2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
FEB 05 2010
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Senate District 36 Special Election

Name of Candidate: Jimmy Strong

Address: 2648 Mules Station Road Utica, MS 39175

Telephone: 601-885-8326 Fax:

Contact Name: John Morgan Hughes Email: jmhughes44@gmail.

Office Sought: State Senate Seat 36 Political Party: independent

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ February 9, 2010 Pre-Election Report (January 1, 2010, through February 6, 2010).....Mandatory

____ March 2, 2010 Runoff Report (February 7, 2010 through February 27, 2010).....Runoff Candidates only

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

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) — Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 8775.00 + $ 215.00	$ 8990.00	$ 8990.00
Total amount of disbursements	$ 7763.29	$	$ 7763.29
Total amount of cash on hand		$ 1226.71	

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

2/5/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 815 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2815.
2. Candidates for county/city and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Jimmy Strong
Reporting period Jan. 15, 2010 through Feb. 5, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARY NELL LANDIN	1/22/10	$ 200.00
Mailing Address: 3084 Tom Collins Rd.	__/__/__	$
City, State, Zip Code: UTICA MS 39175	__/__/__	$
Name of Employer (Required): Self-Employed	__/__/__	$
Occupation (Required): FARMING	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DON HAZELSON	1/22/10	$ 100.00
Mailing Address: 2286 LOTON Trail SE.	__/__/__	$
City, State, Zip Code: Brookhaven, MS 39601	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EUGENE Osborn	1/22/10	$ 100.00
Mailing Address: 3588 Broadwater Rd.	__/__/__	$
City, State, Zip Code: UTICA MS 39175	__/__/__	$
Name of Employer (Required): Self-Employed - Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bill Farrior	1/22/10	$ 100.00
Mailing Address: 701 Hudson Dr.	__/__/__	$
City, State, Zip Code: UTICA MS 39175	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

SS04-05

Name of Candidate or Committee Jimmy Strong
Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harold Simmons	1/22/10	$ 200.00
Mailing Address: 1435 Hwy 27	/ /	$
City, State, Zip Code: Utica, MS 39175	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hobbs Neill	1/22/10	$ 50.00
Mailing Address: 226 Carpenter St.	/ /	$
City, State, Zip Code: Utica MS 39175	/ /	$
Name of Employer (Required): Self-emp.	/ /	$
Occupation (Required): FARMER	Aggregate year-to-date	$ 50.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Greg Kitchens	1/22/10	$ 250.00
Mailing Address: 528 Carpenter St.	/ /	$
City, State, Zip Code: Utica MS 39175	/ /	$
Name of Employer (Required): Kitchens Bros Mfg Co.	/ /	$
Occupation (Required): Owner - SAWMILL	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Chapman	1/22/10	$ 100.00
Mailing Address: 3051 Tismore Rd.	/ /	$
City, State, Zip Code: Hermanville, MS 39086	/ /	$
Name of Employer (Required): Self-Employed	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-25-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brian Fisher	1/22/10	$ 100.00
Mailing Address: 1071 Hwy. 18	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Self-emp.	__/__/__	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cheryl Bland	1/22/10	$ 100.00
Mailing Address: 310 E. Madison St.	__/__/__	$
City, State, Zip Code: Bolton, MS 39041	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beverly McGuffee.	1/22/10	$ 200.00
Mailing Address: P.O. Box 76	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Hubbard Mini Mart	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jesse B. Davenport	1/25/10	$ 500.00
Mailing Address: 4106 Hwy 548	__/__/__	$
City, State, Zip Code: Hermanville, MS 39086	__/__/__	$
Name of Employer (Required): Self-Emp.	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

SS04-06

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Insurance & Risk Managers	1/25/10	$ 100.00
Mailing Address: P.O. Box 910	__/__/__	$
City, State, Zip Code: Brookhaven MS 39601	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Insurance.	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bertie Mae Young	1/25/10	$ 200.00
Mailing Address: 8022 Dentville Rd.	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A. Randolph Smith	1/25/10	$ 25.00
Mailing Address: 20245 Hwy. 18	__/__/__	$
City, State, Zip Code: Raymond MS 39154	__/__/__	$
Name of Employer (Required): Self emp.	__/__/__	$
Occupation (Required): Smith Farms	Aggregate year-to-date	$ 25.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Russell A. Glaschoir, Jr.	1/25/10	$ 500.00
Mailing Address: PO Box 253	__/__/__	$
City, State, Zip Code: Gallion, LA 70354-0253	__/__/__	$
Name of Employer (Required): Self-emp.	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Jimmy Strong

