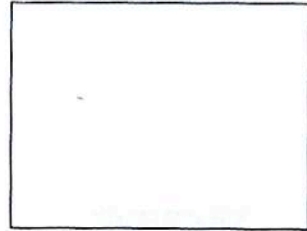


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report



Name of Committee Committee to Elect Chokwe Lumumba
 Address 440 North Mill Street County Hinds
 Telephone 601-353-4455 Fax 601-353-2818
 Treasurer Ervin Bradley Email Address clumbafreelon@aol.com

Check here if above is different from previous report

January 31, 2013 Annual Report (January 1, 2012, through December 31, 2012).....Mandatory
 Required to terminate reporting obligations
Termination Report (Candidate will no longer accept contributions or make
 Campaign expenditures and has no outstanding campaign debt obligation)

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	\$ 18,750 +\$ 3,391	\$ 22,141	\$ 22,141
Total amount of disbursements	\$ 17,789 +\$ 1,237	\$ 1,9026	\$ 19026
Total amount of cash on hand		\$ 7,491	

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

Ervin Bradley
Signature of Director or Treasurer

3/21/2013
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 601-576-2545
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Chokwe LumumbaReporting period January 2012 through December 2012**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Moore's Used Auto Sales, LLC</u>	<u>05</u> / <u>08</u> / <u>12</u>	\$ <u>1,000.00</u>
Mailing Address <u>304 S. Gallatin Street</u>	<u>11</u> / <u>07</u> / <u>12</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Jackson, MS 39203</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>2,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Funches and Associates</u>	<u>05</u> / <u>09</u> / <u>12</u>	\$ <u>300.00</u>
Mailing Address <u>1617 Robinson Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39209</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-Employed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Winston J. Thompson III</u>	<u>05</u> / <u>10</u> / <u>12</u>	\$ <u>1,200.00</u>
Mailing Address <u>1945 Hamilton Blvd.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-Employed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barry Wayne Howard</u>	<u>05</u> / <u>14</u> / <u>12</u>	\$ <u>10,000.00</u>
Mailing Address <u>4273 I-55 North, Suite 100</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-Employed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>10,000.00</u>

Name of Candidate or Committee Committee to Elect Chokwe LumumbaReporting period January 2012 through December 2012**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deerfield Pest Control INC.</u>	<u>05</u> / <u>30</u> / <u>12</u>	\$ <u>1,000.00</u>
Mailing Address <u>818 W. Mayes Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SJR INC.</u>	<u>06</u> / <u>15</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>4470 Sunset Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>XPS, LLC</u>	<u>08</u> / <u>29</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>5804 Kristen Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dennis C. Sweet III, P. A.</u>	<u>10</u> / <u>30</u> / <u>12</u>	\$ <u>1,000.00</u>
Mailing Address <u>158 East Pascagoula Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Self-Employed</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Elect Chokwe LumumbaReporting period January 2012 through December 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gloria J. Elmore</u>	<u>07</u> / <u>28</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>5006 Harling PL.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Vonda Reeves-Darby</u>	<u>11</u> / <u>08</u> / <u>12</u>	\$ <u>1,000.00</u>
Mailing Address <u>3866 Forest Hill Road</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39212</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) <u>MD</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Precious Martin, Sr. & Associates, PLLC</u>	<u>11</u> / <u>09</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 373</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Statewide General Insurance Agency</u>	<u>11</u> / <u>16</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>3073 Lynch Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39209</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Elect Chokwe LumumbaReporting period January 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name WKXI Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 S. Pear Orchard	5 / 10 / 12	\$ 1200.00
City, State, Zip Code Ridgeland, MS 39157	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1200.00
B. Full name Snap Man's Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3645 Hwy 80 #1248	6 / 9 / 12	\$ 100.00
City, State, Zip Code Jackson 39209	6 / 22 / 12	\$ 642.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 742.00
C. Full name CandidateSign.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 788	6 / 12 / 12	\$ 3209.02
City, State, Zip Code Boys Town, NE	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3209.02
D. Full name Space Age Marketing and Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 W. Northside Dr. Suite B	6 / 8 / 12	\$ 535.00
City, State, Zip Code Jackson, MS 39209	6 / 15 / 12	\$ 830.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1365.00
E. Full name Space Age	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 W. Northside Dr. Suite B	7 / 6 / 12	\$ 685.00
City, State, Zip Code Jackson, MS 39209	7 / 27 / 12	\$ 250.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 935.00
F. Full name Yoluanda Brown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1122 Avon Way	7 / 9 / 12	\$ 300.00
City, State, Zip Code Jackson, MS 39206	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00

Name of Candidate or Committee Committee to Elect Chokwe Lumumba
 Reporting period January 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Jon Horton	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1717 S. Edgewood Terrace	7 / 25 / 12	\$ 300.00
City, State, Zip Code Fort Worth, TX 76105	8 / 27 / 12	\$ 217.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 517.50
B. Full name Space Age Marketing & Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 W. Northside Dr.	9 / 27 / 12	\$ 330.00
City, State, Zip Code Jackson, MS 39209	10 / 09 / 12	\$ 330.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 660.00
C. Full name Space Age (cont.)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 26 / 12	\$ 395.00
City, State, Zip Code	6 / 30 / 12	\$ 895.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1290.00
D. Full name Space Age (cont.)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 / 11 / 12	\$ 75.00
City, State, Zip Code	11 / 2 / 12	\$ 950.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1025.00
E. Full name Space Age (cont.)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 23 / 12	\$ 425.00
City, State, Zip Code	12 / 7 / 12	\$ 395.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 820.00
F. Full name Dynastics Screen Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 410 West Pascagoula Street	11 / 3 / 12	\$ 998.31
City, State, Zip Code Jackson, MS 39203	12 / 7 / 12	\$ 717.33
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1715.64

Name of Candidate or Committee Committee to Elect Chokwe Lumumba
 Reporting period January 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Ron the Sign Man	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10016 Hwy 98	12 / 6 / 12	\$ 2700.00
City, State, Zip Code Navarre, FL 32566	12 / 18 / 12	\$ 700.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3400.00
B. Full name Southeastern Freight Lines, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. Box 1691	12 / 13 / 12	\$ 214.46
City, State, Zip Code Columbia, S. C. 39202	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 214.46
C. Full name Space Age Marketing & Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4125 Northside Dr. Suite B	12 / 7 / 12	\$ 395.00
City, State, Zip Code Jackson, MS 39209	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 395.00
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	\$