
Mailing Address: 200 East Sunset Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Brandon Discount Drugs		
Occupation (Required): pharmacist	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Harold Crain	6/7/2010	\$250.00
Mailing Address: 105 Sweet Gum Road, North		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): US Army Colonel		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Fred Price	6/7/2010	\$250.00
Mailing Address: 716 Inheritance Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe S. Bryant	11/10/2010	\$250.00
Mailing Address: 6224 US Highway 49		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Shelter Insurance		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John M. Lyle, Jr.	10/29/2010	\$2,500.00
Mailing Address: 239 Rolling Meadows Road		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Lyle Machinery		
Occupation (Required): President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William W. Lampton	10/9/2010	\$2,500.00
Mailing Address: Post Office Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon		
Occupation (Required): Vice-President	Aggregate year-to-date	\$2,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Leslie B. Lampton, III	11/15/2010	\$2,500.00
Mailing Address: Post Office Box 2401		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Ergon, Inc.		
Occupation (Required): President Marketing Division	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Travis	7/21/2010	\$2,500.00
Mailing Address: 111 Mockingbird Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Travis Properties, LLC		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott and Leigh Shoemaker	6/11/2010	\$1,000.00
Mailing Address: 425 Kingsbridge Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Shoemaker Homes		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Randy Berg Builder LLC	6/11/2010	\$1,000.00
Mailing Address: 578 Barksdale Road		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rodney Chamblee	7/22/2010	\$250.00
Mailing Address: Post Office Box 320219		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): East Wind Development, Inc.		
Occupation (Required): Real Estate	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chip Triplett	12/1/2010	\$500.00
Mailing Address: 124 One Madison Plaza, Ste. 1500		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Self		
Occupation (Required): Real Estate	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John D. Scott	10/28/2010	\$1,000.00
Mailing Address: 202 Hillside Street		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Horne CPA		
Occupation (Required): Accounting	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David Williams	10/28/2010	\$1,000.00
Mailing Address: 609 Spring Lake Drive		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Horne CPA		
Occupation (Required): accounting	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ray N. Long, Jr.	12/12/2010	\$500.00
Mailing Address: 4512 8th Avenue, Northwood E		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Long Wholesale		
Occupation (Required): Co-Owner	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Frank Hopper	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 816		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Ellis Steel		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John W. Crowell	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 1827		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): Nichols, Crowell, Gillis		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sam E. Long	12/12/2010	\$500.00
Mailing Address: 600 Northwood Commons Drive		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Long Wholesale		
Occupation (Required): Co-Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Ferrell Davidson	12/2/2010	\$1,000.00
Mailing Address: PO Box 665		
City, State, Zip: Marion, MS 39342		
Name of Employer (Required): Davidson Hauling and Const.		
Occupation (Required): Business Owner Construction	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bruce Martin	4/26/2010	\$2,500.00
Mailing Address: 7070 Espey Road		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Meyer and Rosenbaum, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stephen Edds	8/9/2010	\$1,000.00
Mailing Address: PO Box 16691		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Baker, Donelson		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Brent Alexander	8/9/2010	\$500.00
Mailing Address: 1501 North State Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Baker Donelson		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill & Penne Ward	12/12/2010	\$250.00
Mailing Address: 3090 Isle of Palms Drive West		
City, State, Zip: Mobile, AL 36695		
Name of Employer (Required): Ward International Trucks, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Q. Cantrell	12/16/2010	\$250.00
Mailing Address: Post Office Box 631		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): Cadence Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Q. Cantrell	12/26/2010	\$250.00
Mailing Address: Post Office Box 631		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): Cadence Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Thad F. Waites	11/17/2010	\$500.00
Mailing Address: 1017 Richburg Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Forest General Hospital		
Occupation (Required): Doctor	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James D. Bryan	12/16/2010	\$250.00
Mailing Address: Post Office Drawer 636		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Prairie Livestock		
Occupation (Required): Executive	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Milton O. Sundbeck	12/16/2010	\$2,500.00
Mailing Address: Post Office Box 1217		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Southern Ionics		
Occupation (Required): President and CEO	Aggregate year-to-date	\$2,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Steve McKinney	12/16/2010	\$500.00
Mailing Address: 1254 Pecan Lane		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Galloway-Chandler-McKinney		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Kyle Chandler III	12/16/2010	\$500.00
Mailing Address: Post Office Box 172		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Galloway-Chandler-McKinney		
Occupation (Required): Independent Insurance Agent	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Billy L. McBryde	12/6/2010	\$250.00
Mailing Address: PO Box 9699		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): McBryde, Inc.		
Occupation (Required): Real Estate	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Anthony L. Jones	12/20/2010	\$1,000.00
Mailing Address: 6921 Hamilton Circle		
City, State, Zip: Olive Branch, MS 38654		
Name of Employer (Required): Century 21		
Occupation (Required): Realtor	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Check into Cash of Miss, Inc.	11/10/2010	\$1,000.00
Mailing Address: Post Office Box 550		
City, State, Zip: Cleveland, TN 37364		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Luke Montgomery	5/6/2010	\$500.00
Mailing Address: Post Office Box 37		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Montgomery Enterprises Inc.		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Luke Montgomery	11/12/2010	\$1,000.00
Mailing Address: Post Office Box 37		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Montgomery Enterprises Inc.		
Occupation (Required): Businessman	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Quinton Dickerson	9/29/2010	\$1,000.00
Mailing Address: 221 Rolling Meadows		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Jackson Heart Clinic		
Occupation (Required): Doctor	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul E. Nuckolls	12/2/2010	\$500.00
Mailing Address: 4715 4th Place		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Specialty Roll Products, Inc.		
Occupation (Required): owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bob Rea	12/2/2010	\$1,000.00
Mailing Address: PO Box 2090		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): Rea, Shaw, Griggin & Stuart LLP		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Wallace Strickland	12/2/2010	\$1,000.00
Mailing Address: 8219 Sycamore Creek Drive		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Rush Hospital		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dennis Breland	9/15/2010	\$500.00
Mailing Address: 6600 Wooded Acres Road		
City, State, Zip: Van Cleave, MS 39565		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Billy Carroll	10/28/2010	\$1,000.00
Mailing Address: PO Box 391		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Financial Management & Invest.		
Occupation (Required): Investments	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ronald T. Hampton	12/2/2010	\$500.00
Mailing Address: Post Office Box 1729		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Meyer and Rosenbaum Inc.		
Occupation (Required): Insurance	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rick Barry	12/2/2010	\$1,000.00
Mailing Address: 5022 - 5th Place		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Hammock Barry Thaggard and May		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Hardy P. Graham, Sr.	12/12/2010	\$1,000.00
Mailing Address: Post Office Box 5207		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Meridian Coke		
Occupation (Required): Executive	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Stephen Rochelle	11/10/2010	\$500.00
Mailing Address: 3620 Neil Collins Road		
City, State, Zip: Raymond, MS 39154		
Name of Employer (Required): First South Farm Credit		
Occupation (Required): President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tyler Bailey	9/29/2010	\$500.00
Mailing Address: 208 Sheryl Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deviney Construction Co., Inc			10/15/2010	\$1,000.00
Mailing Address: PO Box 6717				
City, State, Zip: Jackson, MS 39282				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. J. Thomas Ash			11/10/2010	\$500.00
Mailing Address: 2411 Neil Collins Road				
City, State, Zip: Raymond, MS 39154				
Name of Employer (Required): J. Thomas Ash				
Occupation (Required): Attorney			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Thomas Reynolds			8/30/2010	\$250.00
Mailing Address: 1112 Hellmers Lane				
City, State, Zip: Ocean Springs, MS 39564				
Name of Employer (Required): retired				
Occupation (Required): retired			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Edward T. Hargett			9/29/2010	\$500.00
Mailing Address: 34 Hargett Drive				
City, State, Zip: Charleston, MS 38921				
Name of Employer (Required): Corrections Management Services				
Occupation (Required): Corrections			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Johnny Crane			5/6/2010	\$5,000.00
Mailing Address: PO Box 428				
City, State, Zip: Fulton, MS 38843				
Name of Employer (Required): Crane & Sons				
Occupation (Required): Owner			Aggregate year-to-date	\$7,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Johnny Crane	11/12/2010	\$2,500.00
Mailing Address: PO Box 428		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Crane & Sons		
Occupation (Required): Owner	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Larry Montgomery	5/6/2010	\$500.00
Mailing Address: 101 Francis Drive		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Family Practice		
Occupation (Required): Doctor	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Larry Montgomery	11/12/2010	\$1,000.00
Mailing Address: 101 Francis Drive		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Family Practice		
Occupation (Required): Doctor	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eric W. Holland	12/17/2010	\$1,500.00
Mailing Address: PO Box 127		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): The Meadows of Fulton		
Occupation (Required): Administrator	Aggregate year-to-date	\$1,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: QC Holdings, Inc.	11/10/2010	\$1,000.00
Mailing Address: 9401 Indian Creek Pkwy Suite 1500		
City, State, Zip: Shawnee Mission, KS 66210		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tommy E. Dulaney	12/2/2010	\$1,000.00
Mailing Address: 5805 Windsor Circle		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Structual Steel		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Andy and Karen Daniels	9/24/2010	\$500.00
Mailing Address: PO Box 577		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): State Farm Insurance		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Rodney A. Hunt	10/9/2010	\$250.00
Mailing Address: 971 Lakeland Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Mississippi College		
Occupation (Required): Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ann's Hair and Spa	6/11/2010	\$1,000.00
Mailing Address: 1061 Lake Village Cr Suite A		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Frank Mallette	9/15/2010	\$5,000.00
Mailing Address: 13205 Old Fort Bayou Rd		
City, State, Zip: Van Cleave, MS 39565		
Name of Employer (Required): Mallette Brothers		
Occupation (Required): Contractor	Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Glynn A. Mallette	9/15/2010	\$5,000.00
Mailing Address: 3708 Highway 90		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): Mallette Brothers		
Occupation (Required): President & CEO	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Glynn A. Mallette	12/20/2010	\$5,000.00
Mailing Address: 3708 Highway 90		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): Mallette Brothers		
Occupation (Required): President & CEO	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas J. Herrin	7/12/2010	\$300.00
Mailing Address: Post Office Box 1226		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required): St. Dominic's		
Occupation (Required): Anesthesiologist	Aggregate year-to-date	\$300.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MMC Materials, Inc.	9/29/2010	\$250.00
Mailing Address: PO Box 2569		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Hospitality & Restaurant PAC	6/10/2010	\$250.00
Mailing Address: 130 Riverview Drive, Suite A		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Johnny A. Gentry	6/11/2010	\$500.00
Mailing Address: 106 Bill Burnham		
City, State, Zip: Mendenhall, MS 39114		
Name of Employer (Required): Mississippi		
Occupation (Required): State Employee	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Conrad Martin	6/17/2010	\$500.00
Mailing Address: 430 Highway 49S		
City, State, Zip: Jackson, MS 39218		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stribling Equipment, LLC	10/9/2010	\$1,000.00
Mailing Address: PO Box 6038		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stribling Equipment, LLC	10/18/2010	\$5,000.00
Mailing Address: PO Box 6038		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$6,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: East Wind Management, Inc.	7/12/2010	\$250.00
Mailing Address: PO Box 320219		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Irl Rhodes	6/11/2010	\$250.00
Mailing Address: 159 Dogwood Place		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Independent RX PAC	7/20/2010	\$2,500.00
Mailing Address: 4209 Lakeland Drive, Suite 399		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Independent RX PAC	12/29/2010	\$2,500.00
Mailing Address: 4209 Lakeland Drive, Suite 399		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Hairston	12/28/2010	\$500.00
Mailing Address: 9114 Victoria Circle		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): Hancock Bank		
Occupation (Required): Vice-President	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William G. Yates, III	9/1/2010	\$200.00
Mailing Address: 2104 Ward Lane		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required): Yates Construction		
Occupation (Required): Management	Aggregate year-to-date	\$5,200.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William G. Yates, III	11/15/2010	\$5,000.00
Mailing Address: 2104 Ward Lane		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required): Yates Construction		
Occupation (Required): Management	Aggregate year-to-date	\$5,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: NUCOR Steel Recyclers of MS PAC	6/10/2010	\$500.00
Mailing Address: 3630 Fourth Street		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: NUCOR Steel Recyclers of MS PAC	9/29/2010	\$500.00
Mailing Address: 3630 Fourth Street		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: NUCOR Steel Recyclers of MS PAC	11/12/2010	\$1,000.00
Mailing Address: 3630 Fourth Street		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul W. McMullan	11/17/2010	\$500.00
Mailing Address: P.O. Drawer 16868		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required): McMullan Motors		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. & Mrs. Jack Robertson, Jr.			11/15/2010	\$1,000.00
Mailing Address: 338 Saint Andrews Drive				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Gulf Guaranty Life Insurance Co.				
Occupation (Required): CEO			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Barksdale			11/8/2010	\$25,000.00
Mailing Address: 800 Woodlands Parkway Suite 118				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Barksdale Corp.				
Occupation (Required): President & CEO			Aggregate year-to-date	\$25,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe F. Tatum			12/20/2010	\$250.00
Mailing Address: 11 Parkway Blvd				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): Tatum Development				
Occupation (Required): Professional Engineer			Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lamar Gillespie			7/6/2010	\$500.00
Mailing Address: 4 Bellewood Drive				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): Retired				
Occupation (Required): Physician			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Home Builders Assn. of MS PAC			12/20/2010	\$2,500.00
Mailing Address: PO Box 3556				
City, State, Zip: Jackson, MS 39207				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$2,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Sara J. Cooper	11/18/2010	\$300.00
Mailing Address: 1205 Sandlewood Drive		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Veterinarian		
Occupation (Required): Retired	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Randolph J. Ross	11/18/2010	\$1,000.00
Mailing Address: No 2 Morgans Landing		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Hattiesburg Clinic Urology		
Occupation (Required): Urologist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Gardner L. Fletcher	11/10/2010	\$500.00
Mailing Address: 110 W Canebrake Blvd		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Hub South Medical Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chain Electric Company	11/18/2010	\$1,000.00
Mailing Address: PO Box 2058		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. George Bridges	7/20/2010	\$1,000.00
Mailing Address: 40 Smith Holfield Road		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): International Fire/Safety Inc,		
Occupation (Required): President - CEO	Aggregate year-to-date	\$1,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. George Bridges	9/29/2010	\$500.00
Mailing Address: 40 Smith Holfield Road		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): International Fire/Safety Inc,		
Occupation (Required): President - CEO	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael J. Shemper	11/18/2010	\$1,000.00
Mailing Address: 218 Tallulah Ridge		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Self-Employed		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert David Kaufman	10/15/2010	\$500.00
Mailing Address: PO Box 119		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Brunini, Grantham, Grover, Hewes		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,639.51
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert David Kaufman	10/20/2010	\$1,139.51
Mailing Address: PO Box 119		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Brunini, Grantham, Grover, Hewes		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,639.51
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chris Shapley	10/15/2010	\$500.00
Mailing Address: P.O. Drawer 119		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Brunini, Grantham, Grover, Hewes		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Georgia Grubbs	6/11/2010	\$250.00
Mailing Address: 41 Crossgates Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Truitt M. Grubbs, Sr.	6/11/2010	\$250.00
Mailing Address: 41 Crossgates Drive		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Community Bank		
Occupation (Required): Community Relations	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Outdoor Advertising Association	6/11/2010	\$1,000.00
Mailing Address: Post Office Box 8218		
City, State, Zip: Jackson, MS 39204		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: GKR Systems, Inc.	7/14/2010	\$500.00
Mailing Address: PO Box 1020		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: GKR Systems, Inc.	10/2/2010	\$500.00
Mailing Address: PO Box 1020		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Mary Sydney Green	7/12/2010	\$295.00
Mailing Address: 420 Saint Andrews Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$795.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Mary Sydney Green	11/10/2010	\$500.00
Mailing Address: 420 Saint Andrews Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$795.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Delta Industries, Inc.	10/9/2010	\$1,000.00
Mailing Address: P.O. Drawer 1292		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Harry Spooner	12/28/2010	\$2,000.00
Mailing Address: 625 Highland Colony Parkway		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Self-Employed Spooner Petroleum		
Occupation (Required): Geologist	Aggregate year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Regions Financial Corp. PAC	10/9/2010	\$7,500.00
Mailing Address: Post Office Box 1200		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$7,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Liles B. Williams	11/10/2010	\$250.00
Mailing Address: 1760 Seaton Road		
City, State, Zip: Raymond, MS 39154		
Name of Employer (Required): MS Workers Compensation		
Occupation (Required): Executive Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bruce Senter	9/24/2010	\$1,000.00
Mailing Address: 154 Rolling Meadow		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Mississippi Spine Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Advantage Capital Management Cor	10/27/2010	\$1,000.00
Mailing Address: 909 Poydras Street		
City, State, Zip: New Orleans, LA 70112		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Gwin	7/22/2010	\$250.00
Mailing Address: 185 Woodland Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Watkins & Eager		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William F. Goodman	7/22/2010	\$300.00
Mailing Address: PO Box 650		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): Attorney	Aggregate year-to-date	\$300.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Madison Heart Clinic, P.A.			10/9/2010	\$1,000.00
Mailing Address: PO Box 2742				
City, State, Zip: Madison, MS 39130				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James B. Furrh, Jr.			7/12/2010	\$295.00
Mailing Address: 4450 Old Canton Road, Suite 205				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Self-Employed				
Occupation (Required): Oil & Gas Exploration			Aggregate year-to-date	\$1,295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James B. Furrh, Jr.			11/8/2010	\$1,000.00
Mailing Address: 4450 Old Canton Road, Suite 205				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Self-Employed				
Occupation (Required): Oil & Gas Exploration			Aggregate year-to-date	\$1,295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Steve Davenport			12/28/2010	\$4,000.00
Mailing Address: 1021 Annandale Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Self-Employed, Telesouth Comm.				
Occupation (Required): Telecommunications			Aggregate year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: LEN PAC			10/28/2010	\$5,000.00
Mailing Address: 3 Lakeland Circle, Suite 201				
City, State, Zip: Jackson, MS 39216				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jeanne Ann Rea, M.D.	8/2/2010	\$500.00
Mailing Address: PO Box 70		
City, State, Zip: Summit, MS 39666		
Name of Employer (Required): Self-Employed		
Occupation (Required): Anesthesiologist	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MISS LUPAC	7/20/2010	\$500.00
Mailing Address: PO Box 13649		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MISS LUPAC	12/29/2010	\$1,000.00
Mailing Address: PO Box 13649		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: RW Block Consulting, Inc.	8/9/2010	\$1,000.00
Mailing Address: 871 Outer Road, Suite B		
City, State, Zip: Orlando, FL 32814		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southern Industrial Contractors	9/24/2010	\$250.00
Mailing Address: PO Box 355		
City, State, Zip: Bay Springs, MS 39422		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Donald R. Dukes, Sr.	10/21/2010	\$500.00
Mailing Address: PO Box 599		
City, State, Zip: Clinton, MS 39060		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McCool-Oliver Insurance Agency	7/12/2010	\$250.00
Mailing Address: PO Box 1623		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deviney Equipment	10/15/2010	\$1,000.00
Mailing Address: PO Box 7179		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rolling Hills Ranch	10/15/2010	\$1,000.00
Mailing Address: PO Box 7179		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Deviney Brothers, Inc.	10/15/2010	\$1,000.00
Mailing Address: PO Box 6717		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brad Rogers	6/18/2010	\$500.00
Mailing Address: PO Box 54008		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required): Pearl City Alderman		
Occupation (Required): Alderman at Large	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bancorpsouth Bank PAC	10/29/2010	\$25,000.00
Mailing Address: PO Box 789		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert B. Collins, Sr.	12/2/2010	\$1,000.00
Mailing Address: 113 Hanover Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Thermo-Kool		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. David P. Harrison	12/2/2010	\$1,000.00
Mailing Address: PO Box 583		
City, State, Zip: Florence, MS 39073		
Name of Employer (Required): Self		
Occupation (Required): Insurance	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Vernon Jones	12/2/2010	\$1,000.00
Mailing Address: 441 White Road		
City, State, Zip: Florence, MS 39073		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William M. Mounger, II	11/3/2010	\$5,000.00
Mailing Address: P.O. Box 321418		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): TriStar Technologies		
Occupation (Required): CEO	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dana Sharp Stringer	6/11/2010	\$250.00
Mailing Address: 104 Boxwood Cove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dana Sharp Stringer	12/9/2010	\$750.00
Mailing Address: 104 Boxwood Cove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Steve Delaney	12/17/2010	\$1,500.00
Mailing Address: 103 Paradise Point Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Delco, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trinity Therapy Services, Inc.	7/20/2010	\$1,000.00
Mailing Address: PO Box 315		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Joe A. Waggoner	11/15/2010	\$1,000.00
Mailing Address: 1458 Highland Park Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Waggoner Engineering, Inc.		
Occupation (Required): Chairman/CEO	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ATMOS Energy PAC	11/15/2010	\$15,000.00
Mailing Address: 5430 LBJ Freeway, Suite 160		
City, State, Zip: Dallas, TX 75240		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$15,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles A. Myers	6/18/2010	\$1,500.00
Mailing Address: 215 Katherine Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Executive		
Occupation (Required): Realty Mortgage Corporation	Aggregate year-to-date	\$6,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles A. Myers	12/6/2010	\$5,000.00
Mailing Address: 215 Katherine Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Executive		
Occupation (Required): Realty Mortgage Corporation	Aggregate year-to-date	\$6,500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Electric Power Assoc. of MS PAC	11/18/2010	\$5,000.00
Mailing Address: Post Office Box 3300		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leland S. Garrett	7/20/2010	\$295.00
Mailing Address: 2659 Livingston Road		
City, State, Zip: Jackson, MS 39213		
Name of Employer (Required): Self-employed		
Occupation (Required): Business Executive	Aggregate year-to-date	\$295.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Howard Catchings	7/19/2010	\$1,000.00
Mailing Address: PO Box 2509		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required): Catchings Insurance Agency		
Occupation (Required): Owner/General Agent	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. & Mrs. Doty Farmer	8/30/2010	\$1,000.00
Mailing Address: 611 N. Lamar Blvd.		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Rayner Eye Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. William McKell, Jr.	6/11/2010	\$250.00
Mailing Address: 2421 Orrell Street		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): Director Medical Records		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lee and Freda Bush	10/9/2010	\$250.00
Mailing Address: 432 Buena Vista Avenue		
City, State, Zip: Jackson, MS 39209		
Name of Employer (Required): East Lakeland OB/GYN Assoc.		
Occupation (Required): OB/GYN	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eagle Express, LLC			9/1/2010	\$250.00
Mailing Address: 6819 Washington Ave., Suite D				
City, State, Zip: Ocean Springs, MS 39564				
Name of Employer (Required): Self				
Occupation (Required): Business Owner			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Royce Cumbest			9/15/2010	\$250.00
Mailing Address: 3041 Lum Cumbest Road				
City, State, Zip: Moss Point, MS 39562				
Name of Employer (Required): M & M Bank				
Occupation (Required): Banker			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Millcreek Management Corporation			12/17/2010	\$500.00
Mailing Address: PO Box 1130				
City, State, Zip: Magee, MS 39111				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Evan Johnson & Sons Const. Inc.			7/20/2010	\$1,000.00
Mailing Address: PO Box 111				
City, State, Zip: Brandon, MS 39043				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert (Woody) Applewhite			6/18/2010	\$500.00
Mailing Address: 401 Coleraine SE				
City, State, Zip: Smyrna, GA 30080				
Name of Employer (Required): Atlantic Southeast Airlines				
Occupation (Required): Pilot			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Holden Earth Moving Construction			9/15/2010	\$1,000.00
Mailing Address: PO Box 5188				
City, State, Zip: Van Cleave, MS 39565				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Power Co. State PAC			11/12/2010	\$1,000.00
Mailing Address: Post Office Box 4079				
City, State, Zip: Gulfport, MS 39502				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Power Co. State PAC			12/20/2010	\$4,000.00
Mailing Address: Post Office Box 4079				
City, State, Zip: Gulfport, MS 39502				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Richard G. Noble			6/10/2010	\$100.00
Mailing Address: 104 Seymour Drive				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Self-Employed				
Occupation (Required): Attorney			Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Richard G. Noble			9/17/2010	\$500.00
Mailing Address: 104 Seymour Drive				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Self-Employed				
Occupation (Required): Attorney			Aggregate year-to-date	\$600.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Health Manag. Assoc. MS PAC	7/20/2010	\$5,000.00
Mailing Address: 2550 Flowood Drive Suite 402		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BNSF Railway Company	10/15/2010	\$1,000.00
Mailing Address: 2500 Lou Menk Drive AOB-3		
City, State, Zip: Fort Worth, TX 76131		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marcus J Martin	9/24/2010	\$1,000.00
Mailing Address: PO Box 303		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Marcus J. Martin, CPA		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. F.E. Holladay	12/2/2010	\$1,000.00
Mailing Address: 3725 HWY 39 North		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank D. Montague Jr.	12/31/2010	\$1,000.00
Mailing Address: 1002 Estelle		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Self-Employed		
Occupation (Required): Lawyer	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brian Cain	12/28/2010	\$5,000.00
Mailing Address: 16411 Robinson Road		
City, State, Zip: Gulfport, MS 39501		
Name of Employer (Required): Lakeview Healthcare, Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Entertainment Software Assoc.	10/25/2010	\$1,000.00
Mailing Address: 575 7th Street NW, Suite 300		
City, State, Zip: Washington, DC 20004		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Cecil W. Harper	10/15/2010	\$1,000.00
Mailing Address: 169 Way's Way		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Self-Employed		
Occupation (Required): CPA	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Monsanto Company	12/28/2010	\$1,000.00
Mailing Address: 800 North Linbergh		
City, State, Zip: Saint Louis, MO 63167		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Kelly S. Segars, Sr.	6/16/2010	\$1,000.00
Mailing Address: 52 CR 150		
City, State, Zip: Iuka, MS 38852		
Name of Employer (Required): First American National Bank		
Occupation (Required): Founder, Chairman, President	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Kelly S. Segars, Sr.	12/28/2010	\$1,000.00
Mailing Address: 52 CR 150		
City, State, Zip Iuka, MS 38852		
Name of Employer (Required) First American National Bank		
Occupation (Required) Founder, Chairman, President	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John B. Smith, Jr. DMD PA	12/1/2010	\$500.00
Mailing Address: P.O. Drawer 30		
City, State, Zip Forest, MS 39074		
Name of Employer (Required) John B. Smith Jr. DMD PA		
Occupation (Required) Dentist	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Anheuser-Busch Cos., Inc.	9/14/2010	\$1,000.00
Mailing Address: One Busch Place		
City, State, Zip Saint Louis, MO 63118		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Adams and Reese LLP	10/9/2010	\$250.00
Mailing Address: 111 East Capitol Street		
City, State, Zip Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Coalition for Progress	12/31/2010	\$10,000.00
Mailing Address: PO Box 1591		
City, State, Zip Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$35,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Coalition for Progress	12/12/2010	\$25,000.00
Mailing Address: PO Box 1591		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$35,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. T. H. Kendall, III	6/10/2010	\$100.00
Mailing Address: Post Office Box 96		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gaddis Farms		
Occupation (Required): Farmer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. T. H. Kendall, III	7/12/2010	\$200.00
Mailing Address: Post Office Box 96		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gaddis Farms		
Occupation (Required): Farmer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. T. H. Kendall, III	11/17/2010	\$500.00
Mailing Address: Post Office Box 96		
City, State, Zip: Bolton, MS 39041		
Name of Employer (Required): The Gaddis Farms		
Occupation (Required): Farmer	Aggregate year-to-date	\$800.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Corrections Corp. of America	1/19/2010	\$1,000.00
Mailing Address: 10 Burton Hills Boulevard		
City, State, Zip: Nashville, TN 37215		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sheldon Laboratory Systems, Inc.			12/29/2010	\$1,000.00
Mailing Address: Post Office Box 836				
City, State, Zip: Crystal Springs, MS 39059				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Bradford J. Dye III			9/1/2010	\$1,000.00
Mailing Address: 904 S. 11th Street				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): Self-Employed				
Occupation (Required): Dentist			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dwight S. Keady M.D.			12/2/2010	\$1,000.00
Mailing Address: PO Box 186				
City, State, Zip: Union, MS 39365				
Name of Employer (Required): Oncology Associates				
Occupation (Required): Physician			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Russell Scott Anderson			12/2/2010	\$1,000.00
Mailing Address: 1704 23rd Avenue				
City, State, Zip: Meridian, MS 39301				
Name of Employer (Required): Anderson Cancer Center				
Occupation (Required): Physician			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Richard Poole			11/10/2010	\$500.00
Mailing Address: No. 4 Troon				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W.T. Robertson, Jr.			9/17/2010	\$1,000.00
Mailing Address: 65 Holly Ridge Road				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Indianola Pecan House				
Occupation (Required): CEO			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Palmer Insurance Agency, Inc.			12/1/2010	\$500.00
Mailing Address: P.O. Drawer 1449				
City, State, Zip: Forest, MS 39074				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Chris Fountain			12/2/2010	\$500.00
Mailing Address: 1729 Club House Road				
City, State, Zip: Utica, MS 39175				
Name of Employer (Required): Fountain Construction Co., Inc.				
Occupation (Required): Contractor			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tower Loan of MS			10/27/2010	\$1,000.00
Mailing Address: PO Box 320001				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Franc Lee			6/11/2010	\$1,000.00
Mailing Address: Post Office Box 320001				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required): Townner Loans				
Occupation (Required): CEO			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Fidelity National Loans			10/28/2010	\$1,000.00
