2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 17 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Tom King

Address PO Box 1134 Petal, MS 39465

Telephone 601-582-3617 Fax 601-582-3617

Contact Name Tom Email tking@senate.ms.gov

Office Sought Senate #44 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**

✓ **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	$150,100.00 + $3700.00	$ 153,800.00	$ 153,800.00
Total amount of disbursements	$19,741.00 + $15,560.00	$ 35,301.00	$ 35,301.00
Total amount of cash on hand		$ 202,146.00	

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

Tom King
Signature of Candidate **Date**

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Moffatt	1/11/10	$ 500.00
Mailing Address: 1510 Old Field Dr.	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Comcast	1/12/10	$ 250.00
Mailing Address: 1701 John Kennedy Blvd.	__/__/__	$
City, State, Zip Code: Philadelphia, PA. 19103-283	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHIP Reno & Assoc., LLC	1/11/10	$ 250.00
Mailing Address: P.O. BX 2864	__/__/__	$
City, State, Zip Code: Jackson, MS. 39207	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steven Janzen	1/11/10	$ 250.00
Mailing Address: 4701 Lakeland Dr. Apt. 31h	__/__/__	$
City, State, Zip Code: Flowood, MS. 39232-9786	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George C. Kleinpeter	1/29/10	$ 2,500.00
Mailing Address: 76 Maric Dr.	__/__/__	$
City, State, Zip Code: Gretna, La. 70053	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hattiesburg Clinic Healthcare Policy Com.	2/6/10	$ 1,000.00
Mailing Address: P.O. Bx 17739	__/__/__	$
City, State, Zip Code: Hattiesburg, MS. 39404	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Design Precast Pipe, Inc.	6/10/10	$ 1,000.00
Mailing Address: P.O. Bx 2401	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39505-2401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pat Fore	7/9/10	$ 3,500.00
Mailing Address: P.O. Bx 2324	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39503-2324	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 3,500.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayou Healthcare, LLC.	2/9/10	$ 300.00
Mailing Address: 444 Pembrooke Dr.	__/__/__	$
City, State, Zip Code: Madison, MS. 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FRANK MALLette	2/8/10	$ 5,000.00
Mailing Address: 3708 Hwy. 90	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Douglas Holden	2/8/10	$ 4,000.00
Mailing Address: 2525 Duck Lake Rd.	__/__/__	$
City, State, Zip Code: Moss Point, MS. 39563	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 4,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Holden Earth Moving & Const	2/8/10	$ 1,000.00
Mailing Address: P.O BX. 5188	__/__/__	$
City, State, Zip Code: VANCleave, MS. 39565	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: G. F. H., Inc.	7/28/10	$ 500.00
Mailing Address: 26219 Cunningham Rd.	__/__/__	$
City, State, Zip Code: Pass Christian Rd. 39571	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jennifer Fagan	7/31/10	$ 5,000.00
Mailing Address: 32283 CR 323	__/__/__	$
City, State, Zip Code: Poplarville, ms. 39470-8417	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James Levens III	8/4/10	$ 1,000.00
Mailing Address: 5098 A Avenue	__/__/__	$
City, State, Zip Code: Long Beach, ms. 39560	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: THomas Evans III	8/4/10	$ 1,000.00
Mailing Address: P.O. BX. 6021	__/__/__	$
City, State, Zip Code: VANCleave, ms. 39565	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eugene P. Sterum	7/28/10	$ 500.00
Mailing Address: 8539 West OAKLawn Rd.	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39532	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Blacklidge Emulsions, Inc.	7/19/10	$ 1,000.00
Mailing Address: 12251 Bernard PKwy. #200	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ray Brittany Blacklidge	7/19/10	$ 2,000.00
Mailing Address: 12251 Bernard PKwy.	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ronald W. Blacklidge	7/19/10	$ 2,000.00
Mailing Address: 12251 Bernard PKwy.	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John M. Fyle Jr.	11/28/10	$ 1,000.00
Mailing Address: 239 Rolling Meadows Rd.	__/__/__	$
City, State, Zip Code: Ridgeland, MS. 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deborah Phillips	8/17/10	$ 1,000.00
Mailing Address: 1830 Crane Ridge Dr.	__/__/__	$
City, State, Zip Code: Jackson MS. 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Pittman	8/17/10	$ 1,000.00
Mailing Address: 5345 Runnymede Rd.	__/__/__	$
City, State, Zip Code: Jackson MS. 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kristie Sims	8/16/10	$ 1,000.00
Mailing Address: 403 Fairgreen CV	__/__/__	$
City, State, Zip Code: Canton, MS. 39046.9364	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bob & Paula Jines	8/17/10	$ 1,000.00
Mailing Address: 110 Bridlewood Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS. 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stephen Holley	8/17/10	$ 1,000.00
Mailing Address: 1830 Crane Bridge Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Clark	8/16/10	$ 1,000.00
Mailing Address: P.O. BX. 22567	__/__/__	$
City, State, Zip Code: Jackson, MS. 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lucian Bourgeois	8/16/10	$ 1,000.00
Mailing Address: 117 Fawnswood Dr.	__/__/__	$
City, State, Zip Code: Brandon, MS. 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John England	8/16/10	$ 1,000.00
Mailing Address: 2034 Petit Bois St. S	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sammuel Reyes Jr.	8/16/10	$ 1,000.00
Mailing Address: 202 Valley Rd.	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jetson G. Hollingsworth	8/17/10	$ 1,000.00
Mailing Address: 2253 Wild Valley Dr.	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KNeSeL Engineering Services, Inc.	8/9/10	$ 1,000.00
Mailing Address: 14321 Creosote Rd.	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom Rung

