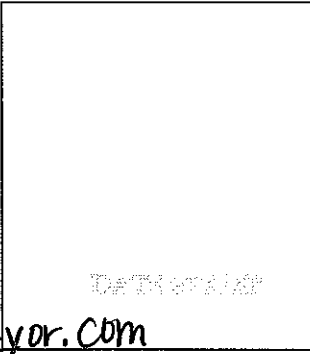


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report

Name of Candidate Regina R. Quinn
 Address 728 North Congress Street, Jackson, MS, 39202
 Telephone 601-944-9555 Fax _____
 Office Sought Mayor Email regina@reginaquinnformayor.com



Check here if above is different from previous report

TYPE OF REPORT

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

IMPORTANT

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

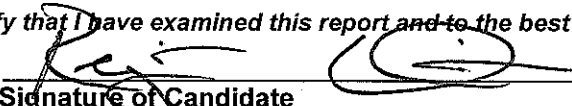
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$36,906 + \$1,200	\$38,106	\$38,106
Total amount of disbursements	\$27,892. ⁹⁹ + \$ —	\$27,892. ⁹⁹	\$27,892. ⁹⁹
Total amount of cash on hand		\$10,213. ⁰¹	

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



 Signature of Candidate

3/20/13

 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 Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name John R. May Jr.		6 / 28 / 12	\$ 4,000.00
Mailing Address 728 N.Congress Street		7 / 16 / 12	\$ 5,216.00
City, State, Zip Code Jackson, MS 39202		9 / 16 / 12	\$ 4,750.00
Name of Employer (Required) May Law Firm		12 / 1 / 12	\$ 12,000
Occupation (Required) Attorney		Aggregate year-to-date	\$ 25,966.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Dr. Dollye Robinson		7 / 12 / 12	\$ 1,000.00
Mailing Address 1018 Eastview Street		/ /	\$
City, State, Zip Code Jackson, MS, 39203		/ /	\$
Name of Employer (Required) Retired		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Clarence James		7 / 13 / 12	\$ 50.00
Mailing Address 2029 Elizabeth Chapman Drive		/ /	\$
City, State, Zip Code Jackson, MS, 39212		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Gerald Mumford		7 / 12 / 12	\$ 100.00
Mailing Address 4808 North State Street		/ /	\$
City, State, Zip Code Jackson, MS, 39216		/ /	\$
Name of Employer (Required) The Mumford Law Firm PLLC		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 100.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Rory Berry	7 / 16 / 12	\$ 100.00
Mailing Address 9922 Antrim Road	□ / □ / □	\$ _____
City, State, Zip Code Woodbury, MN, 55125	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Joan Wesley	8 / 13 / 12	\$ 100.00
Mailing Address 230 Sarah Lane	□ / □ / □	\$ _____
City, State, Zip Code Lawrenceville, GA, 30046	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 100.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Dr. Randy S. Love	8 / 13 / 12	\$ 500.00
Mailing Address 101 Skyline Cove	□ / □ / □	\$ _____
City, State, Zip Code Clinton, MS, 39056	□ / □ / □	\$ _____
Name of Employer (Required) G A Carmichael Family Health	□ / □ / □	\$ _____
Occupation (Required) Dentist	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Alma Tillman	8 / 26 / 12	\$ 100.00
Mailing Address 2957 Bailey Avenue	□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS, 39213	□ / □ / □	\$ _____
Name of Employer (Required) Retired	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ 100.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Ella Holmes		8 / 27 / 12	\$ 100.00
Mailing Address 130 Kristen Court		/ /	\$
City, State, Zip Code Jackson, MS, 39211		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 100.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Richard Smith		8 / 28 / 12	\$ 200.00
Mailing Address 958 Highway 459 N		/ /	\$
City, State, Zip Code Pearl, MS, 39208		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Shonda Deverteuil		9 / 4 / 12	\$ 50.00
Mailing Address 121 Park Circle		/ /	\$
City, State, Zip Code Jackson, MS, 39212		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David Buford		9 / 4 / 12	\$ 250.00
Mailing Address 17551 Highway 22		/ /	\$
City, State, Zip Code Jackson, MS, 39208		/ /	\$
Name of Employer (Required) Jackson State University		/ /	\$
Occupation (Required) General Counsel		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name E.S. Solutions	9 / 4 / 12	\$ 500.00
Mailing Address 306 Midway Heights	/ /	\$
City, State, Zip Code Terry, MS, 39170	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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) _____		
Full name Dwayne Butler	9 / 4 / 12	\$ 200.00
Mailing Address 3702 Frankford Road Apartment 3102	12 / 27 / 12	\$ 200.00
City, State, Zip Code Dallas TX, 75287	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 400.00
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) _____		
Full name Steve Slaughter	9 / 11 / 12	\$ 175.00
Mailing Address 3561 Jackye Lane	/ /	\$
City, State, Zip Code Jackson, MS, 39213	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 175.00
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) _____		
Full name Abdul K. Mohamed	9 / 4 / 12	\$ 150.00
Mailing Address 1125 Hallmark Drive	/ /	\$
City, State, Zip Code Jackson, MS, 39206	/ /	\$