Mailing Address: PO Box 610				
City, State, Zip: Holly Springs, MS 38635				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. John Pat Grubbs			10/28/2010	\$250.00
Mailing Address: 947 W. Capitol Street				
City, State, Zip: Jackson, MS 39203				
Name of Employer (Required): Gulf Pacific Mortgage				
Occupation (Required): Lender			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Globe Finance Company, Inc.			10/28/2010	\$250.00
Mailing Address: 947 West Capitol Street				
City, State, Zip: Jackson, MS 39203				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James F. Dill, Jr.			10/28/2010	\$1,000.00
Mailing Address: PO Box 50				
City, State, Zip: Dayton, TN 37321				
Name of Employer (Required): Continental Car Club				
Occupation (Required): President			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Spencer E. Medlin			10/28/2010	\$500.00
Mailing Address: PO Box 24087				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): Buddy Medlin & Associates				
Occupation (Required): President			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First Heritage Credit, LLC	10/27/2010	\$1,000.00
Mailing Address: 605 Crescent Blvd. Suite 101		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: First Heritage Credit, LLC	10/28/2010	\$1,000.00
Mailing Address: 605 Crescent Blvd. Suite 101		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: United Motor Club of America Inc	10/9/2010	\$1,000.00
Mailing Address: PO Box 60		
City, State, Zip: Paducah, KY 42002		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dees Management Group, Inc.	10/28/2010	\$1,000.00
Mailing Address: 8440 Bluebonnet Blvd. Suite A		
City, State, Zip: Baton Rouge, LA 70810		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Anton Klingler, II	12/2/2010	\$500.00
Mailing Address: 118 Summers Bay Drive		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Klinger Electric		
Occupation (Required): Executive	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas "Tico" Hoffman	6/18/2010	\$1,000.00
Mailing Address: PO Box 16875		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Tico's Restaurant		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Clinton G. Herring	10/27/2010	\$1,000.00
Mailing Address: 319 Hillview Drive		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Kerieth Corporation		
Occupation (Required): Real-Estate	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Howard L. McMillan Jr	11/15/2010	\$1,000.00
Mailing Address: 1200 Meadowbrook Rd. No. 34		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bobby L. Beebe	12/17/2010	\$500.00
Mailing Address: 300 Cox Crossing		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Magnolia Ancillary Service		
Occupation (Required): Service Manager	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Daniel A. Lyle	10/29/2010	\$2,500.00
Mailing Address: 607 Turnberry Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Lyle Machinery		
Occupation (Required): Executive Vice President	Aggregate year-to-date	\$2,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tiny Belle Anthony			6/11/2010	\$250.00
Mailing Address: 109 Arrowhead Trail				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tiny Belle Anthony			8/2/2010	\$300.00
Mailing Address: 109 Arrowhead Trail				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. E. Kerry Allen			6/28/2010	\$1,000.00
Mailing Address: 9 Lake Hope Lane				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required): Denbury				
Occupation (Required): Manager			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William R. James			12/2/2010	\$12,500.00
Mailing Address: 217 W. Capitol Street Suite 201				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required): Pruet Production Co.				
Occupation (Required): Partner			Aggregate year-to-date	\$12,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Roy Anderson III			8/2/2010	\$1,000.00
Mailing Address: Post Office Box 2				
City, State, Zip: Gulfport, MS 39502				
Name of Employer (Required): Roy Anderson Corp.				
Occupation (Required): Builder			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bobby Graham MD	6/16/2010	\$500.00
Mailing Address: 2306 Twin Lakes Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Jackson Oncology Assoc. PLLC		
Occupation (Required): Physicians	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MMHA-PAC	6/11/2010	\$1,000.00
Mailing Address: PO Box 320369		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. B.J. Canup	6/18/2010	\$250.00
Mailing Address: 102 Francis Drive		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): Self-Employed		
Occupation (Required): Florist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Chip Crane	5/6/2010	\$1,000.00
Mailing Address: PO Box 428		
City, State, Zip: Fulton, MS 38843		
Name of Employer (Required): FL Crane & Sons Inc.		
Occupation (Required): Builder	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Increase Plantation	6/17/2010	\$1,000.00
Mailing Address: PO Box 38		
City, State, Zip: Tunica, MS 38676		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Angela A. Ladner			11/12/2010	\$1,000.00
Mailing Address: 411 Briarwood Drive, Ste 401				
City, State, Zip: Jackson, MS 39206				
Name of Employer (Required): Mississippi Psychiatric Assoc.				
Occupation (Required): Executive Director			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Vishwanath Shenoy			10/27/2010	\$250.00
Mailing Address: 7 Natchez Cove				
City, State, Zip: Clinton, MS 39056				
Name of Employer (Required): Self-Employed				
Occupation (Required): Physician			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Mark S. Smith			11/12/2010	\$250.00
Mailing Address: 119 Fleur De Lis Drive				
City, State, Zip: Vicksburg, MS 39180				
Name of Employer (Required): Astra Zeneca				
Occupation (Required): Pharmaceutical Sales			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gregory C. Rader			12/16/2010	\$1,000.00
Mailing Address: Post Office Box 8670				
City, State, Zip: Columbus, MS 39705				
Name of Employer (Required): Self-Employed				
Occupation (Required): Businessman			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Kenneth D. Dill, Sr.			12/16/2010	\$500.00
Mailing Address: Post Office Box 761				
City, State, Zip: West Point, MS 39773				
Name of Employer (Required): Retired				
Occupation (Required): Retired Mayor			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Spence Flatgard			12/6/2010	\$1,000.00
Mailing Address: 214 Silas Trace				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Capitol Resources				
Occupation (Required): Consultant			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Karen A. Yeager			4/26/2010	\$500.00
Mailing Address: 1901 Stuart Avenue				
City, State, Zip: Ocean Springs, MS 39564				
Name of Employer (Required): Dutko Worldwide				
Occupation (Required): Vice President			Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Karen A. Yeager			12/20/2010	\$1,000.00
Mailing Address: 1901 Stuart Avenue				
City, State, Zip: Ocean Springs, MS 39564				
Name of Employer (Required): Dutko Worldwide				
Occupation (Required): Vice President			Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mitch K. Stringer			10/9/2010	\$250.00
Mailing Address: 129 Rockwood Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Madison Co. Economic Dev. Auth.				
Occupation (Required): Business Development			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ryan L. Pratt			6/1/2010	\$295.00
Mailing Address: 167 Hartfield Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Butler Snow				
Occupation (Required): attorney			Aggregate year-to-date	\$295.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William B. Harvey	12/20/2010	\$250.00
Mailing Address: 102 Queens Wood		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): lawyer	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Guaranty Life Insurance Co.	7/12/2010	\$1,000.00
Mailing Address: PO Box 12409		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James W. Davis	9/1/2010	\$500.00
Mailing Address: 6 Highland Place		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): University of Mississippi		
Occupation (Required): Professor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Neicy Reid	9/1/2010	\$500.00
Mailing Address: 2120 Kingfisher Lane		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Temple Submission		
Occupation (Required): Personal Trainer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clinton Penn Owen, Jr.	6/11/2010	\$2,000.00
Mailing Address: Post Office Box 98		
City, State, Zip: Robinsonville, MS 38664		
Name of Employer (Required): Self-Employed		
Occupation (Required): Farming	Aggregate year-to-date	\$2,320.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clinton Penn Owen, Jr.	10/13/2010	\$320.00
Mailing Address: Post Office Box 98		
City, State, Zip: Robinsonville, MS 38664		
Name of Employer (Required): Self-Employed		
Occupation (Required): Farming	Aggregate year-to-date	\$2,320.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kenneth Hill	6/18/2010	\$500.00
Mailing Address: 25201 Hwy 370		
City, State, Zip: Falkner, MS 38629		
Name of Employer (Required): Hill Brothers Construction Co.		
Occupation (Required): Heavy Const.	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AstraZeneca Services	8/23/2010	\$900.00
Mailing Address: 7516 Jeannette Street		
City, State, Zip: Wilmington, DE 19850		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$900.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bayer HealthCare	9/9/2010	\$1,000.00
Mailing Address: 444 Pembroke Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert W. Wilbur	9/24/2010	\$250.00
Mailing Address: 139 Louis Lefleur Blvd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Ms Dept Environmental Quality		
Occupation (Required): State Employee	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Third Union Finance, Inc.			10/29/2010	\$250.00
Mailing Address: PO Box 400				
City, State, Zip: Olive Branch, MS 38654				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William D. Blakeslee			12/16/2010	\$1,000.00
Mailing Address: 41 Greenbriar Drive				
City, State, Zip: Gulfport, MS 39507				
Name of Employer (Required): self				
Occupation (Required): attorney			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Centene Management Co., LLC			12/29/2010	\$1,000.00
Mailing Address: 111 East Capitol Street, Suite 4				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eli Lilly and Company PAC			9/2/2010	\$5,000.00
Mailing Address: 639 S. Delaware Street				
City, State, Zip: Indianapolis, IN 46285				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R. Pepper Crutcher, Jr			10/28/2010	\$500.00
Mailing Address: PO Box 22587				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): Balch & Bingham				
Occupation (Required): attorney			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Phil Abernethy	10/15/2010	\$2,500.00
Mailing Address: 137 Eastpointe Circle		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Butler, Snow		
Occupation (Required): Attorney	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hancock Bank	12/28/2010	\$1,000.00
Mailing Address: PO Box 4019		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald K. Robinson	6/10/2010	\$50.00
Mailing Address: 6217 Shore Drive		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): I.L.A. Local 1752		
Occupation (Required): business agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald K. Robinson	9/9/2010	\$200.00
Mailing Address: 6217 Shore Drive		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): I.L.A. Local 1752		
Occupation (Required): business agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. J David Fagan	11/12/2010	\$1,000.00
Mailing Address: 4103 Woodlands Circle		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): Vicksburg Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Shamrock Services, Inc.	11/17/2010	\$250.00
Mailing Address: 1501 West Pine Street		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Albert	6/9/2010	\$500.00
Mailing Address: Post Office Box 1567		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Albert & Associates Architect		
Occupation (Required): Architect	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Albert	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 1567		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Albert & Associates Architect		
Occupation (Required): Architect	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kinetic Staffing LLC	7/20/2010	\$500.00
Mailing Address: PO Box 55914		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required): Kinetic Staffing		
Occupation (Required): President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas G. Gresham	6/28/2010	\$1,000.00
Mailing Address: 105 E Gresham Street		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Double Quick		
Occupation (Required): CEO	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas G. Gresham			9/17/2010	\$1,000.00
Mailing Address: 105 E Gresham Street				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Double Quick				
Occupation (Required): CEO			Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lawrence C. Long			9/24/2010	\$1,000.00
Mailing Address: 65 Holly Ridge Road				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Self-Employed				
Occupation (Required): Farmer			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. W. Gresham, III			9/17/2010	\$1,000.00
Mailing Address: PO Box 690				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Gresham Petroleum				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James H Clayton			9/17/2010	\$1,000.00
Mailing Address: 103 E. Gresham				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Planters Bank & Trust				
Occupation (Required): CEO			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pickering, Inc. PAC			10/15/2010	\$500.00
Mailing Address: 460 Briarwood Drive, St. 515				
City, State, Zip: Jackson, MS 39206				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jim Ainsworth	12/20/2010	\$250.00
Mailing Address: 1295 HWY 304		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): Baptist Memorial Hospital		
Occupation (Required): Vice President	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles Davis	12/28/2010	\$1,000.00
Mailing Address: 4081 Davis Road		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): City of Southaven		
Occupation (Required): Mayor	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jon A. Reeves	12/20/2010	\$1,000.00
Mailing Address: 4586 Spring Meadow Way S		
City, State, Zip: Olive Branch, MS 38654		
Name of Employer (Required): Reeves Williams, LLC		
Occupation (Required): Builder	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wanda Jennings	12/20/2010	\$250.00
Mailing Address: 1535 Sherwood Lane		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): State of Mississippi		
Occupation (Required): State Representative	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Laney Funderburk	12/20/2010	\$1,000.00
Mailing Address: 1805 Hawthorne Drive		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): FDL Enterprises, LLC		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Watts Ueltschey	10/15/2010	\$500.00
Mailing Address: 2145 Sheffield Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Brunini, Grantham, Grower, Hewes		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pfizer, Inc.	9/14/2010	\$1,000.00
Mailing Address: 235 E. 42nd Street		
City, State, Zip: New York, NY 10017		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Lamar Cranford	11/18/2010	\$250.00
Mailing Address: 104 Mayfair Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): US Justice Department		
Occupation (Required): Federal Employee	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Shelby Thames	12/12/2010	\$2,500.00
Mailing Address: 37 Bocage Road		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): USM Polymer Science Dept.		
Occupation (Required): Director	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. William H. Gullung III	11/18/2010	\$250.00
Mailing Address: 215 W Canebrake Blvd.		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Dermatology Clin.of Hattiesburg		
Occupation (Required): Dermatologist	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dennis W. Miller	7/20/2010	\$1,000.00
Mailing Address: 529 Windsor Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Watkins, Ludlam, Winter, Stennis		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Indira, Inc.	9/29/2010	\$1,000.00
Mailing Address: 12 Professional Parkway		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Self Employed		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Col. and Mrs. Doyle Wheat	9/24/2010	\$250.00
Mailing Address: 31 Shows Cemetary Road		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): USDA		
Occupation (Required): Soil Tech.	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. John Kirkham Povall	9/24/2010	\$1,000.00
Mailing Address: P.O. Drawer 1199		
City, State, Zip: Cleveland, MS 38732		
Name of Employer (Required): Private Practice Lawyer		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Paul Janoush	9/24/2010	\$1,000.00
Mailing Address: PO Box 397		
City, State, Zip: Rosedale, MS 38769		
Name of Employer (Required): Tugboat Transport		
Occupation (Required): Manager	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. J. Ralph White	9/1/2010	\$250.00
Mailing Address: 105 Glen Eagle Road		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): White Law Firm		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Edward E. Meek	12/6/2010	\$2,500.00
Mailing Address: 1 Oak Place		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Oxford Publishing		
Occupation (Required): Owner	Aggregate year-to-date	\$2,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cooper A. McIntosh M.D.	9/1/2010	\$1,000.00
Mailing Address: 906 Muirfield Drive		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Internal Medician Association		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert A. Denton	9/1/2010	\$500.00
Mailing Address: 3628 Lyles Drive		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): self		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul R. Lambert	12/20/2010	\$200.00
Mailing Address: 119 Hardy St		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Paul Richard Lambert PLLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,200.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Paul R. Lambert	12/20/2010	\$1,000.00
Mailing Address: 119 Hardy St		
City, State, Zip: Hattiesburg, MS 39401		
Name of Employer (Required): Paul Richard Lambert PLLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Prosperity PAC LLC	11/8/2010	\$4,000.00
Mailing Address: PO Box 1869		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry W. Clark	6/18/2010	\$1,000.00
Mailing Address: PO Box 789		
City, State, Zip: Amory, MS 38821		
Name of Employer (Required): Larry Clark Chev. Oldsmo., Cadil		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John I. Brasher	10/28/2010	\$450.00
Mailing Address: 145 Brasher Road		
City, State, Zip: Batesville, MS 38606		
Name of Employer (Required): Treasurer Loans of Batesville		
Occupation (Required): President	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Bobby Shows	9/29/2010	\$250.00
Mailing Address: PO Box 373		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required): Shows Brothers Farm Supply		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Garnett B. West Jr.	12/20/2010	\$1,000.00
Mailing Address: PO Box 39		
City, State, Zip: Olive Branch, MS 38654		
Name of Employer (Required): State Fram Insurance		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Barnet Chiz	9/17/2010	\$500.00
Mailing Address: PO Box 466		
City, State, Zip: Shaw, MS 38773		
Name of Employer (Required): Dixie Tobacco and Candy		
Occupation (Required): Executive	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Charles Jordan Jr.	12/2/2010	\$500.00
Mailing Address: 1 Orchard Place		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): Planters Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John M. Dean Jr.	10/27/2010	\$1,000.00
Mailing Address: P.O. Drawer 272		
City, State, Zip: Leland, MS 38756		
Name of Employer (Required): Self-Employed		
Occupation (Required): Realtor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James Robertson	9/17/2010	\$1,000.00
Mailing Address: 65 Holly Ridge Road		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Wade Dowell	9/24/2010	\$500.00
Mailing Address: 1500 HWY 82 E		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): South Sunflower City Hospital		
Occupation (Required): Family Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. D.E. Dossett	11/15/2010	\$250.00
Mailing Address: PO Box 1667		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required): Dossett Pontiac		
Occupation (Required): Auto Dealer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Fred M. Holmes	9/29/2010	\$250.00
Mailing Address: PO Box 272		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Holmes Services, LLC		
Occupation (Required): Consultant Supervisor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Woods E. Eastland	9/24/2010	\$1,000.00
Mailing Address: 1304 Bayou Drive		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Staplcoth		
Occupation (Required): Chairman	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David B. Allen	9/17/2010	\$1,000.00
Mailing Address: 100 Arbor Lane		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Delta Pride Catfish		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank Biard, Jr.			10/27/2010	\$1,000.00
Mailing Address: 122 Bayou Road				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Henry Paris			9/17/2010	\$1,000.00
Mailing Address: 1 Paris Drive				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Planter's Bank and Trust				
Occupation (Required): Chairman of the Board			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Hal D. Miller, III			8/2/2010	\$500.00
Mailing Address: Post Office Box 1123				
City, State, Zip: Jackson, MS 39215				
Name of Employer (Required): Miller Transporters, Inc.				
Occupation (Required): Executive VP			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allen Beverages, Inc.			6/16/2010	\$500.00
Mailing Address: Post Office Box 2037				
City, State, Zip: Gulfport, MS 39505				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allen Beverages, Inc.			12/30/2010	\$500.00
Mailing Address: Post Office Box 2037				
City, State, Zip: Gulfport, MS 39505				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronnie Herrington	6/28/2010	\$5,000.00
Mailing Address: PO Box 2703		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): Herrington Services		
Occupation (Required): Executive	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chuck Barlow	8/23/2010	\$1,100.00
Mailing Address: 227 Ingleside Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Barlow Eddy Jenkins PA		
Occupation (Required): CEO/Architect	Aggregate year-to-date	\$1,100.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Ronald Wanek	10/21/2010	\$5,000.00
Mailing Address: 1205 Snell Isle Blvd, NE		
City, State, Zip: Saint Petersburg, FL 33704		
Name of Employer (Required): Ashley Furniture		
Occupation (Required): Chairman of the board	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe Trulove	12/31/2010	\$1,000.00
Mailing Address: 2287 White Arches Cove		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): West Point Casket		
Occupation (Required): owner	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Walter C. Scott	7/12/2010	\$500.00
Mailing Address: 3449 McFarland Road		
City, State, Zip: Raymond, MS 39154		
Name of Employer (Required): Self		
Occupation (Required): Business - WCS Industries	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Merck Sharp & Dohme Corp.			8/9/2010	\$1,000.00
Mailing Address: Post Office Box 100				
City, State, Zip: Whitehouse Station, NJ 08889				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John W. McPherson, Jr.			9/17/2010	\$1,000.00
Mailing Address: Post Office Box 690				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Self-Employed				
Occupation (Required): Merchant			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Abbott Lab. Employees PAC			12/2/2010	\$450.00
Mailing Address: 100 Abbott Park Road				
City, State, Zip: North Chicago, IL 60064				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$450.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark A. Worthey			8/2/2010	\$5,000.00
Mailing Address: 1110 Lake Point Circle				
City, State, Zip: Mc Kinney, TX 75070				
Name of Employer (Required): President				
Occupation (Required): McClaren Resources, Inc.			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clare L. Hester			12/29/2010	\$2,000.00
Mailing Address: 148 Oakhurst Trail				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Capitol Resources, LLC				
Occupation (Required): Partner			Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Norfolk Southern Corporation			11/15/2010	\$500.00
Mailing Address: Three Commercial Place				
City, State, Zip: Norfolk, VA 23510				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Grand Trunk Western Railroad			11/15/2010	\$750.00
Mailing Address: Post Office Box 5025				
City, State, Zip: Troy, MI 48007				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AT&T Mississippi PAC			9/9/2010	\$1,000.00
Mailing Address: 175 E. Capital Street, Room 702				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John England			11/15/2010	\$5,000.00
Mailing Address: 2034 Petit Bois Street, South				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Butler Snow				
Occupation (Required): Attorney			Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Don Clark			6/11/2010	\$1,000.00
Mailing Address: Post Office Box 22567				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): Butler Snow				
Occupation (Required): attorney			Aggregate year-to-date	\$6,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Don Clark	11/15/2010	\$5,000.00
Mailing Address: Post Office Box 22567		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Bobbie Thomas	12/31/2010	\$250.00
Mailing Address: 105 Hardy Avenue		
City, State, Zip: Long Beach, MS 39560		
Name of Employer (Required): State of MS		
Occupation (Required): retired/parole board	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf South Hospitality, Inc.	12/20/2010	\$500.00
Mailing Address: 57 Shoreline Lane		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Blackledge Emulsions, Inc.	9/29/2010	\$1,000.00
Mailing Address: 12251 Bernard Parkway, #200		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cloyd and Associates LLC	12/27/2010	\$5,000.00
Mailing Address: 4406 Audubon Trail		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Mobashir Solangi	12/20/2010	\$1,000.00
Mailing Address: 8288 Jennifer Lane		
City, State, Zip: Long Beach, MS 39560		
Name of Employer (Required): Inst. of Marine Mannal Studies		
Occupation (Required): Director	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Comcast Corp. PAC	7/20/2010	\$5,000.00
Mailing Address: 120 North Congress, Suite 640		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Build PAC Fund	6/11/2010	\$1,000.00
Mailing Address: Post Office Box 3556		
City, State, Zip: Jackson, MS 39207		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paula Jines	7/19/2010	\$2,600.00
Mailing Address: 1830 Crane Ridge Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): consultant, Holley, Grubbs		
Occupation (Required): self	Aggregate year-to-date	\$2,600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: School Book Supply of MS LLC	12/29/2010	\$1,000.00
Mailing Address: Post Office Box 1059		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Exxon Mobil Corporation			10/21/2010	\$1,000.00
Mailing Address: Post Office Box 551				
City, State, Zip: Baton Rouge, LA 70821				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Watson			8/23/2010	\$10,000.00
Mailing Address: 178 Augusta Lane				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Watson Quality Ford				
Occupation (Required): Sales			Aggregate year-to-date	\$10,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eutaw Construction Company, Inc.			11/12/2010	\$1,000.00
Mailing Address: Post Office Box 36				
City, State, Zip: Aberdeen, MS 39730				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf States Toyota, Inc.			12/29/2010	\$1,000.00
Mailing Address: 109 N. Post Oak Lane #600				
City, State, Zip: Houston, TX 77024				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Kevin Watson			6/18/2010	\$500.00
Mailing Address: Post Office Box 23546				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): self				
Occupation (Required): attorney			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulfco of Mississippi, Inc.			10/27/2010	\$1,000.00
Mailing Address: 1223 Pass Road				
City, State, Zip: Gulfport, MS 39506				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gary L. Phillips			10/28/2010	\$5,000.00
Mailing Address: 6020 Highland Road				
City, State, Zip: Baton Rouge, LA 70808				
Name of Employer (Required): Republic Finance				
Occupation (Required): Financial Services			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Heath Hall			6/28/2010	\$2,000.00
Mailing Address: 303 Long Cove Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Strategic Marketing Group				
Occupation (Required): President			Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Joe S. McCaskill			11/15/2010	\$500.00
Mailing Address: 30 Winterfield Drive				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Wellington Associates				
Occupation (Required): Commercial Insurance Producer			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Betty Lou Jones			12/2/2010	\$1,000.00
Mailing Address: 3637 Parkway Blvd.				
City, State, Zip: Meridian, MS 39305				
Name of Employer (Required): MS Parole Board				
Occupation (Required): Retired			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jim W. Armstrong	10/18/2010	\$1,000.00
Mailing Address: 3562 Highway 483		
City, State, Zip: Morton, MS 39117		
Name of Employer (Required): State of MS		
Occupation (Required): DFA	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Malt Beverage Assoc. PAC	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 1132		
City, State, Zip: Jackson, MS 39215		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard M. West	9/29/2010	\$1,000.00
Mailing Address: Post Office Box 2906		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): self		
Occupation (Required): business	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sage Advice, Inc.	10/9/2010	\$250.00
Mailing Address: P.O. Box 959		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stanley E. Sullivan, Jr.	6/11/2010	\$5,000.00
Mailing Address: 114 Bridgepointe Boulevard		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Rapid Oil Change, Inc.		
Occupation (Required): Self Employed	Aggregate year-to-date	\$5,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lenard L. Harris, Jr.	12/20/2010	\$20,000.00
Mailing Address: 415 Country Club Drive		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): L & T Construction		
Occupation (Required): contractor	Aggregate year-to-date	\$20,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. F. Blair	6/7/2010	\$250.00
Mailing Address: 104 Summit Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Blair and Bondurant		
Occupation (Required): attorney	Aggregate year-to-date	\$1,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. F. Blair	6/28/2010	\$500.00
Mailing Address: 104 Summit Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Blair and Bondurant		
Occupation (Required): attorney	Aggregate year-to-date	\$1,750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. F. Blair	11/8/2010	\$1,000.00
Mailing Address: 104 Summit Grove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Blair and Bondurant		
Occupation (Required): attorney	Aggregate year-to-date	\$1,750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	6/18/2010	\$1,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$26,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Health Care Association PAC	12/17/2010	\$25,000.00
Mailing Address: 1076 Highland Colony Pkw St 125		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$26,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walgreens Co.	6/4/2010	\$500.00
Mailing Address: 104 Wilmont Road, MS #1444		
City, State, Zip: Deerfield, IL 60015		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walgreens Co.	9/15/2010	\$500.00
Mailing Address: 104 Wilmont Road, MS #1444		
City, State, Zip: Deerfield, IL 60015		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	7/3/2010	\$1,260.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	7/21/2010	\$425.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	7/24/2010	\$625.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	10/10/2010	\$625.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	12/16/2010	\$857.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gouras & Associates	10/18/2010	\$2,500.00
Mailing Address: Post Office Box 1465		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$6,292.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Health Assurances LLC	6/28/2010	\$500.00
Mailing Address: 5903 Ridgewood Road, Suite 310		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Roy Perilloux	6/11/2010	\$1,000.00
Mailing Address: 648 Lakeland East Drive, Suite A		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Perilloux & Associates		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tower Loan of Missouri, Inc.	10/27/2010	\$1,000.00
Mailing Address: Post Office Box 320001		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulfco of Louisiana, Inc.	10/27/2010	\$1,000.00
Mailing Address: PO Box 320001		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William A. Brown	11/15/2010	\$1,000.00
Mailing Address: Post Office Box 16952		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): Brown Bottling Co.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald Van, Jr.	6/7/2010	\$250.00
Mailing Address: 115 Miles Lane		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Region 8		
Occupation (Required): Mental Health Director	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Morris	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Procon, Incorporation		
Occupation (Required): Business Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Morris	11/8/2010	\$1,000.00
Mailing Address: Post Office Box 1897		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Procon, Incorporation		
Occupation (Required): Business Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert E. Sandoz	12/20/2010	\$500.00
Mailing Address: 2366 Beau Chene Drive		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required): Trinity Investment		
Occupation (Required): co-founder	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Roger Flynt	8/2/2010	\$500.00
Mailing Address: 1006 Hayes Avenue		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Roger Flynt	8/23/2010	\$500.00
Mailing Address: 1006 Hayes Avenue		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): retired		
Occupation (Required): retired	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John D. Correnti	12/16/2010	\$1,000.00
Mailing Address: 336 Steeple Chase Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Steel Development LLC		
Occupation (Required): CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gayle Giannini	11/18/2010	\$250.00
Mailing Address: 234 W. Canebrake Blvd		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brooks Eye Center, Inc.	12/6/2010	\$250.00
Mailing Address: 3545 Bluecutt Rd		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William B. Rayburn	12/6/2010	\$5,000.00
Mailing Address: 108 Glen Eagle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): FNC, Inc.		
Occupation (Required): President and CEO	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Valley Services, Inc.	8/2/2010	\$1,000.00
Mailing Address: Post Office Box 5454		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph Miller	12/20/2010	\$1,000.00
Mailing Address: 1016 Country Acres Lane		
City, State, Zip: Hazlehurst, MS 39083		
Name of Employer (Required): Georgetown Telephone Company		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Colin Maloney	6/11/2010	\$500.00
Mailing Address: Post Office Box 1366		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): Century Construction & Realty		
Occupation (Required): Contractor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jay Fenton	8/9/2010	\$5,000.00
Mailing Address: 207 South 13th Avenue		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Venture Oil & Gas		
Occupation (Required): Owner	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Neil Scrimshire	8/9/2010	\$5,000.00
Mailing Address: 9 Heritage Trail		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Venture Oil		
Occupation (Required): President	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jimmy R. Lane	9/15/2010	\$5,000.00
Mailing Address: Post Office Box 1437		
City, State, Zip: Ocean Springs, MS 39566		
Name of Employer (Required): Lane Construction Company		
Occupation (Required): Construction	Aggregate year-to-date	\$10,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jimmy R. Lane	12/20/2010	\$5,000.00
Mailing Address: Post Office Box 1437		
City, State, Zip: Ocean Springs, MS 39566		
Name of Employer (Required): Lane Construction Company		
Occupation (Required): Construction	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John T. Bean III	12/12/2010	\$500.00
Mailing Address: Post Office Drawer 1368		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): University Management Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Clay E. Holladay	12/1/2010	\$500.00
Mailing Address: 304 Timber Ridge Road		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Mississippi Broadcasters LLC		
Occupation (Required): radio broadcasting	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell-Walker Con. Group LLC	8/2/2010	\$500.00
