Delbert Hosemann SECRETARY OF STATE

# Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2012 Annual Report

Name of Candidate ( Lagarta Wattowell		
Address 1400 Maddowspool 20.	. Svera 100	
Telephone 601-487-2640 Fax		10 a. 27 B. 37 B. 38 B. 38 B.
Office Sought WARD 1, Cty Concil Email	gulajtas// pibbs	As itself
comb	(	( ( 0 % po
Check here if above is different from previous report	ም የሚያ መመስ መመስ እንዲመ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መመስ መ	
1415	OF REPORT	
January 31, 2013 Annual Report (January 1, 2012 thro	ugh December 31, 2012)	Mandatory
Termination Report (Candidate will no longer accept co campaign expenditures and has no outstanding campaig	ntributions or make gn debt obligation)	Required to terminate Reporting obligations
IMPORT	ANT	
<ol> <li>Pre-Election reports are mandatory, even if no contributions of shall submit a report indicating "0" (Zero) for total amount of re</li> </ol>	er evrenditure have eccur	ed. In such case, the candidate
Until a Candidate files a Termination Report, annual and period Ann. § 23-15-807 (b) (ii) and (iii).	dic reports must still be file	d in accordance with 14th care
and for four fact and forther		The socious of the state of the
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual re-	of remarks he 6-90 mm on th	10 tomordina de la 1641
3) The receiving authority must be in actual receipt of the require	of remarks he 6-90 mm on th	10 tomordina de la 1641
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual re-	ed reports by 5:00 p.m. on the ceipt of the required reports	se reporting day. If the deadline by 5:00 p.m. on the first working
7) The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual re- day before the deadline. Faxed reports are acceptable.	ed reports by 5:00 p.m. on the ceipt of the required reports  ONS AND DISBURSER	se reporting day. If the deadline by 5:00 p.m. on the first working
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual receipt before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTION	ed reports by 5:00 p.m. on the ceipt of the required reports  ONS AND DISBURSER  This Period	ne reporting day. If the deadline by 6:09 p.m. on the first working  WENTS  Calendar
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the effice must be in actual receipt on a weekend or a holiday, the effice must be in actual receipt of the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTION   Remixed + Non-itemixed   Remixed + Non-itemixed   Remixed + Non-itemixed   Reports are acceptable.	ed reports by 5:00 p.m. on the celpt of the required reports  ONS AND DISBURSER  This Period	WENTS  Calendar  Year-To-Date
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual ready before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTIVE STATES AND THE REPORTED CO	ed reports by 5:00 p.m. on the celpt of the required reports  ONS AND DISBURSER  This Period	WENTS  Calendar Year-To-Date
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the effice must be in actual readay before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTE Itemized + Non-itemized of all amount of contributions \$ 5,800 +\$ 5,863 5 of all amount of distursements \$ 9,49135+\$ of all amount of cash on hand	od reports by 5:00 p.m. on the ceipt of the required reports  ONS AND DISBURSER  This Period  \$ 11,663 65 \$ \$ 5 9 4 3 55	WENTS Calendar Year-To-Date  \$ 15.434 90 (incl.) \$ 9.49135
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the effice must be in actual receipt day before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTE  Itemized * Non-itemized  otal amount of contributions \$ 5,800 *\$ 5,863 **  otal amount of distrursements \$ 9,49135 *\$  otal amount of cash on hand  I contifu that have posming this relient add to the best of my	od reports by 5:00 p.m. on the ceipt of the required reports  ONS AND DISBURSER  This Period  \$ 11,663 65 \$ \$ 5 9 4 3 55	WENTS Calendar Year-To-Date  \$ 15.434 90 (incl.) \$ 9.49135
The receiving authority must be in actual receipt of the require falls on a weekend or a holiday, the office must be in actual receipt before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTION SERVED CONTRIBUTION SERVED SERV	cel reports by 5:00 p.m. on the celpt of the required reports  ONS AND DISBURSER  This Period  \$ 11,663 65 \$ \$ 5 9 43 55  knowledge and belief it is  1/3  Date	WENTS  Calendar Year-To-Date  \$ 15,434 90 (hell \$ 9,49135  true, accurate, and complete.  o/12