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Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Neel - Schaffer	8/11/10	$ 1,000.00
Mailing Address: P.O. BX. 22625	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39225-2625	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: T. C. B Construction	8/11/10	$ 400.00
Mailing Address: 5913 Hwy. 53	__/__/__	$
City, State, Zip Code: Poplarville, Ms. 39470	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Geopave	8/19/10	$ 300.00
Mailing Address: 10210 Logan Cline Rd.	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Wallace	8/19/10	$ 5,000.00
Mailing Address: P.O. Box 523	10/26/10	$ 2,000.00
City, State, Zip Code: Columbia, Ms. 39429	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 7,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAChado Patano, PLLC	8/19/10	$ 1,000.00
Mailing Address: 1641 Popps Ferry Rd Ste A-4	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39532	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy Anderson	8/19/10	$ 1,000.00
Mailing Address: P.O. BX. 2	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39502-0002	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Huey Stockstill Jr.	8/18/10	$ 5,000.00
Mailing Address: P.O. BX. 758	__/__/__	$
City, State, Zip Code: Picayune, MS. 39466	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steven M. Warren	8/19/10	$ 5,000.00
Mailing Address: 11500 Stanton Circle	__/__/__	$
City, State, Zip Code: Gulfport, MS 39503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carolyn Yates Voyles	2/27/10	$ 1,000.00
Mailing Address: 177 St. Andrews Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Yates Jr.	2/27/10	$ 1,000.00
Mailing Address: P.O. BX. 456	__/__/__	$
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Yates III	8/5/10	$ 1,000.00
Mailing Address: 2104 Ward Lane	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39531	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jason Voyles	2/27/10	$ 1,000.00
Mailing Address: 177 Saint Andrews Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tara Yates	8/5/10	$ 1,000.00
Mailing Address: 2104 Ward Lane	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39531	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward Day VI	8/1/10	$ 500.00
Mailing Address: 146 Foxfire Circle	__/__/__	$
City, State, Zip Code: Indian Springs, AL. 35124	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roberta Simmons	8/19/10	$ 500.00
Mailing Address: 692 Mulberry Rd.	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39532	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William Kroesel	8/19/10	$ 500.00
Mailing Address: 39 OLd OAK Lane	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39507-6236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Friends of Tom King