Mailing Address: Post Office Box 1665		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell-Walker Con. Group LLC	9/15/2010	\$250.00
Mailing Address: Post Office Box 1665		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Maxwell-Walker Con. Group LLC	9/15/2010	\$250.00
Mailing Address: Post Office Box 1665		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: K & N Investments, LLC	4/26/2010	\$1,000.00
Mailing Address: 1633 Steele Boulevard		
City, State, Zip: Baton Rouge, LA 70808		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tony Geiger	5/29/2010	\$1,000.00
Mailing Address: 1776 Plantation Boulevard		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Hayes Dent Strategies		
Occupation (Required): consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael E. Johnson	5/26/2010	\$5,000.00
Mailing Address: Post Office Box 12004		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): self		
Occupation (Required): real estate	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ward Mechanical Equipment, Inc.	5/26/2010	\$1,000.00
Mailing Address: Post Office Box 4233		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: WME Applied Systems, LLC			5/26/2010	\$1,000.00
Mailing Address: Post Office Box 4233				
City, State, Zip: Jackson, MS 39296				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael LeBatard			3/16/2010	\$500.00
Mailing Address: 311 Eastview Drive				
City, State, Zip: Biloxi, MS 39531				
Name of Employer (Required): self				
Occupation (Required): architect			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Philip Fisher			6/4/2010	\$2,500.00
Mailing Address: 1012 Post Road				
City, State, Zip: Clinton, MS 39056				
Name of Employer (Required): Hinds County				
Occupation (Required): Supervisor			Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MedScreens, Inc.			6/7/2010	\$1,000.00
Mailing Address: 213 Allyson Cove				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dean Kirby			6/7/2010	\$250.00
Mailing Address: PO Box 54099				
City, State, Zip: Jackson, MS 39288				
Name of Employer (Required): State of Mississippi				
Occupation (Required): Senator			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Huffman & Co CPA			6/7/2010	\$250.00
Mailing Address: PO Box 321330				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steve Rowell			6/7/2010	\$1,000.00
Mailing Address: 2006 Aspen Cove				
City, State, Zip: Brandon, MS 39042				
Name of Employer (Required): Flagstar Corporation				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Atmos Energy PAC			6/7/2010	\$1,000.00
Mailing Address: 790 Liberty Road				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: JoAnn Adams			6/9/2010	\$1,000.00
Mailing Address: Post Office Box 207				
City, State, Zip: Yazoo City, MS 39194				
Name of Employer (Required): Adams Home Center				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ann Marsh			6/10/2010	\$250.00
Mailing Address: 533 Madeleine Court				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Reservoir Library				
Occupation (Required): Library Director			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thompson and Associates, LLC	6/10/2010	\$1,000.00
Mailing Address: Post Office Box 16490		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southern AC Supply, Inc.	6/11/2010	\$250.00
Mailing Address: P.O. Box 97478		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Windsor Mgmt Services, Inc.	6/11/2010	\$250.00
Mailing Address: 7100 Commerce Way, Ste 285		
City, State, Zip: Brentwood, TN 37027		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denton Realty, LLC	6/11/2010	\$250.00
Mailing Address: P.O. Box 2193		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Continental Building & Supply Co	6/11/2010	\$1,000.00
Mailing Address: 2506 Lakeland Drive, Suite 502		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cannon Cochran Mgmt Serv. Inc.			6/11/2010	\$1,000.00
Mailing Address: 2 East Main Street, Suite 208				
City, State, Zip: Danville, IL 61832				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. E. F. Mitcham, Jr			6/11/2010	\$2,500.00
Mailing Address: 73 Napa Valley Circle				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Holley Grubbs Mitcham Phillips				
Occupation (Required): Lawyer/Real Estate Developer			Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph F. Tatum, Jr.			6/11/2010	\$500.00
Mailing Address: 46 Priest Point				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): retired				
Occupation (Required): retired			Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph F. Tatum, Jr.			11/15/2010	\$250.00
Mailing Address: 46 Priest Point				
City, State, Zip: Hattiesburg, MS 39401				
Name of Employer (Required): retired				
Occupation (Required): retired			Aggregate year-to-date	\$750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kirksey and Associates			6/11/2010	\$1,000.00
Mailing Address: P.O. Box 33				
City, State, Zip: Jackson, MS 39205				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. Michael Russ	6/11/2010	\$1,000.00
Mailing Address: 605 Kinsington Court		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Butler Snow		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thad Varner	6/11/2010	\$1,000.00
Mailing Address: 2460 Meadowbrook Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Medhome Spec. Services, LLC	6/11/2010	\$1,000.00
Mailing Address: 1084 Flynt Drive, Suite 450		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Old Fannin Auto Plex	6/11/2010	\$1,000.00
Mailing Address: 1297 Old Fannin Road		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Albert D. Moore	6/11/2010	\$250.00
Mailing Address: P.O. Box 5977		
City, State, Zip: Jackson, MS 39288		
Name of Employer (Required): Albert Moore Insurance, Inc.		
Occupation (Required): owner	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bob's Pool Service			6/11/2010	\$500.00
Mailing Address: 120 Pensola Drive				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bob's Pool Service			6/11/2010	\$500.00
Mailing Address: 120 Pensola Drive				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald G. McClain			6/11/2010	\$1,000.00
Mailing Address: 369 Fannin Landing Circle				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): McClain, McClain, McClain, Inc.				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Wilson La Foe			6/11/2010	\$1,000.00
Mailing Address: 599 Highlnd Colony Pk. Suite 120				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Self				
Occupation (Required): Investments			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lamar Advertising			6/11/2010	\$1,000.00
Mailing Address: 405 Country Place Pkw				
City, State, Zip: Pearl, MS 39208				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: CNCL LLC	6/28/2010	\$10,000.00
Mailing Address: 355 Crossgate Boulevard		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allstate Insurance Company PAC	6/18/2010	\$1,000.00
Mailing Address: 555 Marriott Drive, Suite 400		
City, State, Zip: Nashville, TN 37214		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William C. Gartin	6/16/2010	\$100.00
Mailing Address: 35 S Crownpoint Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William C. Gartin	7/12/2010	\$250.00
Mailing Address: 35 S Crownpoint Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$350.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Matagorda Plantation	6/16/2010	\$1,000.00
Mailing Address: PO Box 38		
City, State, Zip: Tunica, MS 38676		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Omega Plantation			6/16/2010	\$1,000.00
Mailing Address: 1723 Main Street				
City, State, Zip: Tunica, MS 38676				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dolly Marascalco			6/10/2010	\$250.00
Mailing Address: 2585 Jackson Ave				
City, State, Zip: Grenada, MS 38901				
Name of Employer (Required): SavMor Drug Store				
Occupation (Required): Business Owner			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Like Oak Construction			6/10/2010	\$500.00
Mailing Address: 48 Fairway Drive				
City, State, Zip: Natchez, MS 39120				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Passageway Farms			6/17/2010	\$1,000.00
Mailing Address: P.O. Box 38				
City, State, Zip: Tunica, MS 38676				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McClelland Moving & Storage			6/17/2010	\$300.00
Mailing Address: 6252 Winthrop Circle				
City, State, Zip: Jackson, MS 39206				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$300.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brandon Nursing & Rehab Center			6/18/2010	\$5,000.00
Mailing Address: 355 Crossgate Blvd				
City, State, Zip: Brandon, MS 39042				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Senator Lee Yancey			6/18/2010	\$500.00
Mailing Address: P.O. Box 4093				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): State of Mississippi				
Occupation (Required): Senator			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R J Reed			6/18/2010	\$500.00
Mailing Address: 3151 Greenfield Rd				
City, State, Zip: Pearl, MS 39208				
Name of Employer (Required): Reed Food Technology, Inc.				
Occupation (Required): President			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark Baker			6/18/2010	\$500.00
Mailing Address: P.O. Box 947				
City, State, Zip: Brandon, MS 39043				
Name of Employer (Required): State of Mississippi				
Occupation (Required): State Representative			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gary Rhoads			6/18/2010	\$500.00
Mailing Address: 225 Birch Lane				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required): City of Flowood				
Occupation (Required): Mayor			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert W. Jenkins	6/28/2010	\$500.00
Mailing Address: P.O. Box 415		
City, State, Zip: Forest, MS 39074		
Name of Employer (Required): Mid-Mississippi Sales & Service		
Occupation (Required): President	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jerry W. Welch	6/28/2010	\$1,000.00
Mailing Address: 15 Heritage Trail		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): MEA Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill Jenkins	6/28/2010	\$2,500.00
Mailing Address: 155 Sharon-Moss Rd		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Superior Energy		
Occupation (Required): Oil Field Service	Aggregate year-to-date	\$2,500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Oilfield Service and Supply, Inc	6/28/2010	\$1,000.00
Mailing Address: P.O. Box 454		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thermo-Kool/Mid South Industries	6/28/2010	\$500.00
Mailing Address: Post Office Box 989		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: R. Scott Runnels	6/18/2010	\$500.00
Mailing Address: 116 Sundial Rd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Runnels Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Chiropractors PAC	6/11/2010	\$1,000.00
Mailing Address: 4294 Lakeland Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify: In Kind	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Smokehouse BBQ	6/10/2010	\$1,000.00
Mailing Address: 2227 Highway 471		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Floyd Sulser, Jr.	6/18/2010	\$1,000.00
Mailing Address: 105 Bridgeview Circle		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Hoyt Williams, Jr.	6/18/2010	\$2,500.00
Mailing Address: Post Office Box 13037		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required): self		
Occupation (Required): financial advisor	Aggregate year-to-date	\$2,500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Boots Smith Oilfield Serv. LLC			6/28/2010	\$1,000.00
Mailing Address: P.O. Drawer 1987				
City, State, Zip: Laurel, MS 39441				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William Jeanes			6/28/2010	\$1,000.00
Mailing Address: 113 Park Lane				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Self				
Occupation (Required): Writer			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Realtors PAC			6/28/2010	\$5,000.00
Mailing Address: P.O. Box 321000				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Realtors PAC			12/20/2010	\$1,000.00
Mailing Address: P.O. Box 321000				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Realtors PAC			12/2/2010	\$1,000.00
Mailing Address: P.O. Box 321000				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$7,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ellis W. McInnis	6/28/2010	\$295.00
Mailing Address: 98 Oakridge Trail		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): McInnis Electric Company		
Occupation (Required): Executive	Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bobby L. Cox	6/28/2010	\$2,000.00
Mailing Address: P.O. Box 892		
City, State, Zip: Natchez, MS 39121		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Ball	6/28/2010	\$3,000.00
Mailing Address: 533 Duncan Ave		
City, State, Zip: Natchez, MS 39120		
Name of Employer (Required): Self-Employed		
Occupation (Required): Attorney	Aggregate year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Alton J. Hall	6/28/2010	\$2,000.00
Mailing Address: P.O. Box 1165		
City, State, Zip: Vidalia, LA 71373		
Name of Employer (Required): Self		
Occupation (Required): Veteranarian	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leo Joseph	6/28/2010	\$1,000.00
Mailing Address: P.O. Box 17789		
City, State, Zip: Natchez, MS 39122		
Name of Employer (Required): David New Drilling		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Virginia O'Beirne	6/28/2010	\$200.00
Mailing Address: 215 Arlington Ave		
City, State, Zip: Natchez, MS 39120		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$700.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Virginia O'Beirne	6/28/2010	\$500.00
Mailing Address: 215 Arlington Ave		
City, State, Zip: Natchez, MS 39120		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$700.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David Houpt	6/28/2010	\$500.00
Mailing Address: 101 Bob White Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Business Interiors		
Occupation (Required): Sales	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Earl Stubblefield	6/28/2010	\$500.00
Mailing Address: 550 Lake Cavalier Rd		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Jackson Healthcare for Women		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott Coopwood	7/6/2010	\$1,000.00
Mailing Address: Post Office Box 117		
City, State, Zip: Cleveland, MS 38732		
Name of Employer (Required): Coopwood Communications		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Janie P. Jones	7/2/2010	\$2,000.00
Mailing Address: 201 Keith Street, SW, Suite 80		
City, State, Zip: Toomsuba, MS 39364		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James R. Carter	7/6/2010	\$250.00
Mailing Address: 467 North First Street		
City, State, Zip: Rolling Fork, MS 39159		
Name of Employer (Required): self		
Occupation (Required): farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James R. Carter	12/2/2010	\$250.00
Mailing Address: 467 North First Street		
City, State, Zip: Rolling Fork, MS 39159		
Name of Employer (Required): self		
Occupation (Required): farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Legacy Trust -Seago Family	7/6/2010	\$500.00
Mailing Address: Post Office Box 607		
City, State, Zip: McComb, MS 39649		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David McRae	7/12/2010	\$5,000.00
Mailing Address: 65 Eastbrooke Street		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Self		
Occupation (Required): Investor	Aggregate year-to-date	\$6,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David McRae			11/15/2010	\$1,000.00
Mailing Address: 65 Eastbrooke Street				
City, State, Zip: Jackson, MS 39216				
Name of Employer (Required): Self				
Occupation (Required): Investor			Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steven Speights			7/12/2010	\$1,000.00
Mailing Address: 1412 Belle Glade Street				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Women's Specialty Center				
Occupation (Required): physician			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Herbert Ivison, Jr.			7/19/2010	\$1,000.00
Mailing Address: 2631 Lake Circle				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Southern Management Group				
Occupation (Required): real estate management			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leon Henderson			7/19/2010	\$1,000.00
Mailing Address: 2933 Ellisville Blvd				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required): L & D Scrap and Salvage				
Occupation (Required): owner			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brad Thompson			7/19/2010	\$500.00
Mailing Address: Post Office Box 45				
City, State, Zip: Laurel, MS 39441				
Name of Employer (Required): Sullivan and Sullivan				
Occupation (Required): attorney			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brad Thompson	9/29/2010	\$500.00
Mailing Address: Post Office Box 45		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Sullivan and Sullivan		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stacey Dellapenna	7/19/2010	\$2,500.00
Mailing Address: 1216 Barnett Bend Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stephen H. Holley	7/19/2010	\$2,500.00
Mailing Address: 1830 Crane Ridge Drive		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Holley & Associates		
Occupation (Required): financial advisor	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kristie Sims	7/19/2010	\$2,500.00
Mailing Address: 403 Fairgreen Cv		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): Holley, Grubbs		
Occupation (Required): Consultant	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Al A. Gonsoulin	7/19/2010	\$1,000.00
Mailing Address: 10 Muirfield Way		
City, State, Zip: Sugar Land, TX 77479		
Name of Employer (Required): PHI, Inc.		
Occupation (Required): Chairman/CEO	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Global Employment Services, Inc			7/19/2010	\$1,000.00
Mailing Address: 1703 Old Mobile Hwy				
City, State, Zip: Pascagoula, MS 39567				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: GT Devel. & Contracting, LLC			7/19/2010	\$1,000.00
Mailing Address: 1703 Old Mobile Hwy				
City, State, Zip: Pascagoula, MS 39567				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Crystal Medders			7/20/2010	\$295.00
Mailing Address: 400 Oakleigh Circle				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Housewife				
Occupation (Required): Housewife			Aggregate year-to-date	\$295.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Noah			7/20/2010	\$500.00
Mailing Address: P.O. Box 9				
City, State, Zip: Vaiden, MS 39176				
Name of Employer (Required): Noah's Truck Stop, Inc.				
Occupation (Required): President			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Corinth Coca Cola Bottling Works			7/20/2010	\$500.00
Mailing Address: P.O. Box 239				
City, State, Zip: Corinth, MS 38835				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Don Evans	7/20/2010	\$295.00
Mailing Address: 500 E Capitol St., Suite 2		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hertz Jackson One, LLC	7/20/2010	\$1,000.00
Mailing Address: 1522 2nd Street		
City, State, Zip: Santa Monica, CA 90401		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph Blackston	7/20/2010	\$201.00
Mailing Address: 1900 Petit Bois North		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): River Oaks Hospital		
Occupation (Required): Physician	Aggregate year-to-date	\$201.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Roger C. Davis	7/20/2010	\$1,000.00
Mailing Address: 800 Woodlands Parkway, Ste 201		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Woodridge Capital		
Occupation (Required): Partner	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Peoples Construction Corp.	7/20/2010	\$295.00
Mailing Address: 3913 Underwood Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$295.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John P. Clements, III	7/20/2010	\$1,000.00
Mailing Address: 213 Rolling Meadows Rd		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Green Acre Farms		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trey Baxter	7/20/2010	\$295.00
Mailing Address: 109 Windfall Place		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): The Herron Company		
Occupation (Required): Real Estate Developer	Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David B. Craddock	7/20/2010	\$1,000.00
Mailing Address: 2727 Quail Run Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Craddock Oil		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: SC Clinton MS, LLC	7/20/2010	\$2,500.00
Mailing Address: 308 E. Pearl Street, # 200		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clark and Company	7/20/2010	\$300.00
Mailing Address: 1207 Mississippi Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$300.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cross Co Inc			7/20/2010	\$500.00
Mailing Address: 3618 17th Place				
City, State, Zip: Meridian, MS 39305				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Linda Bobbitt			7/20/2010	\$500.00
Mailing Address: 550 Post Road Unit 25-4				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required): Caplin Enterprises, Inc.				
Occupation (Required): Vice-President, Financial Serv			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rameys, Inc.			7/20/2010	\$1,000.00
Mailing Address: 105 Westover Drive				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robbie Aldridge			7/20/2010	\$300.00
Mailing Address: 241 Sycamore Lane				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Trinity Rehab				
Occupation (Required): Physical Therapist			Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kiley Johnson			7/20/2010	\$1,000.00
Mailing Address: 268 Lindsey Lane				
City, State, Zip: Brandon, MS 39042				
Name of Employer (Required): Community Bank				
Occupation (Required): advertising			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: F. Kennedy Sones	7/20/2010	\$300.00
Mailing Address: 2210 Southwood Rd		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): MDA		
Occupation (Required): Project Manager	Aggregate year-to-date	\$300.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. Anderson Thomas, Jr.	7/20/2010	\$295.00
Mailing Address: 108 N. Jefferson St		
City, State, Zip: Macon, MS 39341		
Name of Employer (Required): Noxubee Co. Historical Society		
Occupation (Required): President	Aggregate year-to-date	\$295.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southern Electric Corp of Miss	7/20/2010	\$1,000.00
Mailing Address: P.O. Box 320398		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: RSW Investments, LLC	7/20/2010	\$1,000.00
Mailing Address: 4374 Mangum Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Assn	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Miss Deer Farmers Association	7/20/2010	\$1,000.00
Mailing Address: P.O. Box 189		
City, State, Zip: Toombsub, MS 39364		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jim Spencer	7/22/2010	\$250.00
Mailing Address: 412 Berkshire Drive		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Melissa Williams	7/22/2010	\$400.00
Mailing Address: 127 Hidden Heights		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$400.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph Stroble	7/22/2010	\$250.00
Mailing Address: 4430 Wedgewood Street		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jennifer Ann Rogers	7/22/2010	\$250.00
Mailing Address: 2254 East Manor Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Collins Wohner	7/22/2010	\$250.00
Mailing Address: 1719 Saint Ann Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Grant Sellers	7/22/2010	\$250.00
Mailing Address: Post Office Box 2041		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas R. Crews	7/22/2010	\$300.00
Mailing Address: Post Office Box 650		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ken Heard	7/22/2010	\$250.00
Mailing Address: 118 Sawbridge		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): City of Ridgeland		
Occupation (Required): alderman	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe Nosef	7/22/2010	\$500.00
Mailing Address: 2208 Heritage Hill Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walter J. Brand	7/22/2010	\$300.00
Mailing Address: 116 Bridlewood Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$300.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James J. Crongeyer	7/22/2010	\$300.00
Mailing Address: 912 Brookwood Road		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David Ayers	7/22/2010	\$300.00
Mailing Address: 106 Oakhurst Trail		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lynn Ladner	7/22/2010	\$250.00
Mailing Address: 148 Winged Food Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William Cox	7/22/2010	\$250.00
Mailing Address: 236 Ashcot Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Louis Lanoux	7/22/2010	\$250.00
Mailing Address: 2052 Brecon Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): lawyer	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jane Morgan	7/22/2010	\$250.00
Mailing Address: 3625 Kings Highway		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William F. Goodman III	7/22/2010	\$500.00
Mailing Address: Post Office Box 650		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Douglas Gunn	7/22/2010	\$400.00
Mailing Address: 1477 North Lake Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Ulmer	7/22/2010	\$500.00
Mailing Address: 431 Northpoint Parkway		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paul Stephenson III	7/22/2010	\$500.00
Mailing Address: 3652 Woodward Place		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Watkins and Eager		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rodney Chamblee	7/22/2010	\$1,200.00
Mailing Address: Post Office Box 320219		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Chamblee Co.		
Occupation (Required): Commercial Real Estate	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brad MacNealy	7/21/2010	\$500.00
Mailing Address: 144 Military Drive		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): US DOD		
Occupation (Required): MS Fiscal Officer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Krista Rhemann	7/21/2010	\$2,000.00
Mailing Address: 1781 Cleary Road		
City, State, Zip: Florence, MS 39073		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pawn Investments, Inc.	8/9/2010	\$1,000.00
Mailing Address: 9 Heritage Trail		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lien Oil & Gas Corp	8/9/2010	\$1,000.00
Mailing Address: 9 Heritage Trail		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Venture Oil & Gas, Inc.			8/9/2010	\$1,000.00
Mailing Address: 207 South 13th Avenue				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pioneer Oil & Gas Corp			8/9/2010	\$1,000.00
Mailing Address: 207 South 13th Avenue				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sony Oil & Gas Corp			8/9/2010	\$1,000.00
Mailing Address: 1104 W 1st Street, Suite 4				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Gary Sauls			8/9/2010	\$1,000.00
Mailing Address: Post Office Box 979				
City, State, Zip: Heidelberg, MS 39439				
Name of Employer (Required): Pine Valley Properties				
Occupation (Required): President			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Massengill			8/9/2010	\$500.00
Mailing Address: 111 Forest Gate Circle				
City, State, Zip: Ripley, MS 38663				
Name of Employer (Required): Big M Transportation				
Occupation (Required): Owner			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mickie Fortenberry	8/23/2010	\$250.00
Mailing Address: 289 Fortenberry Road		
City, State, Zip: Tylertown, MS 39667		
Name of Employer (Required): Trustmark National Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: St Pe' and Associates LLC	8/30/2010	\$500.00
Mailing Address: 2901 Magnolia Street		
City, State, Zip: Pascagoula, MS 39568		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Millette Administrators, Inc.	8/30/2010	\$250.00
Mailing Address: 4619 Main Street, Suite A		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Travis L. Lott	9/1/2010	\$5,000.00
Mailing Address: 105 Poplar Point		
City, State, Zip: Pass Christian, MS 39571		
Name of Employer (Required): Gulfport-Biloxi Airport		
Occupation (Required): commissioner	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Travis L. Lott	12/28/2010	\$1,000.00
Mailing Address: 105 Poplar Point		
City, State, Zip: Pass Christian, MS 39571		
Name of Employer (Required): Gulfport-Biloxi Airport		
Occupation (Required): commissioner	Aggregate year-to-date	\$6,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Keefe Commissary Network, LLC	8/30/2010	\$1,000.00
Mailing Address: 10880 Linpage Place		
City, State, Zip: Saint Louis, MO 63132		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Philip A. Shirley	8/30/2010	\$1,500.00
Mailing Address: 118 Old Trace Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Godwin Group		
Occupation (Required): CEO	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Philip A. Shirley	11/15/2010	\$1,000.00
Mailing Address: 118 Old Trace Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Godwin Group		
Occupation (Required): CEO	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: George Malvaney	8/30/2010	\$5,000.00
Mailing Address: 2889 McGuffee Road		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): USES Group		
Occupation (Required): President	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: George Malvaney	11/12/2010	\$5,000.00
Mailing Address: 2889 McGuffee Road		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): USES Group		
Occupation (Required): President	Aggregate year-to-date	\$10,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rebecca B. Garner	9/1/2010	\$500.00
Mailing Address: 123 County Rd 181		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Garrett, Friday & Garner		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Security Holdings, LLC	9/1/2010	\$500.00
Mailing Address: P.O. Box 1156		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marino Enterprises LLC	9/1/2010	\$1,000.00
Mailing Address: 1116 Grant Circle		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chartre Consulting, LTD	9/1/2010	\$1,000.00
Mailing Address: P.O. Box 550		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Bradley Mayo	9/1/2010	\$250.00
Mailing Address: 101 Hillside Drive		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Self		
Occupation (Required): Investments	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rogers Agency, P.A.			9/1/2010	\$500.00
Mailing Address: 415 Rogers Drive				
City, State, Zip: New Albany, MS 38652				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Susan W. Wells			9/1/2010	\$500.00
Mailing Address: 2302 Crane Drive				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): U.S. Senate				
Occupation (Required): Retired			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Robert W. Wilkinson			9/1/2010	\$1,000.00
Mailing Address: 1209 Lake Ave.				
City, State, Zip: Pascagoula, MS 39567				
Name of Employer (Required): Dogan and Wilkinson				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry and Denise Pratt			9/1/2010	\$5,000.00
Mailing Address: Post Office Box 47				
City, State, Zip: Pope, MS 38658				
Name of Employer (Required): First Pharmacy				
Occupation (Required): CEO			Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry and Denise Pratt			12/20/2010	\$10,000.00
Mailing Address: Post Office Box 47				
City, State, Zip: Pope, MS 38658				
Name of Employer (Required): First Pharmacy				
Occupation (Required): CEO			Aggregate year-to-date	\$15,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Coast Distributors, Inc.			9/1/2010	\$1,000.00
Mailing Address: P.O. Box 961				
City, State, Zip: Biloxi, MS 39533				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jesco Maintenance Corporation			9/1/2010	\$200.00
Mailing Address: 2020 McCullough Blvd				
City, State, Zip: Tupelo, MS 38801				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$400.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jesco Maintenance Corporation			9/1/2010	\$200.00
Mailing Address: 2020 McCullough Blvd				
City, State, Zip: Tupelo, MS 38801				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$400.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Carolyn Y. Voyles			9/1/2010	\$200.00
Mailing Address: 177 St. Andrew Drive				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): The Yates Companies				
Occupation (Required): Executive			Aggregate year-to-date	\$5,200.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Carolyn Y. Voyles			11/15/2010	\$5,000.00
Mailing Address: 177 St. Andrew Drive				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): The Yates Companies				
Occupation (Required): Executive			Aggregate year-to-date	\$5,200.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David Rueff	8/9/2010	\$500.00
Mailing Address: 1241 Woodberry Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Baker Donelson		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lee Harrell	8/9/2010	\$400.00
Mailing Address: 106 Winchester Lane		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Baker Donelson		
Occupation (Required): attorney	Aggregate year-to-date	\$400.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jeffrey Wagner	8/9/2010	\$500.00
Mailing Address: 1702 North State Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Baker Donelson		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BakerDonelson Mississippi PAC	8/9/2010	\$10,000.00
Mailing Address: Post Office Box 14167		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$10,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pileum Corporation	8/9/2010	\$500.00
Mailing Address: 190 East Capitol Street, Suite 1		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allergan USA, Inc.			8/9/2010	\$1,000.00
Mailing Address: 721 Sugar Pine Circle				
City, State, Zip: Madisonville, LA 70447				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Darrin Hirsch			9/2/2010	\$250.00
Mailing Address: 821 S. Cleveland				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required): MS School of the Arts				
Occupation (Required): Executive Director			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cliff Brumfield			9/2/2010	\$250.00
Mailing Address: 307 Lakeside Lane NW				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required): Lincoln Chamber of Commerce				
Occupation (Required): Executive VP			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ductz of Jackson & SW MS			9/2/2010	\$1,000.00
Mailing Address: 392 Dale Trail				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William Jacobs			9/2/2010	\$250.00
Mailing Address: 1858 E. Lincoln Road				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required): The Daily Leader				
Occupation (Required): Publisher			Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: G. Dale Smith	9/2/2010	\$1,000.00
Mailing Address: 1941 Hwy. 550 N.W.		
City, State, Zip: Brookhaven, MS 39601		
Name of Employer (Required): Greenbriar Digging Service		
Occupation (Required): Partner	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: M. C. Becker	9/2/2010	\$1,000.00
Mailing Address: 506 W. Chippewa		
City, State, Zip: Brookhaven, MS 39601		
Name of Employer (Required): Self		
Occupation (Required): Real Estate	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Check Exchange of MS, Inc.	9/2/2010	\$1,000.00
Mailing Address: 711 Brookway Blvd.		
City, State, Zip: Brookhaven, MS 39601		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Saturn of Jackson	9/2/2010	\$1,000.00
Mailing Address: 5728 I-55 North		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sunstates Holdings, Inc.	9/15/2010	\$500.00
Mailing Address: 723 Howard Avenue		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Kirk Ladner	9/15/2010	\$300.00
Mailing Address: 18226 Hwy 53		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): Self		
Occupation (Required): Construction	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W.T. Avara, III	9/15/2010	\$250.00
Mailing Address: 1307 Westwood St		
City, State, Zip: Pascagoula, MS 39567		
Name of Employer (Required): Self		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Foundation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marine Resources Foundation	9/15/2010	\$250.00
Mailing Address: 1141 Bayview Avenue		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Foundation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marine Resources Foundation	12/28/2010	\$250.00
Mailing Address: 1141 Bayview Avenue		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vivian Dailey	9/15/2010	\$250.00
Mailing Address: 2135 Kingslea Dr.		
City, State, Zip: Gautier, MS 39553		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Elliot Davis	9/15/2010	\$2,000.00
Mailing Address: 3025 Oakleigh Circle		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): Decorative Concrete Design		
Occupation (Required): Owner	Aggregate year-to-date	\$2,250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Elliot Davis	12/20/2010	\$250.00
Mailing Address: 3025 Oakleigh Circle		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): Decorative Concrete Design		
Occupation (Required): Owner	Aggregate year-to-date	\$2,250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tony and Martha Parnell	9/15/2010	\$5,000.00
Mailing Address: 15701 Hwy 57		
City, State, Zip: Van Cleave, MS 39565		
Name of Employer (Required): Tony Parnell Construction Co.		
Occupation (Required): Owner	Aggregate year-to-date	\$5,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rhodes Enterprises, LLC	9/15/2010	\$2,000.00
Mailing Address: P.O. Box 1146		
City, State, Zip: Escatawpa, MS 39552		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Linden B. Brashier	9/15/2010	\$2,000.00
Mailing Address: 12461 Preservation Drive		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Jimmy Vice	9/15/2010	\$4,000.00
Mailing Address: 9024 Ollie Vice Road		
City, State, Zip: Moss Point, MS 39562		
Name of Employer (Required): Vice Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$4,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vice Construction Co.	9/15/2010	\$1,000.00