Reporting period 1-1-5-10 through 2-1-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Richard Akin	1/25/10	$ 100.00
Mailing Address: 331 W. Gallatin St.	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required): Self-emp.	__/__/__	$
Occupation (Required): Doctor	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMHA VPAC	1/25/10	$ 200.00
Mailing Address: P.O. Box 320369	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMHA-PAC	1/25/10	$ 200.00
Mailing Address: P.O. Box 320369	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bill D. Mounced	1/25/10	$ 200.00
Mailing Address: 18803 Hwy. 27 S.	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Self-empl.	__/__/__	$
Occupation (Required): Pharmaceutical	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Jimmy Strong
Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) L.P.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Strong's Pine Plantation L.P.	1/25/10	$ 100.00
Mailing Address: 1169 Carpenter Rd.	__/__/__	$
City, State, Zip Code: Hermanville, MS 39086	__/__/__	$
Name of Employer (Required): Zackie Strong	__/__/__	$
Occupation (Required): Retired Farmer	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David C. Barton	1/28/10	$ 200.00
Mailing Address: P.O. Box 9.	__/__/__	$
City, State, Zip Code: Raymond, MS 39154	__/__/__	$
Name of Employer (Required): Self-Emp.	__/__/__	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 200.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Allred's Pharmacy + Gifts	1/28/10	$ 500.00
Mailing Address: P.O. Box 580	__/__/__	$
City, State, Zip Code: Hazlehurst, MS 39083	__/__/__	$
Name of Employer (Required): Jackie Thompson	__/__/__	$
Occupation (Required): Pharmacist	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ron R. Taylor	1/28/10	$ 100.00
Mailing Address: 15018 New Zion Rd	__/__/__	$
City, State, Zip Code: Crystal Springs MS 39059	__/__/__	$
Name of Employer (Required): Miss. DHS	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Jimmy Strong
Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Carl S. Bozeman	1/28/10	$ 100.00
Mailing Address: 12056 Monticello Rd.	__/__/__	$
City, State, Zip Code: Hazlehurst, MS 39083	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required): Vet	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William E. Cain	1/28/10	$ 100.00
Mailing Address: 3144 Old Port Gibson Rd	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Republican Party Copiah Cty Chapter	1/29/10	$ 200.00
Mailing Address	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles L. Moore	1/29/10	$ 250.00
Mailing Address: P.O. Box 285	__/__/__	$
City, State, Zip Code: Crystal Springs MS 39059	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

SS04-05

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dennis Carraway	1/29/10	$ 100.00
Mailing Address: 3136 Reeltown Rd	/ /	$
City, State, Zip Code: Utica MS 39175	/ /	$
Name of Employer (Required): Kitchens Bros Mfg Co.	/ /	$
Occupation (Required): C.E.O.	Aggregate year-to-date	$ 100.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Miss. Republican Party	2/1/10	$ 1000.00
Mailing Address: PO Box 60	/ /	$
City, State, Zip Code: Jackson MS 39205-0060	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ron M. Goode	2/1/10	$ 100.00
Mailing Address: 91 Lakeview Dr.	/ /	$
City, State, Zip Code: Raymond MS 39154	/ /	$
Name of Employer (Required): Self. Emp.	/ /	$
Occupation (Required): Farmer	Aggregate year-to-date	$ 100.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Billy C. Pitts Sr.	2/1/10	$ 50.00
Mailing Address: 105 W. Marion Ave.	/ /	$
City, State, Zip Code: Crystal Springs MS 39059	/ /	$
Name of Employer (Required): Self-Emp	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 50.00