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ricky J. Cox	8/19/10	$ 500.00
Mailing Address: 21 Colonel Wink Dr.	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39507-4252	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Granger Jr.	8/19/10	$ 500.00
Mailing Address: 145 St. Jude St.	__/__/__	$
City, State, Zip Code: Biloxi, Ms. 39530-3602	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert E. Fairbanks	8/18/10	$ 500.00
Mailing Address: 1360 E. 2nd St.	__/__/__	$
City, State, Zip Code: Pass Christian, Ms. 39571-4839	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Properties	8/19/10	$ 500.00
Mailing Address: 225 Cowan Rd.	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39507	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Schloegel	8/19/10	$ 500.00
Mailing Address: 800 Commerce St.	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39507	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jco Manuel	8/19/10	$ 500.00
Mailing Address: 144 St. Francis St.	__/__/__	$
City, State, Zip Code: Biloxi, MS. 39530	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W. C. Fore Trucking, Inc.	8/19/10	$ 500.00
Mailing Address: P.O. BX. 3058	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39505	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PiCKering, Inc. PAC.	8/4/10	$ 500.00
Mailing Address: 460 Briarwood Dr. St. 515	__/__/__	$
City, State, Zip Code: Jackson, MS. 39206	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ben Stone	8/19/10	$ 1,000.00
Mailing Address: P.O. Bx. 130	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAXWell-Walker Consulting Group	8/4/10	$ 500.00
Mailing Address: P.O Bx 1665	__/__/__	$
City, State, Zip Code: Pascagoula, Ms. 39568	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Victor MAVAR	8/30/10	$ 500.00
Mailing Address: 630 Beach Blvd.	__/__/__	$
City, State, Zip Code: Biloxi, Ms. 39530	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John B. Sneed	8/11/10	$ 250.00
Mailing Address: 141 Bayou Circle	__/__/__	$
City, State, Zip Code: Gulfport, Ms. 39507-4623	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Dental PAC	8/17/10	$ 1,000.00
Mailing Address: 2630 Ridgewood Rd. Suite C	__/__/__	$
City, State, Zip Code: Jackson, MS 39216-4920	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A.T.&T	8/6/10	$ 500.00
Mailing Address: 175 E. Capital St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Co.	8/12/10	$ 750.00
Mailing Address: 2500 Lou Menk Dr. AOB-3	__/__/__	$
City, State, Zip Code: Fort Worth, TX 76131	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Motorola	__/__/__	$ 500.00
Mailing Address: P.O. Box 68429	__/__/__	$
City, State, Zip Code: Schaumburg, Illinois 60168	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Landmark Contracting, Inc.	12/28/10	$ 500.00
Mailing Address: P.O. BX. 2391	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39505	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Pearl Co. State PAC	8/23/10	$ 500.00
Mailing Address: P.O. BX 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lofton Cox	8/26/10	$ 500.00
Mailing Address: 8641 Bayou Castelle Dr.	__/__/__	$
City, State, Zip Code: Gautier, MS. 39553	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James A. Broadbent	8/19/10	$ 1,000.00
Mailing Address: 605 Rainbow Cove	__/__/__	$
City, State, Zip Code: Austin, TX. 78746	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron	7/26/10	$ 1,000.00
Mailing Address: P.O. Box 1300	/ /	$
City, State, Zip Code: Pascagoula, MS 39568	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western R.R. Co.	7/12/10	$ 500.00
Mailing Address: 2800 Livernois, Suite 300	/ /	$
City, State, Zip Code: Troy, Michigan 48007-5025	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co.	8/31/10	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Advance America	8/30/10	$ 500.00
Mailing Address: 135 N. Church St.	/ /	$
City, State, Zip Code: Spartenburg, SC 29306	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services, Inc.	9/27/10	$ 500.00
Mailing Address: 333 N. Point Center	/ /	$
City, State, Zip Code: Alpharetta, GA 30022	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE	10/11/10	$ 500.00
Mailing Address: 500 Broadway Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39401-6325	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nicholson & Co.	10/26/10	$ 500.00
Mailing Address: P.O. Box 609	/ /	$
City, State, Zip Code: Columbia, MS 39429-0609	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glynn Dyess	10/26/10	$ 1000.00
Mailing Address: 33 Wiley Dyess Rd.	/ /	$
City, State, Zip Code: Carson, MS 39427	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C & C Land Service	8/4/10	$ 1,000.00
Mailing Address: P.O. BX 312	__/__/__	$
City, State, Zip Code: Kiln, MS. 39556	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: S.H.A, Inc.	8/3/10	$ 1,000.00
Mailing Address: P.O. BX. 3719	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39505	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gulf Coast Pre-Stress, Inc.	8/18/10	$ 500.00
Mailing Address: P.O. BX 825	__/__/__	$
City, State, Zip Code: Pass Christian, MS. 39571	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Northrop Grumman	8/11/10	$ 1,000.00
Mailing Address: 4101 Washington Ave	__/__/__	$
City, State, Zip Code: Newport News, VA. 23607-2770	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James Dillon	10/26/10	$ 1000.00
Mailing Address: 632 Hwy 27 S.	__/__/__	$
City, State, Zip Code: Tylertown, MS 39667	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe McGee Construction Co, Inc.	10/26/10	$ 1000.00
Mailing Address: P.O. Box 340	__/__/__	$
City, State, Zip Code: Lake, MS 39092	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Simmons Erosion Control, Inc.	10/26/10	$ 1000.00
Mailing Address: P.O. Box 206	__/__/__	$
City, State, Zip Code: Lake MS 39092-8531	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Holliday Construction	10/26/10	$ 1000.00
Mailing Address: 534 Hwy 26 East	__/__/__	$
City, State, Zip Code: Poplarville, MS 39470	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jimmy Jane	9/2/10	$ 5,000.00
Mailing Address: P.O. BX. 1437	__/__/__	$
City, State, Zip Code: Ocean Springs, Ms. 39566	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Volkert & Associates, Inc.	10/5/10	$ 1,000.00
Mailing Address	__/__/__	$
City, State, Zip Code: Mobile, Alabama	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John McKee, Jr.	10/22/10	$ 500.00
Mailing Address: 136 Villa Way	__/__/__	$
City, State, Zip Code: Clinton, MS 39056-6115	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Warren & Warren Asphalt Paving	10/26/10	$ 500.00
Mailing Address: 14 Larry Warren Rd.	__/__/__	$
City, State, Zip Code: Tylertown, MS 39667	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Oddee Smith Construction, Inc.	10 / 25 / 10	$ 1000.00
Mailing Address: P.O. Box 1407	/ /	$
City, State, Zip Code: Brookhaven, MS 39602-1407	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	/ /	$
	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Arthur Fokakis	11 / 1 / 10	$ 250.00
Mailing Address: 120 Wildwood	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402-2350	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	/ /	$
	Aggregate year-to-date	$ 250.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Richton Tie & Lumber	11 / 4 / 10	$ 500.00
Mailing Address: PO Box 606	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	/ /	$
	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brenda & Mike Howell	10 / 31 / 10	$ 500.00
Mailing Address: 181 Wildwood Trail	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	/ /	$
	Aggregate year-to-date	$ 500.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Allen & Rhonda Flint	11/1/10	$ 500.00
Mailing Address: 1178 Old River Rd.	__/__/__	$
City, State, Zip Code: Petal, Ms. 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alwyn H. Lucky	10/20/10	$ 1,000.00
Mailing Address: P.O. Box 724	__/__/__	$
City, State, Zip Code: Ocean Springs, Ms. 39566	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie Sutherland	11/9/10	$ 1,000.00
Mailing Address: 12 Waterford Pl.	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stacie Pitts	11/9/10	$ 500.00
Mailing Address: 225 Tallulah Ridge	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Friends of Tom King