Name of Employer (Required)	/ /	\$
Occupation (Required)	Aggregate year-to-date	\$ 150.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input checked="" 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 Perry Paige Agency	9 / 18 / 12	\$ 300.00
Mailing Address 319 Briarwood Drive		\$
City, State, Zip Code Jackson, MS, 39206		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
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 Henry Flowers	9 / 18 / 12	\$ 500.00
Mailing Address 12 Lafayette Circle		\$
City, State, Zip Code Clinton, MS, 39056		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
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 Alveno Castilla	9 / 19 / 12	\$ 750.00
Mailing Address P.O. Box 1732		\$
City, State, Zip Code Jackson, MS, 39215		\$
Name of Employer (Required) Butler Snow Law Firm		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 750.00
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 Gloria D. Williamson	9 / 19 / 12	\$ 250.00
Mailing Address 509 A Church Avenue		\$
City, State, Zip Code Philadelphia, MS, 39250		\$
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Young Law Group		9 / 19 / 12	\$ 1,000.00
Mailing Address 300 West Capitol Street Suite 200		/ /	\$
City, State, Zip Code Jackson, MS, 39203		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Addean Sampson		10 / 13 / 12	\$ 25.00
Mailing Address 5755 Queen Mary Lane		/ /	\$
City, State, Zip Code Jackson, MS, 39209		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 25.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kim Cooper		10 / 13 / 12	\$ 50.00
Mailing Address 550 Rich Drive		/ /	\$
City, State, Zip Code Jackson, MS, 39209		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 50.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Elaine Martin		10 / 13 / 12	\$ 20.00
Mailing Address 3740 Rainey Road		/ /	\$
City, State, Zip Code Jackson, MS, 39212		/ /	\$
Name of Employer (Required)		/ /	\$
Occupation (Required)		Aggregate year-to-date	\$ 20.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Beverly Wallace		10 / 13 / 12	\$ 30.00
Mailing Address 134 Cypress Road		□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS, 39272		□ / □ / □	\$ _____
Name of Employer (Required) MS Division of Medicaid		□ / □ / □	\$ _____
Occupation (Required) Professional Accountant		Aggregate year-to-date	\$ 30.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Dr. Neari Warner		10 / 13 / 12	\$ 200.00
Mailing Address 116 Stratford Circle		□ / □ / □	\$ _____
City, State, Zip Code Stockbridge, GA 30281		□ / □ / □	\$ _____
Name of Employer (Required)		□ / □ / □	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ 200.00
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Friends of Fallen Riders		10 / 29 / 12	\$ 110.00
Mailing Address P. O. Box 316		□ / □ / □	\$ _____
City, State, Zip Code Ridgeland, MS, 39158		□ / □ / □	\$ _____
Name of Employer (Required)		□ / □ / □	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ 110.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Charles Frazier		11 / 2 / 12	\$ 250.00
Mailing Address 4465 Cool Emerald Drive		□ / □ / □	\$ _____
City, State, Zip Code Tallahassee, FL, 32303		□ / □ / □	\$ _____
Name of Employer (Required)		□ / □ / □	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor
 Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Dr. Randy Love	11 / 3 / 12	\$ 1,500.00
Mailing Address 101 Skyline Cove	□ / □ / □	\$ _____
City, State, Zip Code Clinton, MS, 3905	□ / □ / □	\$ _____
Name of Employer (Required) G A Carmichael Family Health	□ / □ / □	\$ _____
Occupation (Required) Dentist	Aggregate year-to-date	\$ 1,500.00
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) _____		
Full name Tammy Aikens	11 / 15 / 12	\$ 250.00
Mailing Address P.O. Box 127	□ / □ / □	\$ _____
City, State, Zip Code Madison, MS, 39130	□ / □ / □	\$ _____
Name of Employer (Required) MS Division of Medicaid	□ / □ / □	\$ _____
Occupation (Required) S/P Officer	Aggregate year-to-date	\$ 250.00
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) _____		
Full name Spencer Nash	11 / 20 / 12	\$ 500.00
Mailing Address P.O. Box 425	12 / 20 / 12	\$ 500.00
City, State, Zip Code Greenville, MS, 39702	□ / □ / □	\$ _____
Name of Employer (Required) Delta Enterprises	□ / □ / □	\$ _____
Occupation (Required) Chief Executive Officer	Aggregate year-to-date	\$ 1,000.00
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) _____		
Full name Brutus Quinn	12 / 2 / 12	\$ 250.00
Mailing Address 2093 Owens Oak Drive	□ / □ / □	\$ _____
City, State, Zip Code Jackson, MS, 39212	□ / □ / □	\$ _____
Name of Employer (Required) VA Medical Center	□ / □ / □	\$ _____
Occupation (Required) Lead Tech	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 28, 2012 through December 31, 2012