SS04-05

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RC Stockett, Jr.	2/1/10	$ 50.00
Mailing Address: 28822 Hwy 27	/ /	$
City, State, Zip Code: Crystal Springs MS 39059	/ /	$
Name of Employer (Required): Stockett Realty	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 50.00
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Shaw Land Co.	2/1/10	$ 500.00
Mailing Address: 343 McHenry Gin Rd.	/ /	$
City, State, Zip Code: Monroe LA 71202	/ /	$
Name of Employer (Required): Sherman Shaw	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 500.00
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Joshua Beech	2/1/10	$ 100.00
Mailing Address: 3034 Jackson Liberty Rd	/ /	$
City, State, Zip Code: Lexson, MS 39191	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Air-Conditioning Service	Aggregate year-to-date	$ 100.00
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Woods Friendly Fireworks	2/1/10	$ 100.00
Mailing Address: 230 Edgewater Dr.	/ /	$
City, State, Zip Code: Hazlehurst MS 39083	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Owner	Aggregate year-to-date	$ 100.00

SS04-05

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-3-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glen C Bryant, M.	2/1/10	$ 100.00
Mailing Address: PO Drawer 899	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required): Self-Emp.	__/__/__	$
Occupation (Required): Lawyer	Aggregate year-to-date	$ 100.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Thompson	2/1/10	$ 500.00
Mailing Address: 315 Barrow St.	__/__/__	$
City, State, Zip Code: Houma, LA 70360	__/__/__	$
Name of Employer (Required): Self-Emp.	__/__/__	$
Occupation (Required): Construction	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Judson Jackson	2/1/10	$ 200.00
Mailing Address: 2191 Dees Rd	__/__/__	$
City, State, Zip Code: Crystal Springs MS 39059	__/__/__	$
Name of Employer (Required): Self-Emp.	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cooish Quick Lube	2/1/10	$ 100.00
Mailing Address: 28079 Hwy 28	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Conlin Enterprises Inc	2/1/10	$ 200.00
Mailing Address: 147 W. Gallatin St.	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TKSA Inc	2/1/10	$ 200.00
Mailing Address: 147 W. Gallatin St.	__/__/__	$
City, State, Zip Code: Hazlehurst MS 39083	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: D. Keith McKay	2/1/10	$ 200.00
Mailing Address: 121 McKen Lane	__/__/__	$
City, State, Zip Code: Edwards, MS 39066	__/__/__	$
Name of Employer (Required): Self-emp.	__/__/__	$
Occupation (Required): Acct.	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Floyd Sulser, Jr	2/1/10	$ 100.00
Mailing Address: 105 Bridgeview Circle	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required): Self-emp.	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

Name of Candidate or Committee Jimmy Strong

Reporting period 1-15-10 through 2-5-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Murran S. Griffin	2/5/10	$ 100.00
Mailing Address: 2094 Griffin Rd	__/__/__	$
City, State, Zip Code: Utica MS 39175	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 100.00

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

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

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

Name of Candidate or Committee Jimmy Jiano

Reporting period 1-25-10 through 2-5-10

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Sunflower Mailing Address: 247 Cawana Rd. City, State, Zip Code: Utica MS 39175 Purpose of Disbursement (Optional):	1/30/10	$ 277.15
	1/30/10	$ 44.68
	Aggregate Year-to-date	$ 321.83
B. Full name: John M. Hinches Mailing Address: 601 Russell St. City, State, Zip Code: Starkville, MS 39762 Purpose of Disbursement (Optional):	1/28/10	$ 471.08
	1/30/10	$ 690.00
	Aggregate Year-to-date	$ 1161.08
C. Full name: Harven Dallas Printing Mailing Address: P.O. Box 902 City, State, Zip Code: Jackson, MS 39205-0902 Purpose of Disbursement (Optional):	2/1/10	$ 2375.40
	2/4/10	$ 2097.20
	Aggregate Year-to-date	$ 4472.60
D. Full name: Huntington Lumber Co. Mailing Address: P.O. Box 47 City, State, Zip Code: Hazlehurst, MS 39083 Purpose of Disbursement (Optional):	2/3/10	$ 407.78
	__/__/__	$
	Aggregate Year-to-date	$ 407.78
E. Full name: Winning Edge Communications Mailing Address: P.O. Box 269 City, State, Zip Code: Alexandria, AL 36250 Purpose of Disbursement (Optional):	2/3/10	$ 1400.00
	__/__/__	$
	Aggregate Year-to-date	$ 1400.00
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$