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward Langton	11/1/10	$ 500.00
Mailing Address: P.O. BX 15637	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39404-5637	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Fairley	11/9/10	$ 500.00
Mailing Address: 81 Redfern Trail	__/__/__	$
City, State, Zip Code: Petal, Ms. 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lawrence Warren	11/8/10	$ 2,500.00
Mailing Address: P.O. BX 572	12/14/10	$ 3,000.00
City, State, Zip Code: Hattiesburg, Ms. 39403-0572	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 5500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul McMurry	11/8/10	$ 500.00
Mailing Address: PO BX 447	__/__/__	$
City, State, Zip Code: Hattiesburg, Ms. 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kyle Taylor	11, 8, 10	$ 500.00
Mailing Address: 142 Will Hayes Rd.	__/__/__	$
City, State, Zip Code: Ellisville, MS 39437	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: R. Allen Morgan	11, 9, 10	$ 500.00
Mailing Address: 283 Tidewater Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael & Linda Broome	11, 9, 10	$ 500.00
Mailing Address: 135 Black Creek	__/__/__	$
City, State, Zip Code: Sumrall, MS 39482	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie T. Sutherland III	11, 8, 10	$ 500.00
Mailing Address: 13 Longbow Rd.	__/__/__	$
City, State, Zip Code: Petal, MS 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brent Shuck	11/9/10	$ 500.00
Mailing Address: 18 Waterford Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: O.L. Sims	11/9/10	$ 1000.00
Mailing Address: PO Box 16749	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404-6749	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carl Nicholson	11/9/10	$ 2000.00
Mailing Address: P.O. Drawer 15099	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404-5099	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2,000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Association Pac	11/1/10	$ 500.00
Mailing Address: PO Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bennett V. York, D.D.S.	11/9/10	$ 500.00
Mailing Address: 1421 S. 28th Ave.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39401	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Walker Associates	11/9/10	$ 500.00
Mailing Address: 2203 Hardy St.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39404-6496	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fairly Construction Co, Inc.	11/9/10	$ 500.00
Mailing Address: 828 Hwy 11	/ /	$
City, State, Zip Code: Petal, MS 39465	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medical Systems, Inc.	11/8/10	$ 500.00
Mailing Address: PO Box 1267	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C.S. Dews & Sons Foundry	11/9/10	$ 300.00
Mailing Address: P O Box 1647	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chain Electric Co.	11/9/10	$ 1000.00
Mailing Address: P.O. Box 2058	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keithco Petroleum	11/5/10	$ 1000.00
Mailing Address: 7048 Hwy 49 N	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Big "K" Oil Co., Inc.	11/4/10	$ 1000.00
Mailing Address: 30 Darby Rd.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS. 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sam J. Sackler	11/2/10	$ 500.00
Mailing Address: 12 Montclaire Court	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Finlo Construction Co., Inc.	11/8/10	$ 1000.00
Mailing Address: 1116 Finlo Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403-0086	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Lee	11/9/10	$ 500.00
Mailing Address: PO Box 1470	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Richard Lambert	11/9/10	$ 500.00
Mailing Address: 119 Hardy St.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMC Materials	11/10/10	$ 500.00
Mailing Address: PO Box 2569	11/22/10	$ 500.00
City, State, Zip Code: Madison, MS 39130	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Thompson	11/8/10	$ 500.00
Mailing Address: 102 Eastharen Cir.	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David Burchel	11/1/10	$ 500.00
Mailing Address: 67 Dover Terace	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rogers Management Co.	11/10/10	$ 500.00
Mailing Address: PO Box 1067	__/__/__	$
City, State, Zip Code: Petal, MS 39465	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fordham Properties, LLC	11/18/10	$ 500.00
Mailing Address: PO Box 906	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Blain Companies	11/23/10	$ 1000.00
Mailing Address: PO Box 1208	__/__/__	$
City, State, Zip Code: Mount Olive, MS 39119	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kimes & Stone Construction, Co.	11/19/10	$ 1000.00
Mailing Address: PO Box 550	__/__/__	$
City, State, Zip Code: Booneville, MS 38829	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Roadbuilders Assoc. Pac	11/22/10	$ 2000.00
Mailing Address: 601 George St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dwayn Boyd	11 / 22 / 10	$ 1000.00