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division (Fig. 1904) 136, Jackson, INS 39206 or tax to 601-576-2545.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or C	ommittee _	Quentin	Wh. the !		
Reporting period	1/1/12	throug	gh 12/	31/1	2
	ITE	MIZEL	RFO	CÉ	IP7

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	5.5	
Charles Garris	2/15/12	\$ 300
Mailing Address		
P.O. Box 22787		\$
City, State, Zip Code		
		\$
THELESON MS 39225		
Name of Employer (Required)		¢ [
Occupation (Required)	I Land / Land / Land	\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 300
B. Source: Corporation PAC V Individual Loan		Amount of such
Discussify corporation   The 13 maintain   Louis	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
		this period
Full name	2/17/12	\$ 750
Armin Moellike	Control Control	\$ 250
Mailing Address		
346 St. ANDREWS OR.		\$
City, State, Zip Code		
		\$
JACKSON MS 39211	The same of the sa	
Name of Employer (Required)		\$
regrested	<u> </u>	Ψ ]
Occupation (Required)	Aggregate	A
	year-to-date	\$ 750
C. Source X Corporation PAC Individual Loan		
[X]	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
		this period
Full name	2/22/12	\$ 7250
Cash Depot of MS		4 1 250
Mailing Address		\$
P.O. Box 3073	1	<b>3</b>
City, State, Zip Code		
LORDOUA TN 38088	<u> </u>	\$
CONTRACTOR OF THE PROPERTY OF		
Name of Employer (Required)		\$
		Y
Occupation (Required)	Aggregate	\$ 250
!	year-to-date	V 1 150
D. Source: Corporation PAC Individual Loan		Amount of each
	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
ull name		
Tomme PAGE	2 1 23 1 12	\$ 250
Mailing Address		
		\$
103 WOOD LANDS CV.		
City, State, Zip Code		\$ [
BRANDON MY 39047		
ame of Employer (Required)		\$
PALL REVUER AND HOLLAND	to each to and to and	Ψ
ccupation (Required)	Aggregate	\$ 76-
LAWYER	year-to-date	\$ 250

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Page	12	of	7

Name of Candidate or	r Com	mi	ttee	Quentin Wis	trell			
Reporting period		I	12	through	12	31	12	
		1	TEN	MIZED	RE		EIP	rs