Mailing Address: 9712 Hwy 63		
City, State, Zip: Moss Point, MS 39562		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: H & H Development, LLC	9/15/2010	\$1,000.00
Mailing Address: P.O. Box 5188		
City, State, Zip: Van Cleave, MS 39565		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: H & H Development, LLC	12/20/2010	\$5,000.00
Mailing Address: P.O. Box 5188		
City, State, Zip: Van Cleave, MS 39565		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$6,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BPD Management Corp.	9/15/2010	\$250.00
Mailing Address: 6520 Sunplex Drive		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Muriel M. Palazzo	9/15/2010	\$250.00
Mailing Address: P.O. Box 1413		
City, State, Zip: Gulfport, MS 39506		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mississippi Assoc. for HomeCare	9/14/2010	\$1,000.00
Mailing Address: 134 Fairmont Street, Suite B		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Motorola	9/14/2010	\$1,000.00
Mailing Address: Post Office Box 24087		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Assoc	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southeastern Game Ranchers	9/2/2010	\$500.00
Mailing Address: 4147 Ruby Rd		
City, State, Zip: Crystal Springs, MS 39059		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Reed's Metals, Inc.	9/14/2010	\$1,000.00
Mailing Address: 19 E. Lincoln Dr. NE		
City, State, Zip: Brookhaven, MS 39601		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Atlas Manufacturing Co., Inc.			9/14/2010	\$500.00
Mailing Address: Post Office Box 1969				
City, State, Zip: Monticello, MS 39654				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lester O. Williams Invest, LP			9/14/2010	\$1,000.00
Mailing Address: 1999 New Sight Drive, N.E.				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MSRG Properties, LLC			9/14/2010	\$1,000.00
Mailing Address: 1012 D.A. Biglane Drive				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Linda P. Ebbers			9/14/2010	\$1,000.00
Mailing Address: 505 S. Jackson St.				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required): Homemaker				
Occupation (Required): Homemaker			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cecil P. Estess			9/14/2010	\$1,000.00
Mailing Address: 1533 New Sight Dr. NE				
City, State, Zip: Brookhaven, MS 39601				
Name of Employer (Required): Dickerson and Bowen				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William C. Reeves	9/14/2010	\$1,000.00
Mailing Address: 401 E. Capitol St Suite 200		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required): Balch and Bingham LLP		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William L. Smith	9/14/2010	\$1,000.00
Mailing Address: 1200 Meadowbrook, Unit 18		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required): Balch and Bingham LLP		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tim Ford	9/14/2010	\$5,000.00
Mailing Address: P.O. Box 22587		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required): Balch and Bingham LLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott E. Andress	9/14/2010	\$1,000.00
Mailing Address: 758 Arlington Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Balch and Bingham LLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Christian Blue Waddell	9/14/2010	\$1,000.00
Mailing Address: 1600 Linden Place		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Balch and Bingham LLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Armin J. Moeller, Jr.	9/14/2010	\$1,000.00
Mailing Address: 346 St. Andrews Dr		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Balch and Bingham LLC		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Liberty Bank	9/9/2010	\$1,000.00
Mailing Address: 2714 Canal Street		
City, State, Zip: New Orleans, LA 70119		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Lee Bond	9/9/2010	\$250.00
Mailing Address: 5500 Rithcer Road		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): MS Power		
Occupation (Required): Accountant/Analyst	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Robert O. Sledge	9/17/2010	\$1,000.00
Mailing Address: P.O. Box 9		
City, State, Zip: Sunflower, MS 38778		
Name of Employer (Required): Sunflower Enterprises, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Beau MacNealy	9/17/2010	\$1,000.00
Mailing Address: P.O. Box 118		
City, State, Zip: Inverness, MS 38753		
Name of Employer (Required): self		
Occupation (Required): farmer	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Ronald W. Cassada	9/17/2010	\$500.00
Mailing Address: P.O. Drawer A		
City, State, Zip Indianola, MS 38751		
Name of Employer (Required) Gardner Engineering P.A.		
Occupation (Required) Engineer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David P. Fisher	9/17/2010	\$250.00
Mailing Address: 1300 Bayou Drive		
City, State, Zip Indianola, MS 38751		
Name of Employer (Required) David Fisher Realty & Appraisals		
Occupation (Required) Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ann and Wheeler Timbs	9/17/2010	\$500.00
Mailing Address: P.O. Box 579		
City, State, Zip Moorhead, MS 38761		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Windham	9/17/2010	\$1,000.00
Mailing Address: 4 Thames Avenue		
City, State, Zip Laurel, MS 39440		
Name of Employer (Required) Robison Tire Company		
Occupation (Required) Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James Clay Hays, Jr.	9/17/2010	\$500.00
Mailing Address: 5 Laurel Cove		
City, State, Zip Jackson, MS 39211		
Name of Employer (Required) self		
Occupation (Required) physician	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Arrow Printers			9/23/2010	\$766.00
Mailing Address: 447 Highway 80				
City, State, Zip: Clinton, MS 39056				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$766.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Allen Snowden			9/24/2010	\$250.00
Mailing Address: Box 751				
City, State, Zip: Moorhead, MS 38761				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. William L. Kennedy			9/24/2010	\$1,000.00
Mailing Address: 13 Kennedy Road				
City, State, Zip: Inverness, MS 38753				
Name of Employer (Required): Jimmy Sanders, Inc.				
Occupation (Required): Agriculture			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bob and Millie Clark			9/24/2010	\$500.00
Mailing Address: P.O. Box 518				
City, State, Zip: Moorhead, MS 38761				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Turner Arant			9/24/2010	\$1,000.00
Mailing Address: 414 Blaine Road				
City, State, Zip: Sunflower, MS 38778				
Name of Employer (Required): Self				
Occupation (Required): Farming			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joel Bomgaars	9/24/2010	\$1,000.00
Mailing Address: 5624 Brentwood Dr		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Bomgar		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Northrop Grumman	9/24/2010	\$1,000.00
Mailing Address: 4101 Washington Avenue		
City, State, Zip: Newport News, VA 23607		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mitch and Jamie Stennett	9/24/2010	\$250.00
Mailing Address: 48 Family Circle		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required): E.D.A. of Jones County		
Occupation (Required): Economic Developer	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Harris Dental Clinic, Inc.	9/24/2010	\$500.00
Mailing Address: 701 North 16th Avenue		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tommy and Lynette Fulton	9/24/2010	\$250.00
Mailing Address: 3 Katyford Drive		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Atlas Roofing Corporation		
Occupation (Required): Human Resources Manager	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Howard Transportation, Inc.			9/24/2010	\$1,000.00
Mailing Address: P.O. Box 586				
City, State, Zip: Laurel, MS 39441				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John P. Chism			9/24/2010	\$1,000.00
Mailing Address: 29 Eureka Planation				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Irrigation Equipment, Inc.				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill and Cindy Baird			9/24/2010	\$500.00
Mailing Address: 54 Round Lake Lane				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Community Bank, North Miss				
Occupation (Required): Banker			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott and Emily Shafer			9/24/2010	\$250.00
Mailing Address: 813 West Gresham St				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Double Quick, Inc.				
Occupation (Required): Vice President - Ops			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. John McPherson			9/24/2010	\$250.00
Mailing Address: 105 East Augusta Street				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Edward C. Robinson	9/24/2010	\$250.00
Mailing Address: 301 East Gresham		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): MS Huntington Point		
Occupation (Required): Executive	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Elizabeth Gresham Veazey	9/24/2010	\$250.00
Mailing Address: 1 Morningside Drive		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ann Hopkins Gresham	9/24/2010	\$250.00
Mailing Address: 306 Catchings Ave		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Susan Allen	9/24/2010	\$1,000.00
Mailing Address: 100 Arbor Lane		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ned A. Mitchell	9/24/2010	\$1,000.00
Mailing Address: 105 South Court Street		
City, State, Zip: Cleveland, MS 38732		
Name of Employer (Required): Self		
Occupation (Required): Insurance	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Travis H. Satterfield	9/24/2010	\$1,000.00
Mailing Address: 313 Palmer Satterfield Road		
City, State, Zip: Benoit, MS 38725		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William M. Pitts	9/24/2010	\$1,000.00
Mailing Address: P.O. Box 925		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rex Morgan	9/24/2010	\$500.00
Mailing Address: 11 Woodbine Lane		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. N. Denton Rogers, Jr.	9/24/2010	\$250.00
Mailing Address: 101 Arbor Lane		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sherry Gaston	9/24/2010	\$500.00
Mailing Address: 100 Dogwood Circle		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hard Cash Planting Company			9/24/2010	\$500.00
Mailing Address: P.O. Box 599				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eureka Plantation			9/24/2010	\$1,000.00
Mailing Address: 28 Eureka Plantation Road				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Magic Mart Pharmacy, Inc.			9/24/2010	\$250.00
Mailing Address: Hwy 82 E				
City, State, Zip: Indianola, MS 38751				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Daniels Aviation, Inc.			9/24/2010	\$750.00
Mailing Address: 1111 Montgomery Drive				
City, State, Zip: Inverness, MS 38753				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$750.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bruce J. Brumfield			9/24/2010	\$250.00
Mailing Address: P.O. Box 165				
City, State, Zip: Inverness, MS 38753				
Name of Employer (Required): Self				
Occupation (Required): Farmer			Aggregate year-to-date	\$750.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bruce J. Brumfield	12/1/2010	\$500.00
Mailing Address: P.O. Box 165		
City, State, Zip: Inverness, MS 38753		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$750.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank O. Crosthwait, Jr.	9/24/2010	\$250.00
Mailing Address: P.O. Box 29		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lard Oil Company	9/29/2010	\$1,000.00
Mailing Address: P.O. Box 9		
City, State, Zip: Denham Springs, LA 70727		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John G. Roach, III	10/2/2010	\$250.00
Mailing Address: 529 Silverstone Dr		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): City of Jackson		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: J. Todd and Melanie Barrett	10/2/2010	\$500.00
Mailing Address: 204 Ivy Brooks Ct		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Covenant Pharmacy		
Occupation (Required): Pharmacist	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Scott Carlton	10/2/2010	\$300.00
Mailing Address: 3935 Eastline Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): CARE		
Occupation (Required): Physician	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lew and Jade Yoder	9/20/2010	\$250.00
Mailing Address: 315 N. Magnolia Street		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jimmy's Hotshot Services	9/29/2010	\$250.00
Mailing Address: 4 Craven Dr		
City, State, Zip: Soso, MS 39480		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joe D. Robison, Jr.	9/29/2010	\$1,000.00
Mailing Address: P.O. Box 545		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Robison Tire Co.		
Occupation (Required): Co-owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bob Billingsley	9/29/2010	\$1,000.00
Mailing Address: 14 Brianleigh Drive		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Sanderson Farms		
Occupation (Required): Development Director	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jason W. Smith	9/29/2010	\$250.00
Mailing Address: P.O. Drawer 1987		
City, State, Zip: Laurel, MS 39441		
Name of Employer (Required): Boots Smith Oilfield Services		
Occupation (Required): Owner/Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard L. Yoder	9/29/2010	\$250.00
Mailing Address: 1642 Lake Park Crive		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Gilchrist Sumrall Yoder & Boone		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Samuel S. McHard	9/29/2010	\$1,000.00
Mailing Address: 369 Pittman Road		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael Burroughs	9/29/2010	\$250.00
Mailing Address: 7 Ashton Court		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required): Burroughs Diesel		
Occupation (Required): Sales	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Edgar M. Foster, III	9/29/2010	\$1,000.00
Mailing Address: P.O. Box 2186		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): Mac's Commercial Heating and Air		
Occupation (Required): Self Employed	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Clay Robison, Jr.			9/29/2010	\$1,000.00
Mailing Address: 15 Jomar Road				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required): Robison Tire Company				
Occupation (Required): Co-Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John C. Robinson			9/29/2010	\$1,000.00
Mailing Address: P.O. Box 545				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required): Robison Tire Company				
Occupation (Required): Owner			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael W. Chancellor			9/29/2010	\$250.00
Mailing Address: P.O. Drawer 7				
City, State, Zip: Laurel, MS 39441				
Name of Employer (Required): Chancellor Support, Inc.				
Occupation (Required): President			Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sullivan and Sullivan			9/29/2010	\$1,000.00
Mailing Address: 415 N. Magnolia Street, Ste 406				
City, State, Zip: Laurel, MS 39441				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Martin & Martin Auctioneers MS			9/29/2010	\$1,000.00
Mailing Address: 2236 Highway 49				
City, State, Zip: Brooklyn, MS 39425				
Name of Employer (Required):				
Occupation (Required):			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vincent Scooper	9/29/2010	\$250.00
Mailing Address: P.O. Box 2366		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): self		
Occupation (Required): Geologist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Peter and Teresa Wilkinson	9/29/2010	\$250.00
Mailing Address: 110 Red Oak Court		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): AFLAC		
Occupation (Required): State Training Coordinator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Cassie Pennington	9/29/2010	\$125.00
Mailing Address: 100 South Walker Circle		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Delta Council		
Occupation (Required): President	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Cassie Pennington	12/2/2010	\$200.00
Mailing Address: 100 South Walker Circle		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Delta Council		
Occupation (Required): President	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Percy Maples	9/29/2010	\$500.00
Mailing Address: 150 Fairley Cemetery Road		
City, State, Zip: Lucedale, MS 39452		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Douglas R. Holden	9/29/2010	\$3,000.00
Mailing Address: 2525 Duck Lake Drive		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required): construction		
Occupation (Required): self	Aggregate year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walter M. Denny, Jr.	9/29/2010	\$500.00
Mailing Address: 800 Woodlands Parkway Ste 118		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Barksdale Management		
Occupation (Required): CPA	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Michael M. Anderson	9/29/2010	\$250.00
Mailing Address: 410 Hwy 82 E.		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Anderson Insurance		
Occupation (Required): Insurance Sales	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robinson Electric Company, Inc.	9/29/2010	\$250.00
Mailing Address: P.O. Box 236		
City, State, Zip: Cleveland, MS 38732		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trey Crawford	9/29/2010	\$1,000.00
Mailing Address: 16 Huckabee Lane		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Self		
Occupation (Required): Pharmacist	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Holly R. Ratcliff	10/9/2010	\$500.00
Mailing Address: P.O. Box 1453		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required): Ratcliff Law Office		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: David Cox	10/9/2010	\$250.00
Mailing Address: 208 Key Drive, Suite C		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Self		
Occupation (Required): Realtor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: G L & F Limited Partnership	10/9/2010	\$1,000.00
Mailing Address: 760 Cedar Hill Road		
City, State, Zip: Flora, MS 39071		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Diagnostic Srv. of Madison, LLC	10/9/2010	\$1,000.00
Mailing Address: 760 Cedar Hill Road		
City, State, Zip: Flora, MS 39071		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The MS School of Protocol	10/9/2010	\$250.00
Mailing Address: P.O. Box 320995		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Internal Med & Ped. Assoc. PLLC	10/9/2010	\$250.00
Mailing Address: 6919 Old Canton Road		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Claude H. Hewitt, Jr.	10/9/2010	\$500.00
Mailing Address: 204 Helena Lane		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Aflac		
Occupation (Required): Aflac Region Coordinator	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Davis A. Richards, III	10/9/2010	\$1,000.00
Mailing Address: 2648 West Lakeshore Drive		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Health Mgmt Associates, Inc.		
Occupation (Required): Vice President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Mark Mayfield	10/9/2010	\$250.00
Mailing Address: 109 Cherry Laurel Lane		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Palladium Properties, LLC	10/9/2010	\$500.00
Mailing Address: P.O. Box 1257		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Numedrx Pharmacy Solutions	10/9/2010	\$1,000.00
Mailing Address: 2 Old River Place, Suite J		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William J. Shanks	10/9/2010	\$1,000.00
Mailing Address: P.O. Box 100		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required): South Madison Co. Dev. Company		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Lance Nail	10/9/2010	\$250.00
Mailing Address: 19 Avery Knis		
City, State, Zip: Hattiesburg, MS 39402		
Name of Employer (Required): University of Southern MS		
Occupation (Required): Dean, Professor of Finance	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. W Mac Elliott	10/9/2010	\$10,000.00
Mailing Address: P.O. Box 5199		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required): National Aviation		
Occupation (Required): President	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert T. Elmore	10/9/2010	\$500.00
Mailing Address: P.O. Box 8		
City, State, Zip: Aberdeen, MS 39730		
Name of Employer (Required): Eutaw Construction		
Occupation (Required): executive	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert T. Elmore	11/12/2010	\$500.00
Mailing Address: P.O. Box 8		
City, State, Zip: Aberdeen, MS 39730		
Name of Employer (Required): Eutaw Construction		
Occupation (Required): executive	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael C. Bollenbacher	10/9/2010	\$250.00
Mailing Address: 15206 Ventura Blvd, Ste 306		
City, State, Zip: Sherman Oaks, CA 91403		
Name of Employer (Required): Agora Property		
Occupation (Required): Real Estate Investments	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. G. Ron Guins	10/9/2010	\$4,000.00
Mailing Address: 133 Pine Street		
City, State, Zip: Hazlehurst, MS 39083		
Name of Employer (Required): Pinecrest Nursing		
Occupation (Required): Executive	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. G. Ron Guins	10/15/2010	\$1,000.00
Mailing Address: 133 Pine Street		
City, State, Zip: Hazlehurst, MS 39083		
Name of Employer (Required): Pinecrest Nursing		
Occupation (Required): Executive	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Walley Naylor	10/9/2010	\$250.00
Mailing Address: 206 Breezy Hill Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): MDHS		
Occupation (Required): Division Manager	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Rodney E. Carney	10/9/2010	\$250.00
Mailing Address: 100 Wildwood Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): BankPlus		
Occupation (Required): Banker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James H. Herring	10/9/2010	\$1,800.00
Mailing Address: P.O. Box 344		
City, State, Zip: Canton, MS 39046		
Name of Employer (Required): Self		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,800.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lee Hawkins Realty, Inc.	10/15/2010	\$500.00
Mailing Address: P.O. Box 58		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Guy W. Edwards	10/15/2010	\$1,000.00
Mailing Address: 202 Agency Burn		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Allpharm		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Steven L. Richardson	10/15/2010	\$1,000.00
Mailing Address: 194 SundownRoad		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): First Choice Medical Supply		
Occupation (Required): Officer	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Louis G. Fuller	10/15/2010	\$500.00
Mailing Address: 802 Woodland Pine		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required): Brunini		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James L. Halford	10/15/2010	\$500.00
Mailing Address: 155 Southern Ridge Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Butler Snow		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Granville Tate, Jr.	10/15/2010	\$500.00
Mailing Address: 1716 Saint Ann Street		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Brunini		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Wade, Jr.	10/15/2010	\$500.00
Mailing Address: 2417 Eastover Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Brunini		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Charles L. McBride, Jr.	10/15/2010	\$500.00
Mailing Address: 202 Morningside S		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Brunini		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Samuel C. Kelly	10/15/2010	\$500.00
Mailing Address: 111 Spring Oak Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Brunini		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Thomas G. Hixon	10/15/2010	\$5,500.00
Mailing Address: 149 Woodmont Way		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Self		
Occupation (Required): Investments	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Charles F. Porter	10/15/2010	\$2,500.00
Mailing Address: 117 Woodmont Way		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Barksdale Bonding		
Occupation (Required): Insurance Executive	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: S. H. Anthony, Inc.	10/15/2010	\$5,000.00
Mailing Address: P.O. Box 3719		
City, State, Zip: Gulfport, MS 39505		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Baker Services	10/15/2010	\$1,000.00
Mailing Address: P.O. Box 6717		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Williams Furniture & Appliances			10/18/2010	\$500.00
Mailing Address: P.O. Box 1064				
City, State, Zip: Tunica, MS 38676				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dale Danks			10/28/2010	\$1,000.00
Mailing Address: 213 South Lamar Street				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required): Danks, Miller & Cory				
Occupation (Required): Attorney			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: American Federated Insurance Co.			10/27/2010	\$1,000.00
Mailing Address: P.O. Box 321422				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Franc Lee			10/27/2010	\$1,000.00
Mailing Address: 402 Daniel Drive				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Tower Loan				
Occupation (Required): CEO			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Kenneth G. Robinson			10/27/2010	\$250.00
Mailing Address: 228 Robinson Oakes Grove				
City, State, Zip: Canton, MS 39046				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: 1st Heritage Credit of Louisiana	10/27/2010	\$1,000.00
Mailing Address: 605 Crescent Blvd, Suite 101		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: 1st Heritage Credit of Miss.	10/27/2010	\$1,000.00
Mailing Address: 605 Crescent Blvd, Suite 101		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: 1st Heritage Credit of Tennessee	10/29/2010	\$1,000.00
Mailing Address: 605 Crescent Blvd, Suite 101		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Howard C. Waring	10/27/2010	\$2,500.00
Mailing Address: P.O. Box 66		
City, State, Zip: Vicksburg, MS 39181		
Name of Employer (Required): Waring Oil		
Occupation (Required): Executive	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Barbara T. Russell	10/27/2010	\$250.00
Mailing Address: 1608 Baywood Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Home, LLP		
Occupation (Required): Senior Manager	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Panola Check Delay			10/28/2010	\$150.00
Mailing Address: 126-A South Main Street				
City, State, Zip: Sardis, MS 38666				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$300.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Panola Check Delay			10/28/2010	\$150.00
Mailing Address: 126-A South Main Street				
City, State, Zip: Sardis, MS 38666				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$300.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: 1st Franklin Financial			10/28/2010	\$1,000.00
Mailing Address: P.O. Box 880				
City, State, Zip: Toccoa, GA 30577				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: ATCO Company Inc of Carthage			10/28/2010	\$250.00
Mailing Address: P.O. Box 500				
City, State, Zip: Carthage, MS 39051				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Foremost Finance Corp.			10/28/2010	\$1,000.00
Mailing Address: 8017 Jefferson Hwy, Suite B-1				
City, State, Zip: Baton Rouge, LA 70809				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Third Union Finance, Inc.			10/28/2010	\$250.00
Mailing Address: P.O. Box 1651				
City, State, Zip: Corinth, MS 38835				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Third Union Finance, Inc.			10/28/2010	\$250.00
Mailing Address: P.O. Box 631				
City, State, Zip: Iuka, MS 38852				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Third Union Finance, Inc.			10/28/2010	\$250.00
Mailing Address: P.O. Box 279				
City, State, Zip: Clarksdale, MS 38614				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Liberty Finance Company, Inc.			10/28/2010	\$250.00
Mailing Address: 254 South Main Street				
City, State, Zip: Grenada, MS 38901				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James P. Smith			10/28/2010	\$1,500.00
Mailing Address: 108 Cedar Ridge Cove				
City, State, Zip: Saultillo, MS 38866				
Name of Employer (Required): 1st Franklin Financial				
Occupation (Required): Vice President of Operations			Aggregate year-to-date	\$1,500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tower Auto Loan, Inc.			10/27/2010	\$1,000.00
Mailing Address: P.O. Box 320001				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Norman E. Moore			10/28/2010	\$1,000.00
Mailing Address: 240 Johnstone Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Home CPA Group				
Occupation (Required): CPA			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ann Cleland			10/28/2010	\$1,000.00
Mailing Address: 558 Asbury Lane Drive				
City, State, Zip: Pearl, MS 39208				
Name of Employer (Required): Long & Foster				
Occupation (Required): Broker			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Oakes Toyota			11/10/2010	\$250.00
Mailing Address: 1753 Highway 1 South				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronny Roy			11/3/2010	\$500.00
Mailing Address: 1415 Baum Street				
City, State, Zip: Vicksburg, MS 39180				
Name of Employer (Required): Southern Computer Service				
Occupation (Required): Owner			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: TempStaff			11/3/2010	\$1,000.00
Mailing Address: 962 North Street				
City, State, Zip: Jackson, MS 39202				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Donald E. Meiners			11/8/2010	\$1,000.00
Mailing Address: 230 Winged Foot Circle				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Entergy				
Occupation (Required): Retired			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ronald R. Broadway			10/29/2010	\$2,500.00
Mailing Address: 17950 Preston Road, Ste. 200				
City, State, Zip: Dallas, TX 75252				
Name of Employer (Required): Broadway Minerals				
Occupation (Required): President			Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wal-Mart Stores, Inc. PAC			10/29/2010	\$1,000.00
Mailing Address: 702 SW 8th Street				
City, State, Zip: Bentonville, AR 72716				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James D. Lyle			10/29/2010	\$2,500.00
Mailing Address: P.O. Box 23087				
City, State, Zip: Jackson, MS 39225				
Name of Employer (Required): Lyle Machinery				
Occupation (Required): Vice President			Aggregate year-to-date	\$2,500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gaylon M. Lawrence, Jr.	10/29/2010	\$1,000.00
Mailing Address: 4007 Hillsboro Road		
City, State, Zip: Nashville, TN 37215		
Name of Employer (Required): TN Bank and Trust		
Occupation (Required): Vice Chairman	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John H. Agnone	10/29/2010	\$1,000.00
Mailing Address: 101 Golding Blvd		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): River Region Hospital		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. A.J. (Buddy) Dees	10/29/2010	\$250.00
Mailing Address: 100 Lakewood Hills		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): Self Employed		
Occupation (Required): Dentist - Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Walter E Johnson, Jr.	10/29/2010	\$250.00
Mailing Address: 100 Dover Way		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required): River Region Health Systems		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Eddie Anders	11/12/2010	\$500.00
Mailing Address: Post Office Box 7179		
City, State, Zip: Jackson, MS 39282		
Name of Employer (Required): Deviney Equipment		
Occupation (Required): executive	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: T.H.E. Const. & Recreation, LLC	11/12/2010	\$2,000.00
Mailing Address: Post Office Box 1127		
City, State, Zip: Taylorsville, MS 39168		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Arcon Group MS, LLC	11/12/2010	\$5,000.00
Mailing Address: P.O. Box 1363		
City, State, Zip: Clinton, MS 39060		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Knepp Incorporated	11/12/2010	\$1,000.00
Mailing Address: 3604 Wyldwood Road		
City, State, Zip: Austin, TX 78739		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Swetman Security Services, Inc	11/12/2010	\$1,000.00
Mailing Address: 180 Delauney Street		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robinson Mayer Enterprises, LLC	11/12/2010	\$1,000.00
Mailing Address: 1311 Spring Street, Suite B		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Daniel D. Guice	11/12/2010	\$250.00
Mailing Address: 13825 Paraiso Road		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): Parole Board		
Occupation (Required): Member	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Geri L. Weiland	11/12/2010	\$250.00
Mailing Address: P.O. Box 32		
City, State, Zip: Vicksburg, MS 39181		
Name of Employer (Required): River Region Medical Center		
Occupation (Required): Physician	Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vicksburg Women's Care, Inc.	12/28/2010	\$1,000.00
Mailing Address: 100 Maxwell Drive		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Vicksburg Women's Care, Inc.	11/12/2010	\$500.00
Mailing Address: 100 Maxwell Drive		
City, State, Zip: Vicksburg, MS 39180		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Thomas E. Joiner	11/12/2010	\$500.00
Mailing Address: 109 Buffalo Cove		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): Self		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Edney Medical Services, Inc.			11/12/2010	\$500.00
Mailing Address: 115 Woodstock Drive				
City, State, Zip: Vicksburg, MS 39180				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Lee Giffin			11/12/2010	\$1,000.00
Mailing Address: 1901 Mission 66				
City, State, Zip: Vicksburg, MS 39180				
Name of Employer (Required): Self				
Occupation (Required): Physician			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Michael Roy			11/12/2010	\$500.00
Mailing Address: 42640 Happywoods Road, Unit 11				
City, State, Zip: Hammond, LA 70403				
Name of Employer (Required): Lamonica's Transmission				
Occupation (Required): Tech			Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bonvillian Marine Service, Inc			11/12/2010	\$500.00
Mailing Address: P.O. Box 332				
City, State, Zip: Buras, LA 70041				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Quality First Construction, LLC			11/12/2010	\$500.00
Mailing Address: 37 Deloaks Drive				
City, State, Zip: Madisonville, LA 70447				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John S. Gray	11/12/2010	\$500.00
Mailing Address: 3044 Royal Street		
City, State, Zip: New Orleans, LA 70117		
Name of Employer (Required): JAG Realty		
Occupation (Required): Real Estate	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: LA Marine Services	11/12/2010	\$500.00
Mailing Address: P.O. Box 332		
City, State, Zip: Buras, LA 70041		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Couvillion Equipment, LLC	11/12/2010	\$1,000.00
Mailing Address: P.O. Box 344		
City, State, Zip: Belle Chasse, LA 70037		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Couvillion Group, LLC	11/12/2010	\$1,000.00
Mailing Address: P.O. Box 344		
City, State, Zip: Belle Chasse, LA 70037		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Crucial, Inc.	11/12/2010	\$250.00
Mailing Address: 142 Enterprise Drive		
City, State, Zip: Gretna, LA 70056		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Happ Environmental, LLC	11/12/2010	\$500.00
Mailing Address: 1815 Government Street		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Speights Roofing LLC	11/12/2010	\$500.00
Mailing Address: 4201 N Ocean Blvd, Apt C705		
City, State, Zip: Boca Raton, FL 33431		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ashland Services, LLC	11/12/2010	\$1,000.00
Mailing Address: 1821 Commercial Drive, Suite M		
City, State, Zip: Harvey, LA 70058		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: B&B Fire & Safety Services, Inc	11/12/2010	\$500.00
Mailing Address: P.O. Box 687		
City, State, Zip: Maurice, LA 70555		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Scott J. Walker	11/12/2010	\$500.00
Mailing Address: 104 Temple Terrace		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required): Maxwell Walker		
Occupation (Required): Consultant	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jason D. Suggs	11/12/2010	\$500.00
Mailing Address: P.O. Box 1905		
City, State, Zip Southaven, MS 38671		
Name of Employer (Required) US Environmental		
Occupation (Required) Senior Manager of Operations	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: On The Water LLC	11/12/2010	\$500.00
Mailing Address: 732 Wells Drive		
City, State, Zip Biloxi, MS 39532		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dawn Services, LLC	11/12/2010	\$500.00
Mailing Address: P.O. Box 492		
City, State, Zip Gretna, LA 70054		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rick and Tina Myers	11/12/2010	\$500.00
Mailing Address: 22 Bass Lane		
City, State, Zip Lumberton, MS 39455		
Name of Employer (Required) Rhino Construction		
Occupation (Required) President and CEO	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Shuttle Service, Inc.	11/12/2010	\$500.00
Mailing Address: 6678 Highway 98		
City, State, Zip Hattiesburg, MS 39402		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Joseph Rotolo, Jr.	11/12/2010	\$500.00
Mailing Address: 114 Turtle Creek Blvd.		
City, State, Zip: Slidell, LA 70461		
Name of Employer (Required): Rotolo Consultants, Inc.		
Occupation (Required): President	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denet Towing Service, Inc.	11/12/2010	\$500.00
Mailing Address: P.O. Box 307		
City, State, Zip: Boothville, LA 70038		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jimmie Nichols	11/12/2010	\$500.00
Mailing Address: 2193 Highway 481 North		
City, State, Zip: Morton, MS 39117		
Name of Employer (Required): Grab U One Outfitters		
Occupation (Required): Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. W. Casey Skelton	11/12/2010	\$500.00
Mailing Address: 1790 Sand Wedge Drive		
City, State, Zip: Starkville, MS 39759		