Mailing Address: 2649 Neil Collins Rd.	/ /	$
City, State, Zip Code: Raymond, MS 39154	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Concrete Industries	11 / 16 / 10	$ 1000.00
Mailing Address: 134 Fairmont St. Suite B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TL Wallace Const., Inc.	11 / 19 / 10	$ 1000.00
Mailing Address: PO Box 523	/ /	$
City, State, Zip Code: Columbia, MS 39429	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Riverside Traffic Systems, Inc.	11 / 19 / 10	$ 1000.00
Mailing Address: 1283 State Hwy 178 W	/ /	$
City, State, Zip Code: New Albany, MS 38652	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: EuTaw Construction Co., Inc.	11/18/10	$ 1000.00
Mailing Address: PO Box 36	__/__/__	$
City, State, Zip Code: Aberdeen, MS 39730	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00
B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Norfolk Southern Corp.	9/29/10	$ 500.00
Mailing Address: Three Commercial Place	__/__/__	$
City, State, Zip Code: Norfolk, VA 23510-2191	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: DVA HC PAC	11/19/10	$ 500.00
Mailing Address: PO Box 7434	__/__/__	$
City, State, Zip Code: Mobile, AL 36670	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)		
Full name: Kay Van-Skiver	11/22/10	$ 500.00
Mailing Address: PO Box 565	__/__/__	$
City, State, Zip Code: Kosciusko, MS 39090	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dunn Roadbuilders LLC	11/4/10	$ 500.00
Mailing Address PO Box 6560	/ /	$
City, State, Zip Code Laurel, MS 39441-6560	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Design Precast & Pipe, Inc.	11/22/10	$ 250.00
Mailing Address PO Box 2401	/ /	$
City, State, Zip Code Gulfport, MS 39505-2401	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name D&B	11/18/10	$ 500.00
Mailing Address PO Box 1008	/ /	$
City, State, Zip Code Brookhaven, MS 39602	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bobby Mosely	11/18/10	$ 250.00
Mailing Address 103 Waywood Cove	/ /	$
City, State, Zip Code Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name N.L. Carson Co., Inc.	11/22/10	$ 500.00
Mailing Address 2221 Waggoner Rd	/ /	$
City, State, Zip Code Carthage, MS. 39051	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A-1 Sealing, Inc.	11/30/10	$ 500.00
Mailing Address 214 South Front St.	/ /	$
City, State, Zip Code Richton, MS 39476	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Assoc. For Homecare	11/22/10	$ 300.00
Mailing Address 134 Fairmont St. Suite B	/ /	$
City, State, Zip Code Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A. Garner Russell Assoc., Inc.	10/22/10	$ 500.00
Mailing Address 520 33rd St.	/ /	$
City, State, Zip Code Gulfport, MS 39507	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deborah Foster	12/9/10	$ 500.00
Mailing Address: 33 Quail Hollow Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Levanway & Associates	11/11/10	$ 1000.00
Mailing Address: PO Box 6657	/ /	$
City, State, Zip Code: Diamond head, MS 39525	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SFT, LP	12/11/10	$ 500.00
Mailing Address: 37 BoCage	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tanner Construction Co., Inc.	12/21/10	$ 500.00
Mailing Address: PO Box 460	/ /	$
City, State, Zip Code: Ellisville, MS 39437	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	12/17/10	$ 500.00
Mailing Address: PO Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082-1270	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donalson MS Pac	12/21/10	$ 500.00
Mailing Address: PO Box 14167	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FBS	11/17/10	$ 1000.00
Mailing Address: PO Box 441887	/ /	$
City, State, Zip Code: Houston, TX 77244-1887	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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 Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name NEJAM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Morningside Drive	__/__/__	$ 5,760
City, State, Zip Code Jackson, MS.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 5,760
B. Full name Joe Cloyd	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 7,000.00
City, State, Zip Code Biloxi, MS.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 7,000.00
C. Full name Verizon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 98	__/__/__	$ 960.00
City, State, Zip Code Hattiesburg, MS. 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 960.00
D. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 98 West	__/__/__	$ 1,089.00
City, State, Zip Code Hattiesburg, MS. 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,089.00
E. Full name U. S. Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 868.00
City, State, Zip Code Petal, Ms. 39465	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 868.00
F. Full name Rotary Club of Petal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 680.00
City, State, Zip Code Petal, MS. 39465	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 680.00