Other (please specify)  Full name    Pack   Kenera and following		10	
Full name    PACL Keuser Anthurwo   2 / 23 / 12 \$   500			
Pack Kened an Inclumed   Pack Kened an Inclumed an Inclumed an Inclumed an Inclumed   Pack Kened an Inclumed Annount of each receipt and Inclumed Anguregate   Inclumed an Inclumed Annount of each receipt and Inclumed Annount of each rec		(, =),,	this period
Mailing Address    D		2/23/12	\$ 5
State, Zip Code   I   S	race karola anollowano	<u> </u>	4 1 300
City, State, 210 Code    The William   The Code   The C			6
City, State, Zip Code    JALLY SOW Ma JA 132	In LANGREDOK BLUD STE 700		<b>3</b>
Secure   Corporation   PAC   Individual   Loan   Date   Cocupation (Required)   Secure	City, State, Zip Code		
Name of Employer (Required)  Ly Firm  Occupation (Required)  B. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)  City, State, Zip Code  Other (please specify)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  City, State, Zip Code  Other (please specify)  Name of Employer (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cocupation (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cocupation (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cocupation (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cocupation (Required)  C. Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)  Cocupation (Required)			\$
Aggregate   See   Aggregate			
Source   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)			\$
B. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   W. D. Mount CA   Mailing Address   Jack Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   W. D. Mount CA   Jack Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Loan   Date (Mo., Day, Year)   Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Day, Year)   Date (Mo., Day, Year)    Full name   Takeson   Mo., Tak		Contract of Comment	
B. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)    Full name   Loan   Date (Mo., Day, Year)    Full name   Loan   Loan   Loan   Loan   Loan   Loan   Loan    Mailing Address   Loan   Loan   Loan   Loan   Loan   Loan    Occupation (Required)   Loan   Date (Mo., Day, Year)    Full name of Employer (Required)   Loan   Loan   Loan    Other (please specify)   Loan   Loan   Loan    Other (please specify)   Loan   Loan   Loan    Source   Loan   Loan   Loan   Loan    Malling Address   Loan   Loan   Loan    Malling Address   Loan    Malling Address   Loan   Loan    Malling Address   Loan    Mallin	Occupation (Required)	Aggregate	6
Other (please specify)  Full name    W. D. Mounean   W. Mo			9 500
Other (please specify)  Full name    W. D. Mounean   W. Mo	B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)  Full name    L. P. Mounted		4	
Full name    L. P.   Mounted	Other (please specify)	(Mo., Day, Year)	
Mailing Address    1			uns period
Mailing Address    1450 0   Chrom 20.5 to 203		2 /23 / 12	\$ [ / 0= 0
City, State, Zip Code    Stepoor   Mrs 3921	W.D. Mouneca	Andrew J. Landson	4 1030
City, State, Zip Code    Stepoor   Mrs 3921	Mailing Address		
Squess   Mar   Mark			\$
Squess   Mar   Mark	9430 0/4 CANTON 120:5TE 203		
Name of Employer (Required)  Occupation (Required)  Other (please specify)  Aggregate year-to-date  Other (please specify)  Amount of each receipt this period  Full name  Source: Corporation PAC Individual Loan  Other (please specify)  Aggregate year-to-date  Focupation (Required)  Aggregate year-to-date  Aggregate year-to-date  Other (please specify)  Aggregate year-to-date  Amount of each receipt this period  I / /   \$   \$   \$   \$   \$   \$   \$   \$   \$	City, State, Zip Code		6
Name of Employer (Required)    Dil and Gard   Coccupation (Required)   Dil and Gard   Coccupation (Required)   Date (Mo., Day, Year)   Date (Mo., Day, Year)   Coccipt this period   Coccupation (Required)   Coccupation (Re	JACKSON Mr 39711		<b>a</b>