Name of Employer (Required): Valu-Max Car Sales		
Occupation (Required): President	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: C & B Enterprise, Inc.	11/12/2010	\$500.00
Mailing Address: P.O. Box 2816		
City, State, Zip: Madison, MS 39130		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: TC Loan Service, LLC			11/12/2010	\$1,000.00
Mailing Address: 4150 International Plaza Ste 400				
City, State, Zip: Fort Worth, TX 76109				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Strategic Link Consulting			11/12/2010	\$1,000.00
Mailing Address: 3343 Peachtree Road, NE				
City, State, Zip: Atlanta, GA 30326				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: E.I. Dupont De Nemours & Co.			11/12/2010	\$1,000.00
Mailing Address: 1005 Congress Aveunu, Ste 1070				
City, State, Zip: Austin, TX 78701				
Name of Employer (Required): Dupont Government Affairs				
Occupation (Required): Manager			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Advance America			11/12/2010	\$1,000.00
Mailing Address: 135 N. Church Street				
City, State, Zip: Spartanburg, SC 29306				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hensley Lee			11/12/2010	\$50,000.00
Mailing Address: 753 George Wise Road				
City, State, Zip: Carriere, MS 39426				
Name of Employer (Required): Hensley R. Lee Contracting				
Occupation (Required): Contractor			Aggregate year-to-date	\$50,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Summit Pipe & Supply Co. of MS			11/10/2010	\$2,500.00
Mailing Address: 450 Industrial Drive				
City, State, Zip: Jackson, MS 39209				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sam Haskell			11/10/2010	\$1,000.00
Mailing Address: 415 Park Drive				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): self				
Occupation (Required): writer			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trustpoint, LLC			11/10/2010	\$1,000.00
Mailing Address: 415 N. Magnolia St. Ste 350				
City, State, Zip: Laurel, MS 39440				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jon F. Mabry			11/10/2010	\$250.00
Mailing Address: 236 Wakeland Drive				
City, State, Zip: Raymond, MS 39154				
Name of Employer (Required): MDA				
Occupation (Required): COO			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Duane Burgess, MD			11/15/2010	\$250.00
Mailing Address: 1316 Church Street				
City, State, Zip: Columbia, MS 39429				
Name of Employer (Required): Forrest General Hospital				
Occupation (Required): Physician			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Denbury Resources PAC	11/15/2010	\$5,000.00
Mailing Address: 5100 Tennyson Parkway, Ste 1200		
City, State, Zip: Plano, TX 75024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Neel-Schaffer	11/15/2010	\$1,000.00
Mailing Address: Post Office Box 22625		
City, State, Zip: Jackson, MS 39225		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jamie G. Houston, III	11/15/2010	\$250.00
Mailing Address: 106 Rockingham Circle		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Watkins & Eager		
Occupation (Required): Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Brien C. Blakeney	11/15/2010	\$1,000.00
Mailing Address: Post Office Box 6005		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): B&B Electric		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Henderson S. Hall, Jr.	11/15/2010	\$1,000.00
Mailing Address: 118 St. Andrews Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Wise Carter		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Jan G. Farrington	11/15/2010	\$1,000.00
Mailing Address: 122 Woodmont Way		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: South MS Title Company, Inc.	11/15/2010	\$1,000.00
Mailing Address: Post Office Box 1703		
City, State, Zip: McComb, MS 39648		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: East McComb Check Cash, Inc.	11/15/2010	\$1,000.00
Mailing Address: Post Office Box 1683		
City, State, Zip: McComb, MS 39649		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: 98 Check Service	11/15/2010	\$1,000.00
Mailing Address: 913A South Locust Street		
City, State, Zip: McComb, MS 39648		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tom Underwood	11/15/2010	\$1,000.00
Mailing Address: 3999 Dogwood Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Underwood Law Firm		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: AT&T Mississippi PAC	11/15/2010	\$2,000.00
Mailing Address: 175 E. Capitol Street, Room 703		
City, State, Zip: Jackson, MS 39201		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hemphill Construction Co., Inc	11/15/2010	\$2,500.00
Mailing Address: Post Office Box 879		
City, State, Zip: Florence, MS 39073		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Marathon Petroleum Company, LP	11/15/2010	\$1,000.00
Mailing Address: 539 South Main Street		
City, State, Zip: Findlay, OH 45840		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tellus Operating Group, LLC	11/15/2010	\$1,000.00
Mailing Address: 602 Crescent Place, Suite 100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David A. Lemons	11/15/2010	\$1,000.00
Mailing Address: 144 Ingleside Road		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Cooke Douglass Farr Lemons		
Occupation (Required): Architect	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Charles T. Laney	11/15/2010	\$500.00
Mailing Address: 20 Provence Blvd.		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Central Nephrology Clinic		
Occupation (Required): Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Michael D. Caples	11/15/2010	\$2,500.00
Mailing Address: 303 Vinca Cove		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Butler Snow		
Occupation (Required): Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Sidney P. Allen, Jr.	11/15/2010	\$2,500.00
Mailing Address: 740 Orleans Circle		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Butler Snow		
Occupation (Required): Government Affairs	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. R. Barry Cannada	11/15/2010	\$5,000.00
Mailing Address: 827 Pinehurst Place		
City, State, Zip: Jackson, MS 39202		
Name of Employer (Required): Butler Snow		
Occupation (Required): Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Thomas Steven Davis	11/15/2010	\$1,000.00
Mailing Address: 249 Ashcot Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Canizaro Cawhom Davis		
Occupation (Required): Architect	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bryan D. Anderson	11/18/2010	\$250.00
Mailing Address: 6241 Saint Elmo Road		
City, State, Zip: Memphis, TN 38135		
Name of Employer (Required): Self		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: United Healthcare Services, Inc.	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 1459		
City, State, Zip: Minneapolis, MN 55440		
Name of Employer (Required): United Healthcare Services, Inc		
Occupation (Required): Vice President - State Govt Affr	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Jon Widener	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 2909		
City, State, Zip: Laurel, MS 39442		
Name of Employer (Required): Southern Recovery and Towing		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chainco Two, LLC	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 2058		
City, State, Zip: Hattiesburg, MS 39403		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Parish Leasing, LLC	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 429		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McKellar Oil & Gas LLC	11/18/2010	\$1,000.00
Mailing Address: Post Office Box 16644		
City, State, Zip: Hattiesburg, MS 39404		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Christopher Johnson	11/18/2010	\$250.00
Mailing Address: Post Office Box 1968		
City, State, Zip: Purvis, MS 39475		
Name of Employer (Required): Motorama Gardens		
Occupation (Required): Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Barbaree R. Heaster	11/17/2010	\$250.00
Mailing Address: Post Office Box 2087		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Self		
Occupation (Required): Developer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Marty Davidson	11/17/2010	\$250.00
Mailing Address: Post Office Box 3804		
City, State, Zip: Meridian, MS 39303		
Name of Employer (Required): Southern Pipe		
Occupation (Required): President	Aggregate year-to-date	\$25,250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Marty Davidson	12/16/2010	\$25,000.00
Mailing Address: Post Office Box 3804		
City, State, Zip: Meridian, MS 39303		
Name of Employer (Required): Southern Pipe		
Occupation (Required): President	Aggregate year-to-date	\$25,250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. J.H. Thames, Jr.	11/17/2010	\$5,000.00
Mailing Address: Post Office Box 741		
City, State, Zip: Jackson, MS 39205		
Name of Employer (Required): The Park Companies		
Occupation (Required): Manager and CEO	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Am. Fed. Life Insurance Co.	11/23/2010	\$1,000.00
Mailing Address: Post Office Box 321422		
City, State, Zip: Jackson, MS 39232		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: GT&T Farms	12/2/2010	\$500.00
Mailing Address: 1844 Jacqueline Drive		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William L. Burle, Jr.	12/2/2010	\$1,000.00
Mailing Address: 226 Woodlawn Wilzin Park		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): WL Burle Engineers		
Occupation (Required): Engineer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Marvin J. Cochran	12/2/2010	\$250.00
Mailing Address: Post Office Box 115		
City, State, Zip: Avon, MS 38723		
Name of Employer (Required): self		
Occupation (Required): farmer	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ms. Evelyn Netteville	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 1158		
City, State, Zip: Greenville, MS 38702		
Name of Employer (Required): NTC Delta		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David L. Stokes	12/2/2010	\$250.00
Mailing Address: 2078 Lake Washington Road E		
City, State, Zip: Hollandale, MS 38748		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gibb Steele	12/2/2010	\$500.00
Mailing Address: 40 Riverside Road		
City, State, Zip: Hollandale, MS 38748		
Name of Employer (Required): self		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ronald W. Cassada	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 866		
City, State, Zip: Leland, MS 38756		
Name of Employer (Required): Gardner Engineering		
Occupation (Required): Engineer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Mark McDonald	12/2/2010	\$250.00
Mailing Address: 4213 Leo McDonald Road		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required): City of Meridian		
Occupation (Required): CAO	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Cathy K. Feltenstein	12/2/2010	\$500.00
Mailing Address: Post Office Box 5034		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Wilson Realty		
Occupation (Required): Realtor	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: One Life America Inc.	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 4415		
City, State, Zip: Meridian, MS 39304		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. A. Don Mathis	12/2/2010	\$1,000.00
Mailing Address: 5502 Westminster Drive		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Sunbelt Motors		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Laurelwood CTR. Inc	12/2/2010	\$1,000.00
Mailing Address: 5000 Highway 39 North		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Advanced Mass Appraisal & Consul	12/1/2010	\$500.00
Mailing Address: Post Office Box 567		
City, State, Zip: Ridgeland, MS 39158		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. William Davis	12/2/2010	\$500.00
Mailing Address: 218 Country Club Parkway		
City, State, Zip: North Little Rock, AR 72113		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pan Isles, Inc.	12/2/2010	\$500.00
Mailing Address: Post Office Box 1467		
City, State, Zip: Gulfport, MS 39502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Center Toxicology & Envir Health	12/2/2010	\$500.00
Mailing Address: 5120 North Shore Drive		
City, State, Zip: North Little Rock, AR 72118		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paul W. Oswalt, Jr.	12/2/2010	\$1,000.00
Mailing Address: 2100 Shell Oil Road		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Hemphill Construction		
Occupation (Required): Foreman	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jackson Assoc Health Underwrters	12/2/2010	\$1,000.00
Mailing Address: 5454 I-55 North, Suite B		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David E. Clarke	12/2/2010	\$250.00
Mailing Address: Post Office Box 673		
City, State, Zip: Greenville, MS 38702		
Name of Employer (Required): Self		
Occupation (Required): CPA	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Kent Hilburn	12/2/2010	\$250.00
Mailing Address: 184 Bayou Road		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): self		
Occupation (Required): farmer	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. James R. Parkerson	12/2/2010	\$250.00
Mailing Address: 1637 Anne Stokes Road		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): Self		
Occupation (Required): Dentist	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John H. Collum	12/2/2010	\$250.00
Mailing Address: Post Office Box 5159		
City, State, Zip: Greenville, MS 38704		
Name of Employer (Required): Collum Supply Company		
Occupation (Required): President	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McRight Services, LLC	12/2/2010	\$1,000.00
Mailing Address: Post Office Box 4812		
City, State, Zip: Greenville, MS 38704		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Winterville Storage			12/2/2010	\$700.00
Mailing Address: Post Office Box 188				
City, State, Zip: Scott, MS 38772				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bradley F. Hathaway, Sr.			12/2/2010	\$250.00
Mailing Address: Post Office Box 1856				
City, State, Zip: Greenville, MS 38702				
Name of Employer (Required): Campbell, Delong				
Occupation (Required): Attorney			Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: WMB, Inc.			12/2/2010	\$500.00
Mailing Address: Post Office Box 5563				
City, State, Zip: Greenville, MS 38704				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paul Mathis			12/2/2010	\$250.00
Mailing Address: Post Office Box 936				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required): Self				
Occupation (Required): Lawyer			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Nichols			12/2/2010	\$1,000.00
Mailing Address: Post Office Box 206				
City, State, Zip: Greenville, MS 38702				
Name of Employer (Required): MS Marine Corps				
Occupation (Required): President			Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Xan Robertson	12/2/2010	\$500.00
Mailing Address: 3305 Old Hwy 61 South		
City, State, Zip: Leland, MS 38756		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. Edwin W. Nordan	12/2/2010	\$500.00
Mailing Address: 186 Oak Drive		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): Greenville Animal Clinic		
Occupation (Required): Veteranarian	Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Joseph R. Terracina	12/28/2010	\$750.00
Mailing Address: 2450 Stronebridge Road		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): The Skin Institute		
Occupation (Required): physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. and Mrs. Joseph R. Terracina	12/2/2010	\$250.00
Mailing Address: 2450 Stronebridge Road		
City, State, Zip: Greenville, MS 38701		
Name of Employer (Required): The Skin Institute		
Occupation (Required): physician	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. R Dennington Moss	12/2/2010	\$500.00
Mailing Address: Post Office Box 4713		
City, State, Zip: Greenville, MS 38704		
Name of Employer (Required): Faulkner Pipe Company		
Occupation (Required): Owner	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Todd M. Oglesby	12/2/2010	\$250.00
Mailing Address: Post Office Box 185		
City, State, Zip: Chatham, MS 38731		
Name of Employer (Required): Self		
Occupation (Required): Farmer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lamar McDonald	12/31/2010	\$500.00
Mailing Address: Post Office Box 1729		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Meyer and Rosenbaum, Inc		
Occupation (Required): Insurance	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lamar McDonald	12/2/2010	\$500.00
Mailing Address: Post Office Box 1729		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Meyer and Rosenbaum, Inc		
Occupation (Required): Insurance	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. James L. McRae	12/2/2010	\$2,000.00
Mailing Address: Post Office Box 5352		
City, State, Zip: Meridian, MS 39302		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William F. Reid	12/2/2010	\$1,000.00
Mailing Address: 4830 11th Place		
City, State, Zip: Meridian, MS 39305		
Name of Employer (Required): Self		
Occupation (Required): Physician	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Tra DuBois	12/2/2010	\$250.00
Mailing Address: 107 South Deer Creek Drive, W		
City, State, Zip: Leland, MS 38756		
Name of Employer (Required): World Class Athletic Surfaces		
Occupation (Required): President	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Bobby Knox	12/2/2010	\$500.00
Mailing Address: 18 Griffin Drive		
City, State, Zip: Ellisville, MS 39437		
Name of Employer (Required): Community Bank of Ellisville		
Occupation (Required): CEO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Timothy P. Gray	12/2/2010	\$500.00
Mailing Address: 700 Shiloh Road		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Community Bank		
Occupation (Required): CFO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Billy Price	12/2/2010	\$250.00
Mailing Address: Post Office Box 364		
City, State, Zip: Forest, MS 39074		
Name of Employer (Required): Price and Company		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David M. Hughes	12/2/2010	\$500.00
Mailing Address: 923 Caroline Drive		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required): Community Bank		
Occupation (Required): President	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Darrell Brown			12/2/2010	\$500.00
Mailing Address: 18403 Highway 80				
City, State, Zip: Forest, MS 39074				
Name of Employer (Required): Community Bank				
Occupation (Required): Lender			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Tammy Phillips			12/2/2010	\$500.00
Mailing Address: 208 Allyson Cove				
City, State, Zip: Brandon, MS 39047				
Name of Employer (Required): Community Bank				
Occupation (Required): Deputy President Administration			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jerry S. Lee			12/2/2010	\$500.00
Mailing Address: 1013 Annandale Drive				
City, State, Zip: Madison, MS 39110				
Name of Employer (Required): Jerry Lee's Grocery				
Occupation (Required): Owner			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dr. John Paul Lee			12/2/2010	\$500.00
Mailing Address: 129 Pine Hill Drive				
City, State, Zip: Forest, MS 39074				
Name of Employer (Required): Forest Family Practice				
Occupation (Required): Physician			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Karen M. Freeman			12/2/2010	\$500.00
Mailing Address: 909 Carlton Park Drive				
City, State, Zip: Jackson, MS 39232				
Name of Employer (Required): Self				
Occupation (Required): Nurse Anesthetist			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Lester W. Myers	12/2/2010	\$500.00
Mailing Address: Post Office Box 878		
City, State, Zip: Indianola, MS 38751		
Name of Employer (Required): Myers Farms, Inc.		
Occupation (Required): Farmer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Joni Davis	12/2/2010	\$500.00
Mailing Address: 97 Jasper Hwy 537		
City, State, Zip: Laurel, MS 39443		
Name of Employer (Required): Community Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Glynn Simpson	12/2/2010	\$500.00
Mailing Address: 140 Oakhurst Trail		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Sports and Fitness Insurance		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Charles J. Weeks	12/2/2010	\$500.00
Mailing Address: 101 Winding Hills Drive		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): Weeks Company		
Occupation (Required): Principal	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Wyman Jones	12/2/2010	\$500.00
Mailing Address: 116 Lake Hill Place		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Community Bank		
Occupation (Required): Lender	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gregory A. Moore	12/2/2010	\$500.00
Mailing Address: 300 Pinnacle Cove		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Community Bank		
Occupation (Required): President and CEO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Arledge	12/2/2010	\$500.00
Mailing Address: 201 Campfire Circle		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): Community Bank		
Occupation (Required): banker	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Medsupport Services, Inc.	12/2/2010	\$500.00
Mailing Address: 1675 Lakeland Drive, Suite 101		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Randall H. Underwood	12/2/2010	\$500.00
Mailing Address: 1211 Canterbury Lane		
City, State, Zip: Clinton, MS 39056		
Name of Employer (Required): First South Farm Credit		
Occupation (Required): SVP	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Scott Jackson	12/11/2010	\$350.00
Mailing Address: 212 Deer Run		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Colony Wine Market		
Occupation (Required): retail business	Aggregate year-to-date	\$350.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: F.M. Hood and Associates	12/12/2010	\$1,000.00
Mailing Address: 742 North 5th Street		
City, State, Zip: Baton Rouge, LA 70802		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Joe C. Steelhammer	12/12/2010	\$500.00
Mailing Address: 2252 Cedars Cove		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Southern Ionics		
Occupation (Required): Reserach Chemist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Jim Byrd	12/12/2010	\$250.00
Mailing Address: 10199 Lake Lilley Road		
City, State, Zip: Prairie, MS 39756		
Name of Employer (Required): Rose Hill Company		
Occupation (Required): Furniture Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Jonathan White	12/12/2010	\$500.00
Mailing Address: 204 Grace Cove		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Community Bancshares		
Occupation (Required): CIO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Don Griffin	12/12/2010	\$500.00
Mailing Address: 1225 West Government Street		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Community Bank		
Occupation (Required): President	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Thomas W. Tardy, III	12/12/2010	\$1,000.00
Mailing Address: 114 Woodland Circle		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Forman Perry		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. David A. Scott	12/12/2010	\$1,000.00
Mailing Address: 6 Rivers Creek		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Investek Timber Management		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gordon M. Castleberry	12/6/2010	\$250.00
Mailing Address: 2206 Rosewood Circle		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Columbus Urology Group		
Occupation (Required): Urologist	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Chuck Nicholson	12/2/2010	\$500.00
Mailing Address: 1225 West Government Street		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required): Charles W. Nicholson Jr. Company		
Occupation (Required): Owner	Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Telesouth Communications, Inc.	12/6/2010	\$1,000.00
Mailing Address: 6311 Ridgewood Road		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Brian Huff	12/6/2010	\$10,000.00
Mailing Address: 2731 Farmers Market Road		
City, State, Zip: Springfield, IL 62707		
Name of Employer (Required): Midwest Technical College		
Occupation (Required): CEO	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sun Care Properties, LLC	12/6/2010	\$5,000.00
Mailing Address: 2154 South Lamar Blvd.		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Larry Britt	12/6/2010	\$5,000.00
Mailing Address: 233 Highway 6 East		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): Elliott and Britt Engineering		
Occupation (Required): Engineer	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. James L. Carroll	12/6/2010	\$5,000.00
Mailing Address: 54 Moss Woods Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Carroll, Warren, & Parker		
Occupation (Required): Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Miles Healthcare, LLC	12/6/2010	\$2,000.00
Mailing Address: 13 Northtown Drive, Suite 220		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Stan Harrison	12/6/2010	\$3,000.00
Mailing Address: 354 Highway 6 West		
City, State, Zip: Batesville, MS 38606		
Name of Employer (Required): City of Batesville		
Occupation (Required): Alderman	Aggregate year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Larry McAlexander	12/6/2010	\$5,000.00
Mailing Address: Post Office Box 1041		
City, State, Zip: Oxford, MS 38655		
Name of Employer (Required): SouthWide Construction, Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gunnoe Investment Group, LP	12/6/2010	\$5,000.00
Mailing Address: 45-6 High Court Circle		
City, State, Zip: Birmingham, AL 35242		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ricky Jobes	12/20/2010	\$250.00
Mailing Address: 1825 Pecan Ridge North		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): Quest Diagnostics/City Southaven		
Occupation (Required): City Alderman - Medical	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. John Jernigan	12/20/2010	\$250.00
Mailing Address: 1610 Mt. Pleasant Road		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): Owned Metallic Specialties, Inc.		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John L. Maki	12/20/2010	\$250.00
Mailing Address: 4613 Spring Meadow Way North		
City, State, Zip: Olive Branch, MS 38654		
Name of Employer (Required): Retired		
Occupation (Required): Retired Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rex R. Haynes	12/20/2010	\$250.00
Mailing Address: 4449 Red Oaks Drive		
City, State, Zip: Horn Lake, MS 38637		
Name of Employer (Required): The Edwards Agency		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bill R. and Jami Laws	12/16/2010	\$250.00
Mailing Address: Post Office Box 344		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): The Bridge Group, LLC		
Occupation (Required): Co-Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William F. Kennedy	12/16/2010	\$250.00
Mailing Address: 2298 Waverly Drive		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Southwest Energy		
Occupation (Required): Oil and Gas Broker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jefferson C. Rowell	12/20/2010	\$250.00
Mailing Address: Post Office Box 28		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): WP/Clay Comm. Growth Alliance		
Occupation (Required): President	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jabari O. Edwards	12/16/2010	\$250.00
Mailing Address: Post Office Box 744		
City, State, Zip: Columbus, MS 39703		
Name of Employer (Required): The Edwards Agency		
Occupation (Required): Insurance Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Grady R. Mordecai	12/16/2010	\$500.00
Mailing Address: 768 Old McCrary Road		
City, State, Zip: Columbus, MS 39702		
Name of Employer (Required): Burks-Mordecai Builders, Inc.		
Occupation (Required): Construction	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank's Package Store	12/16/2010	\$1,000.00
Mailing Address: 206 West Main Street		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. David Eudy	12/16/2010	\$1,000.00
Mailing Address: 150 Kings Path		
City, State, Zip: Columbus, MS 39702		
Name of Employer (Required): Stark Aerospace		
Occupation (Required): President/CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Mike Burks	12/16/2010	\$500.00
Mailing Address: 421 3rd Street South		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): Burks-Mordecai Builders		
Occupation (Required): General Contractor	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Ben Perry Green	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 1337		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): Renasant Bank		
Occupation (Required): Banker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. T. Russell Sheffield	12/16/2010	\$250.00
Mailing Address: Post Office Box 5457		
City, State, Zip: Columbus, MS 39704		
Name of Employer (Required): Self		
Occupation (Required): General Contractor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. John Lakanen	12/16/2010	\$250.00
Mailing Address: 1751 Taylor Thurston Road		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): STS Express, LLC		
Occupation (Required): Self-employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: BankTel Systems, LLC	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 8370		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. M S Brislin, III	12/16/2010	\$1,000.00
Mailing Address: 4051 Military Road		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): Brislin, Inc.		
Occupation (Required): CEO/Owner	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Glenn Machine Works, Inc.			12/16/2010	\$500.00
Mailing Address: Post Office Box 1247				
City, State, Zip: Columbus, MS 39703				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Robert J. Occhi			12/20/2010	\$250.00
Mailing Address: 67 Shoreline Lane				
City, State, Zip: Gulfport, MS 39503				
Name of Employer (Required): Coast Electric Power Assoc.				
Occupation (Required): CEO			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William G. Hewes, Jr.			12/20/2010	\$250.00
Mailing Address: 13084 Old Highway 49				
City, State, Zip: Gulfport, MS 39503				
Name of Employer (Required): State of MS				
Occupation (Required): senator			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John W. Atherton			12/20/2010	\$250.00
Mailing Address: Post Office Box 4079				
City, State, Zip: Gulfport, MS 39502				
Name of Employer (Required): Mississippi Power				
Occupation (Required): executive			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pam Raybourn			12/20/2010	\$500.00
Mailing Address: 2992 West Beach Blvd.				
City, State, Zip: Gulfport, MS 39501				
Name of Employer (Required): Mississippi Power				
Occupation (Required): Executive Assistant			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Roy Blackledge	12/20/2010	\$4,000.00
Mailing Address: 12251 Bernard Parkway # 200		
City, State, Zip: Gulfport, MS 39503		
Name of Employer (Required): Blackledge Emulsions		
Occupation (Required): President	Aggregate year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ronald Williams	12/20/2010	\$1,000.00
Mailing Address: 2819 Briarwood Circle		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required): H.S.I. Indust. & Environmental		
Occupation (Required): Certified Hazmat Instructor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Southern States Housing Group,	12/20/2010	\$250.00
Mailing Address: Post Office Box 3305		
City, State, Zip: Gulfport, MS 39505		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: P R Management Inc	12/20/2010	\$250.00
Mailing Address: 14158 Longwood Circle		
City, State, Zip: Biloxi, MS 39532		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Treated Materials Co. Inc.	12/20/2010	\$250.00
Mailing Address: Post Office Box 2848		
City, State, Zip: Gulfport, MS 39505		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: DCRAY, LLC	12/20/2010	\$250.00
Mailing Address: 1028 Buckley Drive		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: W. C. Fore Trucking, Inc.	12/20/2010	\$1,000.00
Mailing Address: Post Office Box 3058		
City, State, Zip: Gulfport, MS 39505		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Net Lease Developers, LLC	12/20/2010	\$1,000.00
Mailing Address: 286 Beauvoir Road, Suite 200		
City, State, Zip: Biloxi, MS 39531		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Leading Edges LLC	12/16/2010	\$1,000.00
Mailing Address: 2100 8th Street		
City, State, Zip: Meridian, MS 39301		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jeremiah J. O'Keefe	12/16/2010	\$500.00
Mailing Address: 510 Beach Blvd		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mrs. Dona H. Haynes	12/16/2010	\$250.00
Mailing Address: 32 Greenbriar Drive		
City, State, Zip: Gulfport, MS 39507		
Name of Employer (Required): Haynes Electric Co., Inc.		
Occupation (Required): Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frances Turnage	12/16/2010	\$250.00
Mailing Address: 1316 Father Ryan Avenue		
City, State, Zip: Biloxi, MS 39530		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William T. Siler, Jr.	12/20/2010	\$1,150.00
Mailing Address: 124 Little Creek Road		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$1,150.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joseph L. Adams	12/20/2010	\$500.00
Mailing Address: 5359 Carolwood Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bridgforth R. Rutledge	12/20/2010	\$500.00
Mailing Address: Post Office Box 5331		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: James W. O'Mara	12/20/2010	\$500.00
Mailing Address: 42 Eastbrooke No. 1		
City, State, Zip: Jackson, MS 39216		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gary Friedman	12/20/2010	\$500.00
Mailing Address: 195 Belle Pointe Drive		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William M. Beasley	12/20/2010	\$500.00
Mailing Address: Post Office Box 1220		
City, State, Zip: Tupelo, MS 38802		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Greg Pirkle	12/20/2010	\$500.00
Mailing Address: 4216 Ridgemont		
City, State, Zip: Belden, MS 38826		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Frank W. Trapp	12/20/2010	\$500.00
Mailing Address: Post Office Box 55402		
City, State, Zip: Jackson, MS 39296		
Name of Employer (Required): Phelps Dunbar		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Sandra M. Shelson	12/20/2010	\$500.00
Mailing Address: 109 Ashcot Circle		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): The Partnership for a Healthy MS		
Occupation (Required): Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: John Maxey	12/17/2010	\$500.00
Mailing Address: 2201 Eastover Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): self		
Occupation (Required): attorney	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pensacola Administrative Service	12/17/2010	\$1,000.00
Mailing Address: 2 North Palafox Street		
City, State, Zip: Pensacola, FL 32502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Weight Watchers in Greater MS	12/17/2010	\$100.00
Mailing Address: Post Office Box 16463		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,100.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Weight Watchers in Greater MS	12/28/2010	\$1,000.00
Mailing Address: Post Office Box 16463		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,100.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Larry Swales	12/16/2010	\$250.00
Mailing Address: Post Office Box 700		
City, State, Zip: Brandon, MS 39043		
Name of Employer (Required): Rankin County		
Occupation (Required): elected official	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chris Hughes	12/16/2010	\$1,000.00
Mailing Address: 129 Glenwood Bend		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Hughes Construction Company		
Occupation (Required): Executive	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: TCCM Development, LLC	12/16/2010	\$1,000.00
Mailing Address: 124 Madison Plaza, Suite 1500		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wilson Termite & Enviro. Service	12/16/2010	\$250.00
Mailing Address: 206 A East Government Street		
City, State, Zip: Brandon, MS 39042		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MWG Benefits	12/16/2010	\$1,000.00
Mailing Address: Post Office Box 14067		
City, State, Zip: Jackson, MS 39236		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Patricia Curtis	12/16/2010	\$250.00
Mailing Address: 453 Motley Road		
City, State, Zip: Columbus, MS 39701		
Name of Employer (Required): Curtis Pediatric Dental		
Occupation (Required): Office Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: William H. Edwards	12/16/2010	\$400.00
Mailing Address: 940 East Broad Street		
City, State, Zip: West Point, MS 39773		
Name of Employer (Required): West Point Animal Clinic		
Occupation (Required): Veterinarian	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Nick Clark	12/16/2010	\$250.00
Mailing Address: 335 Glen Haven Drive		
City, State, Zip: Columbus, MS 39705		
Name of Employer (Required): East MS Community College		
Occupation (Required): Director of Development	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gulf Coast Health Care, LLC	12/17/2010	\$1,000.00
Mailing Address: 2 North Palafox Street		
City, State, Zip: Pensacola, FL 32502		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Singing River Rehab and Nursing	12/17/2010	\$1,000.00
Mailing Address: 3401 Main Street		
City, State, Zip: Moss Point, MS 39563		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Shelby Nursing and Rehab Center	12/17/2010	\$1,000.00
Mailing Address: 1108 Church Street		
City, State, Zip: Shelby, MS 38774		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dixie White House Nursing Home	12/17/2010	\$1,000.00
Mailing Address: 538 Menge Avenue		
City, State, Zip: Pass Christian, MS 39571		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Greenbough Nursing Center	12/17/2010	\$1,000.00
Mailing Address: 340 DeSoto Avenue, Extended		
City, State, Zip: Clarksdale, MS 38614		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lakeside Living Center	12/17/2010	\$1,000.00
Mailing Address: 191 Highway 511 East		
City, State, Zip: Quitman, MS 39355		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ocean Springs Nursing Center	12/17/2010	\$1,000.00
Mailing Address: 1199 Ocean Springs Road		
City, State, Zip: Ocean Springs, MS 39564		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00



## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pine View Health Care Center			12/17/2010	\$1,000.00
Mailing Address: 1304 Walnut Street				
City, State, Zip: Waynesboro, MS 39367				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: The Boyington			12/17/2010	\$1,000.00
Mailing Address: 1530 Broad Avenue				
City, State, Zip: Gulfport, MS 39501				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lakeland Nursing & Rehab Center			12/17/2010	\$625.00
Mailing Address: 3680 Lakeland Drive				
City, State, Zip: Jackson, MS 39216				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brandon Nursing and Rehab Center			12/17/2010	\$625.00
Mailing Address: 355 Crossgate Boulevard				
City, State, Zip: Brandon, MS 39042				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Ruleville Nursing and Rehab Ctr			12/17/2010	\$625.00
Mailing Address: Post Office Box 368				
City, State, Zip: Ruleville, MS 38771				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$625.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Manhattan Nursing and Rehab Ctr	12/17/2010	\$625.00
Mailing Address: 4540 Manhattan Road		
City, State, Zip: Jackson, MS 39206		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Chadwick Nursing and Rehab Ctr	12/17/2010	\$625.00
Mailing Address: 1900 Chadwick Drive		
City, State, Zip: Jackson, MS 39204		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cleveland Nursing and Rehab Ctr	12/17/2010	\$625.00
Mailing Address: Post Office Box 1688		
City, State, Zip: Cleveland, MS 38732		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: McComb Nursing and Rehab Center	12/17/2010	\$625.00
Mailing Address: 415 Marion Avenue		
City, State, Zip: McComb, MS 39648		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$625.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wisteria Gardens, LLC	12/17/2010	\$1,000.00
Mailing Address: 5420 Highway 80 East		
City, State, Zip: Pearl, MS 39208		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: B.H.R.H. Holdings, LLC	12/17/2010	\$1,000.00
Mailing Address: Post Office Box 84360		
City, State, Zip: Baton Rouge, LA 70884		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Regional Services, Inc.	12/17/2010	\$1,000.00
Mailing Address: Post Office Box 6015		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Legacy Care, Inc.	12/17/2010	\$500.00
Mailing Address: 571 Highway 51, Suite A		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: NC Leasing LLC	12/17/2010	\$1,000.00
Mailing Address: Post Office Box 2712		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Andrew S. Overholser	12/17/2010	\$500.00
Mailing Address: 212 Fairfield Court		
City, State, Zip: Yazoo City, MS 39194		
Name of Employer (Required): Oasis Health and Rehab Center		
Occupation (Required): Administrator	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Other Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Trend Consultants LLC	12/17/2010	\$1,000.00
Mailing Address: 323 Highland Blvd		
City, State, Zip: Natchez, MS 39120		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Cal Wilkins	12/20/2010	\$1,000.00
Mailing Address: 8595 The Island		
City, State, Zip: Memphis, TN 38125		
Name of Employer (Required): TASCO		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tommy Woods	12/20/2010	\$250.00
Mailing Address: Post Office Box 388		
City, State, Zip: Byhalia, MS 38611		
Name of Employer (Required): State of MS		
Occupation (Required): representative	Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Bruce Prewett	12/20/2010	\$25,000.00
Mailing Address: Post Office Box 386		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): Prewett Enterprises		
Occupation (Required): President/CEO	Aggregate year-to-date	\$25,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Keith Russell	12/20/2010	\$250.00
Mailing Address: 101 Audubon Point Drive		
City, State, Zip: Brandon, MS 39047		
Name of Employer (Required): United Methodist Church		
Occupation (Required): Reverend	Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Stanley M. Quarles	12/20/2010	\$500.00
Mailing Address: 4661 Big Horn Drive South		
City, State, Zip: Nesbit, MS 38651		
Name of Employer (Required): Self		
Occupation (Required): Business Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mark L. Gardner	12/20/2010	\$250.00
Mailing Address: 6559 Timber Pine		
City, State, Zip: Southaven, MS 38671		
Name of Employer (Required): Bill Sexton Realty		
Occupation (Required): Realtor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jerry D. Edwards	12/20/2010	\$1,000.00
Mailing Address: 1380 Forest Lake Cove		
City, State, Zip: Hernando, MS 38632		
Name of Employer (Required): Retired		
Occupation (Required): Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Gary C. Bailey	12/20/2010	\$1,000.00
Mailing Address: 705 North Lake Avenue		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): Bailey Education Group		
Occupation (Required): President	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Lehman-Roberts Company	12/20/2010	\$500.00
Mailing Address: Post Office Box 1603		
City, State, Zip: Memphis, TN 38101		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Heritage Leasing & Sales Corp.			12/20/2010	\$1,000.00
Mailing Address: Post Office Box 241891				
City, State, Zip: Memphis, TN 38124				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rhodes, Lauck and Assoc., Inc.			12/20/2010	\$1,000.00
Mailing Address: Post Office Box 16038				
City, State, Zip: Memphis, TN 38186				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Tractors & Equipment, Inc.			12/20/2010	\$1,000.00
Mailing Address: 1985 Highway 304 West				
City, State, Zip: Hernando, MS 38632				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Benchmark Technology			12/20/2010	\$1,000.00
Mailing Address: Post Office Box 3975				
City, State, Zip: Meridian, MS 39303				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Doug Phillips			12/28/2010	\$500.00
Mailing Address: P.O. Box 5044				
City, State, Zip: Columbus, MS 39704				
Name of Employer (Required): Falcon Contracting				
Occupation (Required): Road Contractor			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wilson Commercial			12/28/2010	\$1,000.00
Mailing Address: 9035 Highway 61				
City, State, Zip: Walls, MS 38680				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Windstream PAC			12/28/2010	\$1,000.00
Mailing Address: 4001 Rodney Parham Road				
City, State, Zip: Little Rock, AR 72212				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Rex E. Kelly			12/28/2010	\$250.00
Mailing Address: 32 Cambridge Ave				
City, State, Zip: Gulfport, MS 39507				
Name of Employer (Required): Mississippi Power Company				
Occupation (Required): Director of Communications			Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: F.R. Young			12/28/2010	\$250.00
Mailing Address: 1365 E. Old Highway 82				
City, State, Zip: Eupora, MS 39744				
Name of Employer (Required): East Miss. Community College				
Occupation (Required): President			Aggregate year-to-date	\$250.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Jimmy D. Webster, III			12/28/2010	\$500.00
Mailing Address: 10 North Main Street, Apt 1001				
City, State, Zip: Memphis, TN 38103				
Name of Employer (Required): Silk Road LLC				
Occupation (Required): Owner			Aggregate year-to-date	\$500.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Watkins and Eager, PLLC			12/28/2010	\$1,000.00
Mailing Address: P.O. Box 650				
City, State, Zip: Jackson, MS 39205				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Carl J. Chaney			12/28/2010	\$500.00
Mailing Address: PO Box 4019				
City, State, Zip: Gulfport, MS 39502				
Name of Employer (Required): Hancock Bank				
Occupation (Required): Executive			Aggregate year-to-date	\$500.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Knights Marine and Ind. Services			12/28/2010	\$1,000.00
Mailing Address: 2900 Colmer Road				
City, State, Zip: Moss Point, MS 39562				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. Gerald Blessey			12/28/2010	\$500.00
Mailing Address: 2577 Chatham Court				
City, State, Zip: Biloxi, MS 39531				
Name of Employer (Required): Tradition Properties, Inc.				
Occupation (Required): Lawyer/Real Estate Developer			Aggregate year-to-date	\$500.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Dan Branton			12/28/2010	\$250.00
Mailing Address: 2654 Old Highway 61				
City, State, Zip: Leland, MS 38756				
Name of Employer (Required): Self				
Occupation (Required): Farmer			Aggregate year-to-date	\$250.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Delta Area Crop Insurance, Inc.			12/28/2010	\$250.00
Mailing Address: 303 Cypress Street				
City, State, Zip: Leland, MS 38756				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Arvis L. Hawkins, M.D.			12/28/2010	\$500.00
Mailing Address: 105 Bayou Road				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required): Greenville Primary Care Clinic				
Occupation (Required): Physician			Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Paul H. Watson, Jr.			12/28/2010	\$250.00
Mailing Address: 1842 Lake Manor Drive				
City, State, Zip: Greenville, MS 38701				
Name of Employer (Required): Washington County				
Occupation (Required): Supervisor			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Mr. and Mrs. Richard Rula			10/5/2010	\$3,301.55
Mailing Address: 2352 Twin Lakes Circle				
City, State, Zip: Jackson, MS 39211				
Name of Employer (Required): Hemphill Construction				
Occupation (Required): Construction			Aggregate year-to-date	\$3,301.55
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Loan Specify: LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: US Capitol Consulting LLC			12/31/2010	\$20,000.00
Mailing Address: 623 Highland Colony Parkway #105				
City, State, Zip: Ridgeland, MS 39157				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$20,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: MS Architects PAC			12/31/2010	\$1,000.00
Mailing Address: 509 E. Capitol Street				
City, State, Zip: Jackson, MS 39201				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Omega Protein			12/31/2010	\$1,000.00
Mailing Address: 2105 City West Blvd, Suite 500				
City, State, Zip: Houston, TX 77042				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: PCI PAC			12/31/2010	\$1,000.00
Mailing Address: 2600 S. River Road				
City, State, Zip: Des Plaines, IL 60018				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Danny Cash			5/6/2010	\$400.00
Mailing Address: P.O. Box 663				
City, State, Zip: Tupelo, MS 38802				
Name of Employer (Required): Retired				
Occupation (Required): Retired			Aggregate year-to-date	\$400.00