ITEMIZED RECEIPTS

A. 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 Herbert Irvin		12 / 21 / 12	\$ 300.00
Mailing Address 1230 Raymond Road		/ /	\$
City, State, Zip Code Jackson, MS, 39204		/ /	\$
Name of Employer (Required) Irvin & Associates Law Firm		/ /	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 300.00
B. Source: <input checked="" 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 The Greenwood Agency		12 / 21 / 12	\$ 300.00
Mailing Address 401 West Presley Boulevard		/ /	\$
City, State, Zip Code McComb, MS, 39648		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 300.00
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 Joseph Moore		12 / 28 / 12	\$ 80.00
Mailing Address 808 Rutherford Drive		/ /	\$
City, State, Zip Code Jackson, MS, 39206		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$ 80.00
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 _____		/ /	\$
Mailing Address _____		/ /	\$
City, State, Zip Code _____		/ /	\$
Name of Employer (Required) _____		/ /	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Jackson United to Elect Regina Quinn MayorReporting period June 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	7 / 2 / 12	\$ 1,049.00
City, State, Zip Code Jackson, MS, 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,049.00
B. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	7 / 18 / 12	\$ 258.66
City, State, Zip Code Jackson, MS, 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 258.66
C. Full name Quality Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 23999	7 / 18 / 12	\$ 300.00
City, State, Zip Code Jackson, MS, 39225	__ / __ / __	\$
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	\$ 300.00
D. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	7 / 19 / 12	\$ 1,000.00
City, State, Zip Code Jackson, MS, 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,000.00
E. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	8 / 3 / 12	\$ 1,093.00
City, State, Zip Code Jackson, MS, 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,093.00
F. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	8 / 15 / 12	\$ 128.41
City, State, Zip Code Jackson, MS, 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Expenses	Aggregate Year-to-date	\$ 128.41