Dil and GAT Occupation (Required)  C. Source Y Corporation PAC Individual Loan Date Other (please specify)  C. Source Y Corporation PAC Individual Loan Date (Mo., Day, Year)  Amount of each receipt this period  Full name  Functif Scaling Address  P.O. Box 3770  Fity, State, Zip Code  Tackson MIS 39207  Focupation (Required)  Cocupation (Required)  Other (please specify)  Focupation (Required)  Focupation (Required)  For The Like  For Source Tackson Mis 3921   For State, Zip Code  Tackson Mis 3921   For State, Zip Code  For State	Name of Employer (Required)	<del> </del>	
Aggregate year-to-date \$ 1000  C. Source Y Corporation PAC Individual Loan Date (Mo., Day, Year)  C. Source Y Corporation PAC Individual Loan Date (Mo., Day, Year)  Could name Source If Scaling Address  P.O. Box 3770  City, State, Zip Code  TACKSON MS 34207  Individual Loan Aggregate year-to-date  Aggregate year-to-date  Aggregate year-to-date  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Coupation (Required)  Coupation Required)  Coupation PAC Individual Loan Date (Mo., Day, Year)  Coupation Required Date (Mo.	(		\$
C. Source \ Corporation \ PAC \ Individual \ Loan \ Date (Mo., Day, Year)  C. Source \ Corporation \ PAC \ Individual \ Loan \ Date (Mo., Day, Year)  C. Source \ Corporation \ PAC \ Individual \ Date (Mo., Day, Year)  C. Source \ Corporation \ PAC \ Individual \ Pac \ P			Commence of the contract of th
C. Source \( \text{Corporation} \) PAC \( \text{Individual} \) Loan \( \text{Date} \)  Other (please specify) \( \text{Mon. Day, Year} \)  Full name \( \text{So. Kelf Sc. (key Mailing Address Pc. O. Box 3770} \)  Sity, State, Zip Code \( \text{Corporation} \) PAC \( \text{No Moiling Address Pace (key)} \)  Individual \( \text{Loan Date (Mo., Day, Year)} \)  Aggregate \( \text{So. O. Box 3770} \)  Source: \( \text{Corporation} \) PAC \( \text{No Moiling Address Pace (ky)} \)  Other (please specify) \( \text{No Moiling Address Pace (ky)} \)  Source: \( \text{Corporation} \) PAC \( \text{No Moiling Address Pace (ky)} \)  Source: \( \text{No Moiling Address Pace (ky)} \)  The state of Employer (Required) \( \text{No Moiling Address Pace (ky) Pace (ky, State, Zip Code Pace (kequired) Pace (kequired) \( \text{No Moiling Address} \)  Source: \( \text{Corporation} \( \text{Required} \)  The state of Employer (Required) \( \text{No Moiling Address} \)  Source: \( \text{No Moiling Address} \)  Aggregate \( \text{No Moiling Address} \)  Aggregate \( \text{No Moiling Address} \)	Occupation (Required)		\$ 1000
Other (please specify)  Other (please specify)  Other (please specify)  Other (please specify)  Address  P.O. Box 3770  Oty, State, Zip Code  The kson Ms 30207  Idame of Employer (Required)  Other (please specify)  Other (		year-to-date	
Other (please specify)  Other (please specify)  Mo, Day, Year)  Teceipt this period  To Let   Scalling Address  P.O. Box 3770  Sity, State, Zip Code  The Let   Scalling Address  Pocupation (Required)  Corporation   PAC   Individual   Loan    Other (please specify)  Will name  Source:   Corporation   PAC   Individual   Loan    Other (please specify)  Will name  Source   Source   Corporation   PAC   Individual   Loan    Other (please specify)  Will name  Source   Source   Source    The Letter   Source	C. Source 💢 Corporation 🗀 PAC 🦳 Individual 🗀 Loan 🦳		Amount of each
Other (please specify)  full name  Sun belf Scalky  Malling Address  P.O. Box 3770  Sity, State, Zip Code  TACKSON MS 39207  lame of Employer (Required)  Other (please specify)  Malling Address  Toy State, Zip Code  The belief Scalky  Toy State, Zip Code  The belief Scalky  Toy State, Zip Code  The belief Scalky  The belief Scalky  This period  The belief Scalky  The belief Sc	parameter and the second secon		
Full name  Suntall Scaling  P.O. Box 3770  Sity, State, Zip Code  The kson Ms 39207  Idame of Employer (Required)  Other (please specify)  Interpolation of State (Mo., Day, Year)  Interpolation of State (Mo.)  The kson Ms 39211  Interpolation of State (Required)  Interpolation of State (Mo.)  Interpolatio	Other (please specify)	(Mo., Day, Year)	