  

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Thomas H. Kline			5/6/2010	\$2,000.00
Mailing Address: P.O. Box 121				
City, State, Zip: Fulton, MS 38843				
Name of Employer (Required): Kline Mechanical Systems				
Occupation (Required): President			Aggregate year-to-date	\$2,000.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Pat Hankins	5/6/2010	\$1,000.00
Mailing Address: P.O. Box 2765		
City, State, Zip: Tupelo, MS 38803		
Name of Employer (Required): Tupelo Door & Specialty		
Occupation (Required): Owner	Aggregate year-to-date	\$1,000.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Autogov	11/18/2010	\$1,000.00
Mailing Address: 6300 Bridgeport Parkway, #115 Sq		
City, State, Zip: Austin, TX 78730		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

  

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Wayne Weidie	6/18/2010	\$250.00
Mailing Address: 111 East Capitol Street		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Adams and Reese		
Occupation (Required): attorney	Aggregate year-to-date	\$250.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: NiSource Gas Transmission	12/11/2010	\$750.00
Mailing Address: 5151 San Felipe #2500		
City, State, Zip: Houston, TX 77056		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$750.00

  

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robison Tire Co., Inc.	10/29/2010	\$1,000.00
Mailing Address: P.O. Box 545		
City, State, Zip: Laurel, MS 39440		
Name of Employer (Required):		
Occupation (Required):	Aggregate year-to-date	\$1,000.00

## ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Copyplus, Inc.			12/20/2010	\$1,000.00
Mailing Address: Post Office Box 966				
City, State, Zip: New Albany, MS 38652				
Name of Employer (Required)				
Occupation (Required)			Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Richard Matheny			12/31/2010	\$250.00
Mailing Address: 909 Handsboro Drive				
City, State, Zip: Gulfport, MS 39507				
Name of Employer (Required): GTR				
Occupation (Required): Airport Authority			Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Hal Parker			12/30/2010	\$5,000.00
Mailing Address: 2820 Narrow Gauge Road				
City, State, Zip: Bolton, MS 39041				
Name of Employer (Required): Self				
Occupation (Required): Land Developer			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Brett McKenzie			12/31/2010	\$5,000.00
Mailing Address: 124 Woodlands Trace				
City, State, Zip: Hattiesburg, MS 39402				
Name of Employer (Required): contractor				
Occupation (Required): self			Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other	<input type="checkbox"/> Loan Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Robert Whitwell			12/14/2010	\$500.00
Mailing Address: 248 Saint Andrews Circle				
City, State, Zip: Oxford, MS 38655				
Name of Employer (Required): Farese and Farese				
Occupation (Required): attorney			Aggregate year-to-date	\$500.00



## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Guy White	6/20/2010	\$5,000.00
Mailing Address: 613 Crescent Circle, #100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): White Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$11,095.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Guy White	8/26/2010	\$3,335.00
Mailing Address: 613 Crescent Circle, #100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): White Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$11,095.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Guy White	10/28/2010	\$1,035.00
Mailing Address: 613 Crescent Circle, #100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): White Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$11,095.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Guy White	12/14/2010	\$1,725.00
Mailing Address: 613 Crescent Circle, #100		
City, State, Zip: Ridgeland, MS 39157		
Name of Employer (Required): White Construction		
Occupation (Required): Owner	Aggregate year-to-date	\$11,095.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Matt Armstrong	7/15/2010	\$660.00
Mailing Address: 30 Wimbledon Drive		
City, State, Zip: Jackson, MS 39211		
Name of Employer (Required): Government Consultants		
Occupation (Required): Self	Aggregate year-to-date	\$660.00

## ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: CORPAC	9/2/2010	\$1,000.00
Mailing Address: 1400 Nashville City Ctr 511 Union		
City, State, Zip: Nashville, TN 37219		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> PAC <input type="checkbox"/> Other Specify:	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name: Joanna Williams	10/9/2010	\$250.00
Mailing Address: 150 West Florida Blvd.		
City, State, Zip: Madison, MS 39110		
Name of Employer (Required): Homemaker		
Occupation (Required): Homemaker	Aggregate year-to-date	\$250.00

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Boy Scouts of America	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 855 Riverside Drive	02/01/2010	\$ 85.00
<b>City, State, Zip Code</b> Jackson, MS 39202	12/8/2010	\$ 100.00
<b>Purpose of Disbursement (Optional)</b> Tickets to event	Aggregate Year-to-date	\$ 185.00
<b>A. Full name</b> All Seasons	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 8117 Hwy 18 West	06/17/2010	\$ 691.22
<b>City, State, Zip Code</b> Jackson, MS 39209		\$
<b>Purpose of Disbursement (Optional)</b> Event expense	Aggregate Year-to-date	\$ 691.22
<b>A. Full name</b> Alpha Golf Aviation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8370	01/11/2010	\$ 1584.74
<b>City, State, Zip Code</b> Columbus, MS 38803	02/05/2010	\$ 438.17
<b>Purpose of Disbursement (Optional)</b> air travel	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Alpha Golf Aviation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8370	03/08/2010	\$ 521.63
<b>City, State, Zip Code</b> Columbus, MS 38803	06/01/2010	\$ 465.50
<b>Purpose of Disbursement (Optional)</b> air travel	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Alpha Golf Aviation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8370	06/30/2010	\$ 1412.33
<b>City, State, Zip Code</b> Columbus, MS 38803	07/28/2010	\$ 2293.00
<b>Purpose of Disbursement (Optional)</b> air travel	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Alpha Golf Aviation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8370	08/24/2010	\$ 2190.00
<b>City, State, Zip Code</b> Columbus, MS 38803	10/21/2010	\$ 3511.17
<b>Purpose of Disbursement (Optional)</b> air travel	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant  
January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Alpha Golf Aviation	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 8370	10/27/2010	\$ 2353.27
<b>City, State, Zip Code</b> Columbus, MS 38803	12/8/2010	\$ 2742.50
<b>Purpose of Disbursement (Optional)</b> air travel	Aggregate Year-to-date	\$ 8753.19
<b>A. Full name</b> American Express	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 808 East Utah Valley Drive	07/23/2010	\$ 00.74
<b>City, State, Zip Code</b> American Fork, UT 84003	11/12/2010	\$ 737.50
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> American Express	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 808 East Utah Valley Drive	01/19/2010	\$ 4.95
<b>City, State, Zip Code</b> American Fork, UT 84003	01/25/2010	\$ 73.75
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> American Express	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 808 East Utah Valley Drive	06/21/2010	\$ 4.95
<b>City, State, Zip Code</b> American Fork, UT 84003	06/23/2010	\$ 73.75
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> American Express	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 808 East Utah Valley Drive	07/20/2010	\$ 4.95
<b>City, State, Zip Code</b> American Fork, UT 84003		\$
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ 900.59
<b>A. Full name</b> Arnold Lyndsey	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 5751 Kirkely Drive	06/14/2010	\$ 600.00
<b>City, State, Zip Code</b> Jackson, MS 39206		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 600.00

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Arrow Printing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 447 Highway 80	08/23/2010	\$ 1716.61
<b>City, State, Zip Code</b> Clinton, MS 39206 39056		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 1716.61
<b>A. Full name</b> AT & T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 105262	01/13/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	02/09/2010	\$ 15.02
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> AT & T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 105262	03/12/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	05/03/2010	\$ 65.00
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> AT & T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 105262	05/12/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	06/17/2010	\$ 15.02
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> AT & T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 105262	07/03/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	08/11/2010	\$ 15.02
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> AT & T	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 105262	09/10/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	09/20/2010	\$ 25.00
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

# ITEMIZED DISBURSEMENTS

A. Full name AT & T	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> PO Box 105262	10/19/2010	\$ 15.02
<b>City, State, Zip Code</b> Atlanta, GA 30348	12/1/2010	\$ 203.37
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
A. Full name AT & T	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> PO Box 105262	12/10/2010	\$ 15.27
<b>City, State, Zip Code</b> Atlanta, GA 30348	11/15/2010	\$ 15.02
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
A. Full name AT & T	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> PO Box 105262	07/21/2010	\$ 25.00
<b>City, State, Zip Code</b> Atlanta, GA 30348	08/09/2010	\$ 119.99
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ see below
A. Full name AT & T	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> PO Box 105262	08/20/2010	\$ 25.00
<b>City, State, Zip Code</b> Atlanta, GA 30348	11/19/2010	\$ 25.00
<b>Purpose of Disbursement (Optional)</b> telephone	Aggregate Year-to-date	\$ 653.83
A. Full name Au Courant	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 2943 Old Canton Road	10/26/2010	\$ 856.00
<b>City, State, Zip Code</b> Jackson, MS 39216		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 856.00
A. Full name Beau Rivage	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 875 Beach Blvd	09/20/2010	\$ 274.82
<b>City, State, Zip Code</b> Biloxi, MS 39530	07/30/2010	\$ 1.48
<b>Purpose of Disbursement (Optional)</b> travel expense	Aggregate Year-to-date	\$ 276.30

SS04-06



Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Best Buy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 194 Promenade Blvd	08/20/2010	\$ 197.92
<b>City, State, Zip Code</b> Flowood, MS 39232	10/5/2010	\$ 54.54
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Best Buy	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 194 Promenade Blvd	12/17/2010	\$ 66.29
<b>City, State, Zip Code</b> Flowood, MS 39232	11/23/2010	\$ 751.10
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ 1069.85
<b>A. Full name</b> Triangulation Strategies	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 20 Beeholm Road	8/24/2010	\$ 10,000.00
<b>City, State, Zip Code</b> West Redding CT 06896		\$
<b>Purpose of Disbursement (Optional)</b> Fee	Aggregate Year-to-date	\$ 10,000.00
<b>A. Full name</b> BKCD Processing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2130 E. University Drive	01/05/2010	\$ 20.65
<b>City, State, Zip Code</b> Tempe, AZ 85281	02/02/2010	\$ 20.00
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> BKCD Processing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2130 E. University Drive	03/02/2010	\$ 20.00
<b>City, State, Zip Code</b> Tempe, AZ 85281	04/02/2010	\$ 16.72
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> BKCD Processing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2130 E. University Drive	05/04/2010	\$ 20.00
<b>City, State, Zip Code</b> Tempe, AZ 85281	06/02/2010	\$ 51.89
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> BKCD Processing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2130 E. University Drive	07/02/2010	\$ 54.23
<b>City, State, Zip Code</b> Tempe, AZ 85281	08/03/2010	\$ 24.57
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> BKCD Processing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2130 E. University Drive	09/02/2010	\$ 16.45
<b>City, State, Zip Code</b> Tempe, AZ 85281	11/2/2010	\$ 20.00
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ 264.51
<b>A. Full name</b> 911 Fund	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4018 Hwy 49 south	08/26/2010	\$ 900.00
<b>City, State, Zip Code</b> Florence, MS 39073		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 900.00
<b>A. Full name</b> Boyce Adams, Jr	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 8370	01/19/2010	\$ 190.00
<b>City, State, Zip Code</b> Columbus, MS 39705	02/11/2010	\$ 52.50
<b>Purpose of Disbursement (Optional)</b> pilot fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Boyce Adams, Jr	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 8370	03/15/2010	\$ 62.50
<b>City, State, Zip Code</b> Columbus, MS 39705	06/04/2010	\$ 52.50
<b>Purpose of Disbursement (Optional)</b> pilot fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Boyce Adams, Jr	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 8370	06/29/2010	\$ 150.00
<b>City, State, Zip Code</b> Columbus, MS 39705		\$
<b>Purpose of Disbursement (Optional)</b> pilot fees	Aggregate Year-to-date	\$ 507.50

Name of Candidate or Committee **Friends of Phil Bryant**  
 Reporting period **January 1, 2010 through December 31, 2010**

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <b>Capital Club</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 1432	01/14/2010	\$ 153.25
<b>City, State, Zip Code</b> Jackson, MS 39215	03/23/2010	\$ 66.24
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Capital Club</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 1432	05/12/2010	\$ 24.06
<b>City, State, Zip Code</b> Jackson, MS 39215	04/28/2010	\$ 136.92
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Capitol Club</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 1432	11/19/2010	\$ 41.49
<b>City, State, Zip Code</b> Jackson, MS 39215		\$
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ 421.96
<b>A. Full name</b> <b>Cellular South</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 519	01/12/2010	\$ 445.32
<b>City, State, Zip Code</b> Meadville, MS 39653	02/12/2010	\$ 445.32
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Cellular South</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 519	03/09/2010	\$ 659.31
<b>City, State, Zip Code</b> Meadville, MS 39653	04/28/2010	\$ 466.71
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Cellular South</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 519	05/12/2010	\$ 448.30
<b>City, State, Zip Code</b> Meadville, MS 39653	06/14/2010	\$ 788.40
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Cellular South	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 519	07/19/2010	\$ 516.77
<b>City, State, Zip Code</b> Meadville, MS 39653	08/23/2010	\$ 758.96
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Cellular South	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 519	09/17/2010	\$ 733.98
<b>City, State, Zip Code</b> Meadville, MS 39653	10/20/2010	\$ 548.94
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Cellular South	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 519	11/15/2010	\$ 527.67
<b>City, State, Zip Code</b> Meadville, MS 39653		\$
<b>Purpose of Disbursement (Optional)</b> Cellular Expense	Aggregate Year-to-date	\$ 6339.68
<b>A. Full name</b> Central Parking	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 790402	11/8/2010	\$ 282.00
<b>City, State, Zip Code</b> St. Louis, MO 63179	11/30/2010	\$ 237.00
<b>Purpose of Disbursement (Optional)</b> parking expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Central Parking	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 790402	12/6/2010	\$ 30.00
<b>City, State, Zip Code</b> St. Louis, MO 63179		\$
<b>Purpose of Disbursement (Optional)</b> parking expenses	Aggregate Year-to-date	\$ 549.00
<b>A. Full name</b> Mike Chaney Campaign	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 23242	04/16/2010	\$ 250.00
<b>City, State, Zip Code</b> Jackson, MS 39225		\$
<b>Purpose of Disbursement (Optional)</b> Political Donation	Aggregate Year-to-date	\$ 250.00

Name of Candidate or Committee **Friends of Phil Bryant**  
 Reporting period **January 1, 2010 through December 31, 2010**

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Classic Connection, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5883	11/1/2010	\$ 1305.00
<b>City, State, Zip Code</b> Brandon, MS 39047	01/20/2010	\$ 1245.00
<b>Purpose of Disbursement (Optional)</b> fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Classic Connections LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5883	02/23/2010	\$ 1595.00
<b>City, State, Zip Code</b> Brandon, MS 39047	04/27/2010	\$ 1215.00
<b>Purpose of Disbursement (Optional)</b> fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Classic Connections LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5883	5/31/2010	\$ 1005.00
<b>City, State, Zip Code</b> Brandon, MS 39047	06/30/2010	\$ 1215.00
<b>Purpose of Disbursement (Optional)</b> fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Classic Connections LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5883	08/03/2010	\$ 1260.00
<b>City, State, Zip Code</b> Brandon, MS 39047	08/26/2010	\$ 1080.00
<b>Purpose of Disbursement (Optional)</b> fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Classic Connections LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5883	10/1/2010	\$ 1635.00
<b>City, State, Zip Code</b> Brandon, MS 39047	12/1/2010	\$ 1680.00
<b>Purpose of Disbursement (Optional)</b> fees and expenses	Aggregate Year-to-date	\$ 13235.00
<b>A. Full name</b> Community Bank	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 323 East Third Street	08/16/2010	\$ 340.78
<b>City, State, Zip Code</b> Forest, MS 39074	09/16/2010	\$ 340.78
<b>Purpose of Disbursement (Optional)</b> Campaign car note	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Community Bank	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 323 East Third Street	10/13/2010	\$ 340.78
<b>City, State, Zip Code</b> Forest, MS 39074	11/9/2010	\$ 354.41
<b>Purpose of Disbursement (Optional)</b> campaign car note	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Community Bank	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 323 East Third Street	12/15/2010	\$ 340.78
<b>City, State, Zip Code</b> Forest, MS 39074		\$
<b>Purpose of Disbursement (Optional)</b> campaign car note	Aggregate Year-to-date	\$ 1717.53
<b>A. Full name</b> DC Ray LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 1028 Buckley Drive	12/29/2010	\$ 3750.00
<b>City, State, Zip Code</b> Jackson, MS 39206		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 3750.00
<b>A. Full name</b> Deerfield Country Club	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 264 Deerfield Club Drive	11/23/2010	\$ 1060.00
<b>City, State, Zip Code</b> Canton, MS 39046		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 1060.00
<b>A. Full name</b> Don Colbert	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Noahs Mill Road	10/1/2010	\$ 500.00
<b>City, State, Zip Code</b> Ridgeland, MS 39157		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 500.00
<b>A. Full name</b> Enterprise Rent-A-Car	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 219 Woodgate Drive South	06/07/2010	\$ 189.81
<b>City, State, Zip Code</b> Brandon, MS 39042	06/24/2010	\$ 69.93
<b>Purpose of Disbursement (Optional)</b> car rental	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Enterprise Rent-A-Car	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 219 Woodgate Drive South	07/27/2010	\$ 699.30
<b>City, State, Zip Code</b> Brandon, MS 39042		\$
<b>Purpose of Disbursement (Optional)</b> car rental	Aggregate Year-to-date	\$ 959.04
<b>A. Full name</b> Emileigh's Bakery and Catering	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 1703 University Avenue	09/08/2010	\$ 981.00
<b>City, State, Zip Code</b> Oxford, MS 38655		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 981.00
<b>A. Full name</b> FCC Insurance Group	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 110 Airport Road	08/09/2010	\$ 1335.00
<b>City, State, Zip Code</b> Pearl, MS 39208		\$
<b>Purpose of Disbursement (Optional)</b> campaign car insurance	Aggregate Year-to-date	\$ 1335.00
<b>A. Full name</b> Friends of NRA	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 6119 Kay Brook Drive	09/15/2010	\$ 325.00
<b>City, State, Zip Code</b> Byram, MS 39272		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 325.00
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 13292	11/17/2010	\$ 10493.30
<b>City, State, Zip Code</b> Jackson, MS 39236	01/19/2010	\$ 13520.00
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 13292	01/26/2010	\$ 5928.28
<b>City, State, Zip Code</b> Jackson, MS 39236	02/16/2010	\$ 2500.00
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant  
January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	02/23/2010	\$ 3416.96
<b>City, State, Zip Code</b> Jackson, MS 39236	03/29/2010	\$ 2983.36
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	05/03/2010	\$ 3022.36
<b>City, State, Zip Code</b> Jackson, MS 39236	05/18/2010	\$ 2794.12
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	06/10/2010	\$ 4171.07
<b>City, State, Zip Code</b> Jackson, MS 39236	07/21/2010	\$ 5753.84
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	07/21/2010	\$ 12863.64
<b>City, State, Zip Code</b> Jackson, MS 39236	08/31/2010	\$ 10459.99
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	09/14/2010	\$ 15499.76
<b>City, State, Zip Code</b> Jackson, MS 39236	11/4/2010	\$ 16730.86
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Frontier Strategies, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 13292	12/23/2010	\$ 10,954.50
<b>City, State, Zip Code</b> Jackson, MS 39236		\$
<b>Purpose of Disbursement (Optional)</b> Reimbursements, fees and expenses	Aggregate Year-to-date	\$ 121,092.04