Jackson United to Elect Regina Quinn Mayor

Name of Candidate or Committee

Reporting period June 1, 2012

through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Jasmine Williams	Date (Mo., Day, Year) 8 / 31 / 12	Amount of each disbursement this period \$ 1,000.00
Mailing Address 330 Four Seasons Drive Apt D23	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,000.00
B. Full name Janene Tillman	Date (Mo., Day, Year) 8 / 31 / 12	Amount of each disbursement this period \$ 800.00
Mailing Address 2957 Bailey Avenue	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 800.00
C. Full name Aaron Banks	Date (Mo., Day, Year) 8 / 31 / 12	Amount of each disbursement this period \$ 375.00
Mailing Address 4722 Brookwood Placw	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39272	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 375.00
D. Full name Antonio Coleman	Date (Mo., Day, Year) 9 / 13 / 12	Amount of each disbursement this period \$ 78.75
Mailing Address 1230 Raymond Road	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39209	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ 78.75
E. Full name Jasmine Williams	Date (Mo., Day, Year) 9 / 18 / 12	Amount of each disbursement this period \$ 1,000.00
Mailing Address 330 Four Seasons Drive Apt D23	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39206	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,000.00
F. Full name Janene Tillman	Date (Mo., Day, Year) 9 / 18 / 12	Amount of each disbursement this period \$ 1,100.00
Mailing Address 2957 Bailey Avenue	___ / ___ / ___	\$
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,100.00

Jackson United to Elect Regina Quinn Mayor

Name of Candidate or Committee

Reporting period June 1, 2012

through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Janene Tillman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	9 / 28 / 12	\$ 1,100.00
City, State, Zip Code Jackson, MS, 39213	__ / __ / __	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,100.00
B. Full name The Blue and White Flash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1400 Lynch Street	10 / 12 / 12	\$ 355.00
City, State, Zip Code Jackson, MS, 39209	__ / __ / __	\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 355.00
C. Full name Hinds County Democratic Executive Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 22484	10 / 12 / 12	\$ 500.00
City, State, Zip Code Jackson, MS, 39335	__ / __ / __	\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 500.00
D. Full name Alphonso Burks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5646 Angle Drive	10 / 15 / 12	\$ 70.00
City, State, Zip Code Jackson, MS, 39206	11 / 2 / 12	\$ 30.00
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ 100.00
E. Full name Alpha Kappa Alpha Sorority	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 16666	10 / 19 / 12	\$ 125.00
City, State, Zip Code Jackson, MS, 39236	__ / __ / __	\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 125.00
F. Full name Kulture Corner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4730 North State Street	10 / 26 / 12	\$ 264.94
City, State, Zip Code Jackson, MS, 39204	__ / __ / __	\$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ 264.94

Name of Candidate or Committee Jackson United to Elect Regina Quinn MayorReporting period June 1, 2012 through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Aaron Banks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4722 Brookwood Place	10 / 27 / 12	\$ 400.00
City, State, Zip Code Jackson, MS, 39272	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 400.00
B. Full name Janene Tillman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	11 / 2 / 12	\$ 1,450.00
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 1,450.00
C. Full name 100 Black Women	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 12 / 12	\$ 120.00
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Top Hat Brunch Advertisement	Aggregate Year-to-date	\$ 120.00
D. Full name Janene Tillman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	11 / 27 / 12	\$ 500.00
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 500.00
E. Full name Tracy Thomas	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 2514	12 / 7 / 12	\$ 100.00
City, State, Zip Code Jackson, MS, 39236	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 100.00
F. Full name Janene Tillman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	12 / 7 / 12	\$ 350.00
City, State, Zip Code Jackson, MS, 39213	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$ 350.00

Name of Candidate or Committee Jackson United to Elect Regina Quinn Mayor

Reporting period June 1, 2012

through December 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name Quality Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 23999	12 / 17 / 12	\$ 95.23
City, State, Zip Code Jackson MS, 39225	__ / __ / __	\$
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	\$ 95.23
B. Full name NGP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th Street, NW, Suite 500	12 / 19 / 12	\$ 2,250.00
City, State, Zip Code Washington, DC, 20005	__ / __ / __	\$
Purpose of Disbursement (Optional) VAN Database	Aggregate Year-to-date	\$ 2,250.00
C. Full name Maverick Development Company LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 728 North Congress Street	12 / 31 / 12	\$ 12,000.00
City, State, Zip Code Jackson, MS, 39202	__ / __ / __	\$
Purpose of Disbursement (Optional) Rent	Aggregate Year-to-date	\$ 12,000.00
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	\$