Sometif Scaling Mailing Address  P.O. Box 3770  Sity, State, Zip Code  Stack son MIS 34207  Iame of Employer (Required)  Cocupation (Required)  Other (please specify)  Will name  Soft Melika  Amount of each receipt this period  will name  Soft Melika  Type State, Zip Code  Zip State, Zip	Full manage		porrou
Mailing Address  P.O. Box 3770  City, State, Zip Code  The kson Ms 39207  Image of Employer (Required)  Coupation (Required)  Other (please specify)  Mill name  Scott Melike  2 12 12 12 \$ 500°2  Aggregate  The Northway Or.  The Mailing Address  To y St. Moultway Or.  The Mailing Address  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate  Aggregate	ruii name	2/24/12	\$ 50000
P.O. Box 3770  City, State, Zip Code  The ksow Ms 39207  Imme of Employer (Required)  Coupation (Required)  Other (please specify)  Will name  Soft Melice  ailing Address  To Y St. Moultwo De.  The ksow Ms 39211  The coupation (Required)  The ksow Ms 39211	>unbelt )called	- comment of the same	+ 1 200
City, State, Zip Code  The kson Ms 39207    Jame of Employer (Required)   Converted   Jame of Employer (Required)   Jame of Em	Mailing Address /		e l
City, State, Zip Code    State Sow Mis 39207	P.O. Box 3770		Ψ
Securation (Required)   Secu	City, State, Zip Code		
Aggregate year-to-date   Amount of each receipt this period	To 1 1 Nr. 342-7	<u> </u>	\$
Aggregate year-to-date   Soo	342KSON 113 30100/	L	7
Aggregate year-to-date  Source: Corporation PACK Individual Loan  Other (please specify)  Ull name  SOUTT MELLER  ailing Address  704 St. MNORING DR.  ity, State, Zip Code  TACKSON MS 39211  ame of Employer (Required)  Teg vested  Aggregate year-to-date  Mount of each receipt this period  I Date (Mo., Day, Year)  I Date			\$
year-to-date    Source:   Corporation   PAC   Individual   Loan     Other (please specify)   Date	regrested	Comment Promise	Ψ ]
year-to-date    Source:   Corporation   PAC   Individual   Loan     Other (please specify)   Date	Occupation (Required)	Aggregate	¢ [
Amount of each receipt this period will name    SOUTH MELLER   2 123 1 12 \$ 500°2			1 )00
Other (please specify)  Free in this period  The life of this period  The l	Source: Corporation PAC Individual Loan		A
Other (please specify)  Ithis period  this period  this period  The life of th	. Courter   Composition   Thought materialary Education	Date	
alling Address  7 o 4 St. Anortins Or.  Ity, State, Zip Code  TACKSON MS 139211  Teg rested  coupation (Reduired)  Aggregate  Aggregate  Aggregate	Other (please specify)	(Mo., Day, Year)	
SOUTT MILLER  ailing Address  704 St. Annorting Or.  ity, State, Zip Code  TACKSON MS 39211  ame of Employer (Required)  Teg vested  coupation (Reduired)  Aggregate \$ Company of the coupation (Reduired)			this period
ailing Address  704 St. MNORING OR.  ity, State, Zip Code  TACKSON MS 39211  ame of Employer (Required)  The prosted  Coupation (Reduired)  Aggregate \$ COS		2 /28 / 17	¢ / = ===
TACKSON MS 39711  ame of Employer (Required)  Togy and a sequired)  Togy and a sequired  Aggregate \$ 500000000000000000000000000000000000		1911 801110	1 2000-
ity, State, Zip Code  TACKSON MS 139211  ame of Employer (Required)  Teg vested  coupation (Reduired)  Aggregate \$ 500000000000000000000000000000000000	lailing Address		A P
ity, State, Zip Code  TACKS ~ MS 39211  ame of Employer (Required)  Try voted  Coupation (Reduired)  Aggregate \$ 500000000000000000000000000000000000	704 St. ANORIWS DR		\$
TACKSON MS 39211  ame of Employer (Required)  Try visted  Coupation (Reduired)  Aggregate \$ 500000000000000000000000000000000000			
ame of Employer (Required)  Try vested  Coupation (Reduired)  Aggregate \$ 500000000000000000000000000000000000			\$
ccupation (Reduired) \$ Aggregate \$ COS	amo of Employer (Postuired)		
ccupation (Required)  Aggregate \$ 65			\$ [
33 3 4 6 6			
year-to-date   500	ccupation (Reduired)		\$ [65]
		year-to-date	1 200