Name of Candidate or Committee Friends of Tom King

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Petal Ed. Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address CENTRAL AVE.	__/__/__	$ 320.00
City, State, Zip Code Petal, MS. 39465	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 320.00
B. Full name SENATE 2001	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$ 215.00
City, State, Zip Code Jackson	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 215.00
C. Full name ENTergy Council MEETing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy. 90	__/__/__	$ 455.00
City, State, Zip Code Biloxi, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 455.00
D. Full name SAM's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy. 98	__/__/__	$ 565.00
City, State, Zip Code Hattiesburg, MS.	__/__/__	$
Purpose of Disbursement (Optional) CHRistmas Gifts for Senate Staff	Aggregate Year-to-date	$ 565.00
E. Full name U.SM Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 49 o Hardy St	__/__/__	$ 450.00
City, State, Zip Code Hattiesburg, MS.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 450.00
F. Full name D.F. Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 98	__/__/__	$ 375.00
City, State, Zip Code Hattiesburg, MS.	__/__/__	$
Purpose of Disbursement (Optional) Campaign Pictures	Aggregate Year-to-date	$ 375.00

Name of Candidate or Committee Friends of Tom Ring

Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S.M Alumni Assoc.		
Mailing Address: Harly St.	__/__/__	$ 320.00
City, State, Zip Code: Hattiesburg, MS.	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 320.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lowe's		
Mailing Address: Hwy 42	__/__/__	$ 1,059.00
City, State, Zip Code: Petal, MS. 39465	__/__/__	$
Purpose of Disbursement (Optional): Campaign materials	Aggregate Year-to-date	$ 1,059.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$