Name of Candidate or Committee **Friends of Phil Bryant**  
 Reporting period **January 1, 2010 through December 31, 2010**

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <b>Greenbrook Flowers</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 705 North State Street	07/22/2010	\$ 425.27
<b>City, State, Zip Code</b> Jackson, MS 39202	08/25/2010	\$ 58.79
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Greenbrook Flowers</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 705 North State Street	09/10/2010	\$ 170.01
<b>City, State, Zip Code</b> Jackson, MS 39202	12/29/2010	\$ 157.23
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ See below
<b>A. Full name</b> <b>Greenbrook Flowers</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> <b>705 North State Street</b>	12/8/2010	\$ 157.23
<b>City, State, Zip Code</b> Jackson, MS 39202		\$
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ 968.53
<b>A. Full name</b> <b>Gregg Harper for Congress</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5 Spring Lake Point	5/10/2010	\$ 1000.00
<b>City, State, Zip Code</b> Pearl, MS 39208		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 1000.00
<b>A. Full name</b> <b>Hampton Inn - Moss Point</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 6730 Hwy 63 North	09/17/2010	\$ 108.90
<b>City, State, Zip Code</b> Moss Point, MS 39563	09/17/2010	\$ 108.90
<b>Purpose of Disbursement (Optional)</b> travel expense	Aggregate Year-to-date	\$ 217.80
<b>A. Full name</b> <b>Harrison Co. Republican Club</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 225 Cowan Road	01/13/2010	\$ 500.00
<b>City, State, Zip Code</b> Gulfport, MS 39507		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 500.00

Name of Candidate or Committee **Friends of Phil Bryant**  
 Reporting period **January 1, 2010 through December 31, 2010**

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <b>Hederman Printing</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 6100	12/28/2010	\$ 2164.28
<b>City, State, Zip Code</b> Ridgeland, MS 39158		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 2164.28
<b>A. Full name</b> <b>Hilton Hotel</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 1001 East County Line Road	04/13/2010	\$ 710.38
<b>City, State, Zip Code</b> Jackson, MS 39211		\$
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ 710.38
<b>A. Full name</b> <b>Home of Grace</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 5009	04/29/2010	\$ 250.00
<b>City, State, Zip Code</b> Vanceleave, MS 39565		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 250.00
<b>A. Full name</b> <b>John Burge</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 309C North Lamar	12/15/2010	\$ 3000.00
<b>City, State, Zip Code</b> Oxford, MS 38655		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 3000.00
<b>A. Full name</b> <b>Julie Levanway</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5446 River Thames Road	10/7/2010	\$ 2354.00
<b>City, State, Zip Code</b> Jackson, MS 39211	10/29/2010	\$ 450.00
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 2804.00
<b>A. Full name</b> <b>Kathy Henry</b>	<b>Date</b> <b>(Mo., Day, Year)</b>	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 321 Avalon Way	01/13/2010	\$ 37.38
<b>City, State, Zip Code</b> Brandon, MS 39047	06/11/2010	\$ 200.00
<b>Purpose of Disbursement (Optional)</b> reimbursement of expenses	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Kathy Henry	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 321 Avalon Way	06/25/2010	\$ 377.46
<b>City, State, Zip Code</b> Brandon, MS 39047	07/23/2010	\$ 80.19
<b>Purpose of Disbursement (Optional)</b> reimbursement of expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Kathy Henry	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 321 Avalon Way	07/27/2010	\$ 112.25
<b>City, State, Zip Code</b> Brandon, MS 39047	09/13/2010	\$ 40.64
<b>Purpose of Disbursement (Optional)</b> reimbursement of expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Kathy Henry	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 321 Avalon Way	09/30/2010	\$ 200.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> reimbursement of expenses	Aggregate Year-to-date	\$ 1047.92
<b>A. Full name</b> Keep Mississippi Beautiful	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 2020 Mission 66	03/31/2010	\$ 200.00
<b>City, State, Zip Code</b> Vicksburg, MS 39180		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 200.00
<b>A. Full name</b> Kevin McGee	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 201 Meadowlands Drive	06/30/2010	\$ 500.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 500.00
<b>A. Full name</b> Kirk Sims	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4211 Brookdale Street	08/19/2010	\$ 79.76
<b>City, State, Zip Code</b> Jackson, MS 39206	09/09/2010	\$ 179.14
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Kirk Sims	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4211 Brookdale Street	09/17/2010	\$ 554.99
<b>City, State, Zip Code</b> Jackson, MS 39206	09/20/2010	\$ 500.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Kirk Sims	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4211 Brookdale Street	10/4/2010	\$ 7500.00
<b>City, State, Zip Code</b> Jackson, MS 39206	10/4/2010	\$ 528.57
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Kirk Sims	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4211 Brookdale Street	10/8/2010	\$ 3797.66
<b>City, State, Zip Code</b> Jackson, MS 39206	10/28/2010	\$ 7500.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Kirk Sims	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4211 Brookdale Street	11/19/2010	\$ 4391.20
<b>City, State, Zip Code</b> Jackson, MS 39206	12/2/2010	\$ 7500.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ 32531.32
<b>A. Full name</b> MFRW	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 104 Boxwood Cove	03/15/2010	\$ 150.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> MFRW	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 104 Boxwood Cove	06/27/2010	\$ 100.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> MFRW	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 104 Boxwood Cove	07/08/2010	\$ 100.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> MFRW	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 101 Watersedge	07/08/2010	\$ 1000.00
<b>City, State, Zip Code</b> Ocean Springs, MS 39564		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 1350.00
<b>A. Full name</b> Michael McCollum	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 105 Chianti Cove	10/20/2010	\$ 614.25
<b>City, State, Zip Code</b> Clinton, MS 39056		\$
<b>Purpose of Disbursement (Optional)</b> pilot fees	Aggregate Year-to-date	\$ 614.25
<b>A. Full name</b> Mick Bullock	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 1210 Quin Street	09/01/2010	\$ 302.03
<b>City, State, Zip Code</b> Jackson, MS 39202	12/10/2010	\$ 44.99
<b>Purpose of Disbursement (Optional)</b> reimbursement of expenses	Aggregate Year-to-date	\$ 347.02
<b>A. Full name</b> Milner Rental Center	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 940 Pass Road	01/25/2010	\$ 439.24
<b>City, State, Zip Code</b> Gulfport, MS 39501		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 439.24
<b>A. Full name</b> Mississippi Commission for Volunteer Services	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 3825 Ridgewood Rd # 601	03/22/2010	\$ 250.00
<b>City, State, Zip Code</b> Jackson, MS 39211		\$
<b>Purpose of Disbursement (Optional)</b> event ticket	Aggregate Year-to-date	\$ 250.00

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant  
January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Mississippi Press Association	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 371 Edgewood Terrace	01/21/2010	\$ 575.00
<b>City, State, Zip Code</b> Jackson, MS 39206		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 575.00
<b>A. Full name</b> Mississippi Republican Party	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 60	01/19/2010	\$ 1500.00
<b>City, State, Zip Code</b> Jackson, MS 39205	01/21/2010	\$ 200.00
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Mississippi Republican Party	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 60	04/29/2010	\$ 100.00
<b>City, State, Zip Code</b> Jackson, MS 39205	08/26/2010	\$ 1000.00
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Miss Republican Party	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 60	08/26/2010	\$ 1000.00
<b>City, State, Zip Code</b> Jackson, MS 39205		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 3800.00
<b>A. Full name</b> Mission Mississippi	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 22655	02/01/2010	\$ 300.00
<b>City, State, Zip Code</b> Jackson, MS 39225		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 300.00
<b>A. Full name</b> Mississippi College	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Box 4005	03/23/2010	\$ 1000.00
<b>City, State, Zip Code</b> Clinton, MS 39058		\$
<b>Purpose of Disbursement (Optional)</b> Political Contribution	Aggregate Year-to-date	\$ 1000.00

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Mississippi College Athletics	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 4049	06/10/2010	\$ 1000.00
<b>City, State, Zip Code</b> Clinton, MS 39058		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 1000.00
<b>A. Full name</b> MS Center for Police and Sheriffs	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 1201	05/14/2010	\$ 500.00
<b>City, State, Zip Code</b> Raymond, MS 39154		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 500.00
<b>A. Full name</b> New Beginnings	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 7055	07/23/2010	\$ 1000.00
<b>City, State, Zip Code</b> Tupelo, MS 38802		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 1000.00
<b>A. Full name</b> NLGA	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 75 Cavalier Blvd, Suite 226	07/01/2010	\$ 700.00
<b>City, State, Zip Code</b> Florence, KY 41042		\$
<b>Purpose of Disbursement (Optional)</b> dues	Aggregate Year-to-date	\$ 700.00
<b>A. Full name</b> NW Rankin (Football)	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 5805 Highway 25	09/03/2010	\$ 750.00
<b>City, State, Zip Code</b> Flowood, MS 39232		\$
<b>Purpose of Disbursement (Optional)</b> radio advertisement	Aggregate Year-to-date	\$ 750.00
<b>A. Full name</b> NWR Cougar Club	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> Post Office Box 5542	07/16/2010	\$ 300.00
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> program advertisement	Aggregate Year-to-date	\$ 300.00

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 5450 Highway 80 East	02/17/2010	\$ 146.99
<b>City, State, Zip Code</b> Pearl, MS 39208	03/19/2010	\$ 131.09
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ see below
A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 5450 Highway 80 East	06/14/2010	\$ 177.68
<b>City, State, Zip Code</b> Pearl, MS 39208	08/04/2010	\$ 55.59
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ see below
A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 5450 Highway 80 East	12/2/2010	\$ 32.09
<b>City, State, Zip Code</b> Pearl, MS 39208	11/16/2010	\$ 113.56
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ see below
A. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 5450 Highway 80 East	11/22/2010	\$ 85.56
<b>City, State, Zip Code</b> Pearl, MS 39208	12/2/2010	\$ 6.41
<b>Purpose of Disbursement (Optional)</b> office supplies	Aggregate Year-to-date	\$ 748.97
A. Full name Pierce Moore	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 202 Walden Way	5/6/2010	\$ 500.00
<b>City, State, Zip Code</b> Starkville, MS 39759	05/14/2010	\$ 151.50
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
A. Full name Pierce Moore	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 202 Walden Way	05/14/2010	\$ 600.00
<b>City, State, Zip Code</b> Starkville, MS 39759	05/28/2010	\$ 315.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	05/28/2010	\$ 600.00
<b>City, State, Zip Code</b> Starkville, MS 39759	06/14/2010	\$ 110.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	06/18/2010	\$ 750.00
<b>City, State, Zip Code</b> Starkville, MS 39759	06/30/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	07/01/2010	\$ 177.44
<b>City, State, Zip Code</b> Starkville, MS 39759	07/15/2010	\$ 239.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	07/15/2010	\$ 750.00
<b>City, State, Zip Code</b> Starkville, MS 39759	07/30/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	08/13/2010	\$ 750.00
<b>City, State, Zip Code</b> Starkville, MS 39759	08/13/2010	\$ 120.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 202 Walden Way	08/31/2010	\$ 750.00
<b>City, State, Zip Code</b> Starkville, MS 39759	09/17/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant  
January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 202 Walden Way	10/1/2010	\$ 250.00
<b>City, State, Zip Code</b> Starkville, MS 39759	10/1/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 202 Walden Way	10/29/2010	\$ 750.00
<b>City, State, Zip Code</b> Starkville, MS 39759	11/4/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 202 Walden Way	11/4/2010	\$ 301.00
<b>City, State, Zip Code</b> Starkville, MS 39759	11/18/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 202 Walden Way	11/18/2010	\$ 129.00
<b>City, State, Zip Code</b> Starkville, MS 39759	12/2/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Pierce Moore	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 202 Walden Way	12/16/2010	\$ 500.00
<b>City, State, Zip Code</b> Starkville, MS 39759	12/16/2010	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ 13,742.94
<b>A. Full name</b> PolitiCap LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b> 118 Providence Drive	01/14/2010	\$ 24376.00
<b>City, State, Zip Code</b> Madison, MS 39110	01/15/2010	\$ 2413.52
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee  
Reporting period

Friends of Phil Bryant

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> PolitiCap LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 118 Providence Drive	06/16/2010	\$ 10950.40
<b>City, State, Zip Code</b> Madison, MS 39110	07/01/2010	\$ 5000.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> PolitiCap LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 118 Providence Drive	08/03/2010	\$ 5000.00
<b>City, State, Zip Code</b> Madison, MS 39110	08/31/2010	\$ 5000.00
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> PolitiCap LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 118 Providence Drive	10/7/2010	\$ 5000.00
<b>City, State, Zip Code</b> Madison, MS 39110	10/18/2010	\$ 1560.02
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> PolitiCap LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 118 Providence Drive	12/2/2010	\$ 5000.00
<b>City, State, Zip Code</b> Madison, MS 39110	12/8/2010	\$ 1757.97
<b>Purpose of Disbursement (Optional)</b> fee	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Politicap, LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 118 Providence Drive	11/2/2010	\$ 5000.00
<b>City, State, Zip Code</b> Madison, MS 39110		\$
<b>Purpose of Disbursement (Optional)</b> fees & expenses	Aggregate Year-to-date	\$ 71,057.91
<b>A. Full name</b> R & R Rentals and Hotshots	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> PO Box 1161	12/28/2010	\$ 1000.00
<b>City, State, Zip Code</b> Laurel, MS 39441		\$
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 1000.00

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Rankin Co. Tax Collector</b>		
<b>Mailing Address</b> 211 East Government Street	07/21/2010	\$ 269.84
<b>City, State, Zip Code</b> Brandon, MS 39042		\$
<b>Purpose of Disbursement (Optional)</b> tag for campaign car	Aggregate Year-to-date	\$ 269.84
<b>A. Full name</b> <b>Reservoir Community Picnic</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 168 West Government Street	08/20/2010	\$ 250.00
<b>City, State, Zip Code</b> Brandon, MS 39042	08/20/2010	\$ 45.00
<b>Purpose of Disbursement (Optional)</b> sponsorship	Aggregate Year-to-date	\$ 295.00
<b>A. Full name</b> <b>Rodney Keith</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 101 Pelican Place	12/24/2010	\$ 957.78
<b>City, State, Zip Code</b> Brandon, MS 39047		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 957.78
<b>A. Full name</b> <b>Scranton's Restaurant</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 2158	08/24/2010	\$ 690.79
<b>City, State, Zip Code</b> Pascagoula, MS 39569		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 690.79
<b>A. Full name</b> <b>Senate Fund</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> State Capitol	10/20/2010	\$ 70.00
<b>City, State, Zip Code</b> Jackson, MS 39201	1/12/2010	\$ 35.00
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> <b>Senate Fund</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> State Capitol	5/26/2010	\$ 56.25
<b>City, State, Zip Code</b> Jackson, MS 39201		\$
<b>Purpose of Disbursement (Optional)</b> fees	Aggregate Year-to-date	\$ 161.25

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Sheriff's Annual Gospel Sing	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 6935	07/01/2010	\$ 500.00
<b>City, State, Zip Code</b> Gulfport, MS 39506		\$
<b>Purpose of Disbursement (Optional)</b> advertisement	Aggregate Year-to-date	\$ 500.00
<b>A. Full name</b> Southaven Rotary Club	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 205	4/6/2010	\$ 1000.00
<b>City, State, Zip Code</b> Southaven, MS 38671		\$
<b>Purpose of Disbursement (Optional)</b> sponsorship	Aggregate Year-to-date	\$ 1000.00
<b>A. Full name</b> Southern Beverage Company	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 1939 Davis Johnson Drive	10/21/2010	\$ 265.63
<b>City, State, Zip Code</b> Richland, MS 39218		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 265.63
<b>A. Full name</b> Southaven Chamber of Commerce	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 211	10/1/2010	\$ 750.00
<b>City, State, Zip Code</b> Southaven, MS 38671		\$
<b>Purpose of Disbursement (Optional)</b> event tickets	Aggregate Year-to-date	\$ 750.00
<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	01/13/2010	\$ 146.00
<b>City, State, Zip Code</b> Flowood, MS 39232	02/12/2010	\$ 146.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	03/04/2010	\$ 146.00
<b>City, State, Zip Code</b> Flowood, MS 39232	04/29/2010	\$ 156.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ see below

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	05/12/2010	\$ 146.00
<b>City, State, Zip Code</b> Flowood, MS 39232	06/04/2010	\$ 146.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	07/01/2010	\$ 146.00
<b>City, State, Zip Code</b> Flowood, MS 39232	08/24/2010	\$ 166.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	09/03/2010	\$ 146.00
<b>City, State, Zip Code</b> Flowood, MS 39232	09/30/2010	\$ 156.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ see below
<b>A. Full name</b> Stor-It Storage King	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5491 Plaza Drive	11/1/2010	\$ 156.00
<b>City, State, Zip Code</b> Flowood, MS 39232	12/9/2010	\$ 156.00
<b>Purpose of Disbursement (Optional)</b> rental	Aggregate Year-to-date	\$ 1812.00
<b>A. Full name</b> The Country Club of Jackson	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 12387	08/05/2010	\$ 6128.70
<b>City, State, Zip Code</b> Jackson, MS 39236		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 6128.70
<b>A. Full name</b> The Grate Deli and Grill	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 1733 East Pass Road	09/30/2010	\$ 759.00
<b>City, State, Zip Code</b> Gulfport, MS 39507		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 759.00

SS04-06

Name of Candidate or Committee

Friends of Phil Bryant

Reporting period

January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <b>The Hull Foundation</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 1393	05/17/2010	\$ 250.00
<b>City, State, Zip Code</b> Starkville, MS 39760		\$
<b>Purpose of Disbursement (Optional)</b> event sponsor	Aggregate Year-to-date	\$ 250.00
<b>A. Full name</b> <b>The Molly Ringwalds</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 405 South Beverly Drive	07/20/2010	\$ 5000.00
<b>City, State, Zip Code</b> Beverly Hills, CA 90212		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 5000.00
<b>A. Full name</b> <b>The Neshoba Democrat</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 30	08/06/2010	\$ 750.00
<b>City, State, Zip Code</b> Philadelphia, MS 39350		\$
<b>Purpose of Disbursement (Optional)</b> advertisement	Aggregate Year-to-date	\$ 750.00
<b>A. Full name</b> <b>The River Room Conference Center</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 100 Ridge Way Drive	08/02/2010	\$ 1034.25
<b>City, State, Zip Code</b> Flowood, MS 39232		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 1034.25
<b>A. Full name</b> <b>The Touch</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 143 Bayou Road	11/12/2010	\$ 856.63
<b>City, State, Zip Code</b> Greenville, MS 38701		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 856.63
<b>A. Full name</b> <b>Top It Off</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 4800 I-55 North, Suite 16	06/02/2010	\$ 352.11
<b>City, State, Zip Code</b> Jackson, MS 39211	07/27/2010	\$ 493.00
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ see below



Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name Top It Off	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 4800 I-55 North, Suite 16	6/2/2010	\$ 352.11
<b>City, State, Zip Code</b> Jackson, MS 39211	7/27/2010	\$ 493.00
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ See below
A. Full name Top It Off	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 4800 I-55 North, Suite 16	10/14/2010	\$ 587.43
<b>City, State, Zip Code</b> Jackson, MS 39211	10/26/2010	\$ 323.68
<b>Purpose of Disbursement (Optional)</b> Event Expense	Aggregate Year-to-date	\$ 1,756.22
A. Full name U Name It Specialty	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 3486 King Road	1/13/2010	\$ 1,063.91
<b>City, State, Zip Code</b> Liberty, MS 39645		\$
<b>Purpose of Disbursement (Optional)</b> Promotional Items	Aggregate Year-to-date	\$ 1,063.91
A. Full name USM Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 118 College Drive, #5021	8/4/2010	\$ 1,250.00
<b>City, State, Zip Code</b> «Cityzip»		\$
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 1,250.00
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	3/3/2010	\$ 46.00
<b>City, State, Zip Code</b> Brandon, MS 39047	3/9/2010	\$ 44.00
<b>Purpose of Disbursement (Optional)</b> Postal expenses	Aggregate Year-to-date	\$ See below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	6/23/2010	\$ 176.00
<b>City, State, Zip Code</b> Brandon, MS 39047	8/6/2010	\$ 185.00
<b>Purpose of Disbursement (Optional)</b> Postal expenses	Aggregate Year-to-date	\$ See below



Name of Candidate or Committee **Friends of Phil Bryant**  
 Reporting period **January 1, 2010 through December 31, 2010**

## ITEMIZED DISBURSEMENTS

A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	08/06/2010	\$ 176.00
<b>City, State, Zip Code</b> Brandon, MS 39047	09/23/2010	\$ 44.00
<b>Purpose of Disbursement (Optional)</b> postal expenses	Aggregate Year-to-date	\$ see below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	09/27/2010	\$ 18.30
<b>City, State, Zip Code</b> Brandon, MS 39047	10/12/2010	\$ 176.00
<b>Purpose of Disbursement (Optional)</b> postal expenses	Aggregate Year-to-date	\$ see below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	11/3/2010	\$ 180.90
<b>City, State, Zip Code</b> Brandon, MS 39047	12/15/2010	\$ 44.00
<b>Purpose of Disbursement (Optional)</b> postal expenses	Aggregate Year-to-date	\$ see below
A. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 610 Grants Ferry Road	12/29/2010	\$ 300.00
<b>City, State, Zip Code</b> Brandon, MS 39047	12/28/2010	\$ 70.00
<b>Purpose of Disbursement (Optional)</b> postal expenses	Aggregate Year-to-date	\$ 1460.30
A. Full name Wallace Mallette	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 109 Luckett Street	11/26/2010	\$ 1200.00
<b>City, State, Zip Code</b> Greenwood, MS 38930		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 1200.00
A. Full name Weidmann's - Meridian	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>Mailing Address</b> 210 22nd Avenue	07/23/2010	\$ 450.00
<b>City, State, Zip Code</b> Meridian, MS 39301		\$
<b>Purpose of Disbursement (Optional)</b> event expense	Aggregate Year-to-date	\$ 450.00

Name of Candidate or Committee Friends of Phil BryantReporting period January 1, 2010 through December 31, 2010

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <b>Yazoo City Dixie Girls State</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 5814 Graball Freerun Road	8/17/2010	\$ 200.00
<b>City, State, Zip Code</b> Yazoo City, MS 39194		\$ 200.00
<b>Purpose of Disbursement (Optional)</b> donation	Aggregate Year-to-date	\$ 200.00
<b>A. Full name</b> <b>Vicksburg Women's Care, Inc.</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 100 Maxwell Drive	12/31/2010	\$ 500.00
<b>City, State, Zip Code</b> Vicksburg, MS 39180		\$
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 500.00
<b>A. Full name</b> <b>Weight Watchers of Greater MS</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 16463	12/31/2010	\$ 100.00
<b>City, State, Zip Code</b> Jackson, MS 39236		\$ 100.00
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 100.00
<b>A. Full name</b> <b>Hemphill Construction Company, Inc.</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 876	12/31/2010	\$ 1,500.00
<b>City, State, Zip Code</b> Florence, MS 39073		\$
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 1,500.00
<b>A. Full name</b> <b>S. H. Anthony, Inc.</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> Post Office Box 3719	12/31/2010	\$ 4,000.00
<b>City, State, Zip Code</b> Gulfport, MS 39505		\$
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 4,000.00
<b>A. Full name</b> <b>Summit Pipe and Supply Co. of MS</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> <b>this period</b>
<b>Mailing Address</b> 450 Industrial Drive	12/31/2010	\$ 1,500.00
<b>City, State, Zip Code</b> Jackson, MS 39209		\$
<b>Purpose of Disbursement (Optional)</b> Refund of Contribution	Aggregate Year-to-date	\$ 1,500.00