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Name of Candidate	or Co	mmittee	Quetto C	lituell	
Reporting period	1	112	through	12/31	12
		IT	EMIZED	REC	EIPTS

ITEMIZED RECEIP	TS	
A. Source: Corporation PAC  Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	2 /23 / 12	\$ /ooo
Mailing Address		
City, State, Zip Code		\$
Jycuson M5 39236		\$
Name of Employer (Required)	$\square_{I}\square_{I}\square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
John Mc bowth	2/13/12	\$ 1000
P.O. Box 55 809		\$
City, State, Zip Code TACKSON, My 39796	$\square_I \square_I$	\$
Name of Employer (Required)	$\Box$ $_{I}$ $\Box$ $_{I}$ $\Box$	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tohn Fullenwider	2 120 1 12	\$ 750 20
Mailing Address	$\Box \Box \Box \Box$	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ 75000
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	BUENTEN WHIT	well			
Reporting period	1/1/2012	through	12	31	12012	

A. Full name THE FISH FARM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 127 VININGS のないを City. State, Zip Code	1/34/12	\$ 500 =0
City, State, Zip Code  MAD250N, M5 39110	3/30/12	\$ 50000
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ /00000
B. Full name THE FISH FRAM	Date (Mo., Day, Year)	Amount of each disbursement this period
88 10 . Address	4/26/12	\$ 70000
City, State, Zip Code  MANSSON, M5 39110		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ ,70000
C. Full name HEDERMAN BROTHERS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  500 STEEO RO	2/10/12	\$ 48000
City, State, Zip Code RZOGELAND M5 39157	2/22/12	\$ 497 20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 57770
D. Full name HEDERMAN BROTHERS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7/26/12	\$ 42800
500 STEED 120 City, State, Zip Code LEOGELANN W5 39157	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 42800
E. Full name Elywn Fish	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/24/12	\$ 25000
127 VININGS DREVE City, State, Zip Code MADISON MS 39/10	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
Purpose of Disbursement (Optional)  F. Full name  LARRY BREWER		\$ 250 20 Amount of each disbursement this period
Purpose of Disbursement (Optional)  F. Full name	Year-to-date Date	Amount of each
F. Full name  LARRY BREWER	Year-to-date  Date (Mo., Day, Year)	Amount of each disbursement this period

Name of Candidate or Co	ommittee	QUENTEN WHETWELL	
Reporting period	1/1/12	through12/31/12	

A. Full name Tulep	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  4500 I-55 Frontage Ro.  City, State, Zip Code	2/23/12	\$ 1,257 65
City, State, Zip Code  Sackson M5 39211	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,25765
B. Full name  Appetite for Jackson  Mailing Address  (Reguested)  City, State, Zip Code	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address (Reguested)	3/1/12	\$ 20000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50000
C. Full name BEATRECK LOUZE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  (109 vested)  City, State, Zip Code	4/24/12	\$ 250=0
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
D. Full name  F 125T FEAN MARKETING	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address (Refrested)	11/2/12	\$ 147500
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,475 ==
E. Full name LARITOL GAILLE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5050 J-SS Noath, Ste. F	12/13/12	\$ 428=
City, State, Zip Code  TACKSOW, M5 39211  Purpose of Disbursement (Optional)	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 42800
Friends of Joyce Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2/28/12	\$ 50000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 50000

Name of Candidate or Con	nmitt	ee		Quentin 1	white	11	,	,	 
Reporting period	_//	1/	12	throu	ugh	12/	31/	12	

A. Full name  M 5 Rep. Elected Officials Assoc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/7/12	\$ 20000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 20000
B. Full name  Friendo of Street PEULENING  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/10/12	\$ 70000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 20000
C. Full name Frends of MIKE LHANEY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/24/12	\$ 25000
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25000
D. Full name  Fliggs of Mank Foliagy'  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	· 7/26/12	\$ 7509
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2500=
E. Full name  Fixer to to 10-elect 5 us thee Bill WALVER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7/23/12	\$ 10000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ /0000
F. Full name Friends of Will Longuitz	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7/26/12	\$ 20000
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 70000

Name of Candidate or Com	mittee	Quentin Wither U
Reporting period	1/12	through 12/31/12

Date (Mo., Day, Year)	Amount of each disbursement this period
10/3/12	\$ 75000
	\$
Aggregate Year-to-date	\$ 75020
Date (Mo., Day, Year)	Amount of each disbursement this period
10/3/12	\$ 25000
	\$
Aggregate Year-to-date	\$ 25000
Date (Mo., Day, Year)	Amount of each disbursement this period
11 / 29/ 12	\$ 25000
	\$
Aggregate Year-to-date	\$ 75000
Date (Mo., Day, Year)	Amount of each disbursement this period
//_	\$
	\$
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
	\$
	\$
Aggregate Year-to-date	\$
Date	Amount of each
(Mo., Day, Year)	disbursement this period
	disbursement this period \$
	(Mo., Day, Year)  /