Candidate	
1. V 1 301 M2 4 11 11	
REPORT OF RECEIPTS AND DISBURSEMENTS	
2012 Annual Report	
Name of Candidate Kegina R. Quinn	
Address 728 North Congress Street, Jackson, MS, 39202	
Telephone 601-944-9555 Fax	Date of Alast
Office Sought Mayor Email regina Creginaquinn form	vor. Com
Email regime 1 com equal to the	7
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

<u>IMPORTANT</u>

- (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 \$36,966 +\$1,200 \$38,106 \$38,106 Total amount of disbursements \$27,892,14\$ — \$27,892,99 \$27,892,99 Total amount of cash on hand \$10,213.01 I certify that Dave examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 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, mutli-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.

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

A C COMMENTED BACK Individual Total		
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
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)	Aggragato	
Attorney	Aggregate year–to-date	\$ 25,966.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	7 / 12 / 12	6
Dr. Dollye Robinson	1 1/2 / 1/2 / 1/2	\$ 1,000.00
Mailing Address		
1018 Eastview Street		\$
City, State, Zip Code		_
Jackson, MS, 39203	<u> </u>	\$
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
C Source Corneration PAC Individual V Loan	year-to-date	
C. Source Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Clarence James	Date	receipt
Other (please specify) Full name Clarence James Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 50.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 50.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year) 7 / 13 / 12 1 / 1 / 1 Aggregate	receipt this period \$ 50.00 \$
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 7 / 13 / 12 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 7 / 13 / 12 1 / 1 / 1 Aggregate	receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Mumford	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Mumford Mailing Address	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street City, State, Zip Code	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00 \$ 100.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street City, State, Zip Code Jackson, MS, 39216	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street City, State, Zip Code Jackson, MS, 39216 Name of Employer (Required)	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00 \$ 100.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street City, State, Zip Code Jackson, MS, 39216 Name of Employer (Required) The Mumford Law Firm PLLC	Date (Mo., Day, Year) 7 / 13 / 12 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00 \$ 100.00
Other (please specify) Full name Clarence James Mailing Address 2029 Elizabeth Chapman Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) Other (please specify) Full name Gerald Mumford Mailing Address 4808 North State Street City, State, Zip Code Jackson, MS, 39216 Name of Employer (Required)	Date (Mo., Day, Year) 7 / 13 / 12 1 /	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 100.00 \$ 100.00

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

A. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	7 / 16 / 12	\$ 100.00
Rory Berry	12	Ψ [100.00
Mailing Address		\$
9922 Antrim Road	<u> </u>	¥
City, State, Zip Code		\$
Woodbury, MN, 55125	<u> </u>	Ψ
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 100.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Joan Wesley	8 / 13 / 12	\$ 100.00
Mailing Address		
230 Sarah Lane		\$
City, State, Zip Code		
Lawrenceville, GA, 30046	<u> </u>	\$
Name of Employer (Required)		A
	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 100.00
	year-to-uate :	
C. Source T. Corneration T. BACT. Individual 17. Lean T.		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date (Mo., Day, Year)	receipt this period
Other (please specify)	Date	receipt
Other (please specify) Full name Dr. Randy S. Love Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required)	Date (Mo., Day, Year) 8 / 13 / 12 1 / 1 / 1 Aggregate	receipt this period \$ 500.00
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist	Date (Mo., Day, Year) 8 / 13 / 12 1 / /	receipt this period \$
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required)	Date (Mo., Day, Year) 8 / 13 / 12 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 8 / 13 / 12 1 / / / Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 100.00
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Alma Tillman Mailing Address 2957 Bailey Avenue	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Alma Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 100.00 \$ 100.00
Other (please specify) Full name Dr. Randy S. Love Maiting Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Alma Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code Jackson, MS, 39213	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 100.00
Other (please specify) Full name Dr. Randy S. Love Mailing Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Alma Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required)	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 100.00 \$ 100.00
Other (please specify) Full name Dr. Randy S. Love Maiting Address 101 Skyline Cove City, State, Zip Code Clinton, MS, 39056 Name of Employer (Required) G A Carmichael Family Health Occupation (Required) Dentist D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Alma Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code Jackson, MS, 39213	Date (Mo., Day, Year) 8	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 100.00 \$ 100.00

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

A. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, rear)	this period
Full name Elia 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: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	[a]aa . [aa	
Richard Smith	8 / 28 / 12	\$ 200.00
Mailing Address		
958 Highway 459 N	<u> </u>	\$
City, State, Zip Code		
Pearl, MS, 39208	<u> </u>	\$
Name of Employer (Required)		
Name of Employer (Aequited)	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 200.00
	4	▼ 1200.00 I
1	year-to-date	1
C. Source Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
y	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 50.00 \$ 50.00
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date	Amount of each receipt this period \$ 50.00 \$ 50.00 Amount of each
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 50.00 \$ 50.00 Amount of each receipt
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Cother (please specify) Full name David Buford Mailing Address	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name David Buford Mailing Address 17551 Highway 22	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name David Buford Mailing Address 17551 Highway 22 City, State, Zip Code	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00 \$
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name David Buford Mailing Address 17551 Highway 22 City, State, Zip Code Jackson, MS, 39208	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name David Buford Mailing Address 17551 Highway 22 City, State, Zip Code Jackson, MS, 39208 Name of Employer (Required)	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00 \$
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) Other (please specify) Full name David Buford Mailing Address 17551 Highway 22 City, State, Zip Code Jackson, MS, 39208 Name of Employer (Required) Jackson State University	Date (Mo., Day, Year) 9 / 4 / 12 1 / 1 / 12 Aggregate year-to-date Date (Mo., Day, Year) 9 / 4 / 12 1 / 1 / 12 1 / 1 / 12	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00 \$ 1
Other (please specify) Full name Shonda Deverteuil Mailing Address 121 Park Circle City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name David Buford Mailing Address 17551 Highway 22 City, State, Zip Code Jackson, MS, 39208 Name of Employer (Required)	Date (Mo., Day, Year) 9 / 4 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 250.00 \$ 1

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

A. Source: Corporation PAC Individual Loan	Date (Ma. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	9 / 4 / 12	\$ 500.00
E.S. Solutions Mailing Address		. 1000.00
		\$
306 Midway Heights City, State, Zip Code		***************************************
Terry, MS, 39170		\$
Name of Employer (Required)	, , , , , , , , , , , , , , , , , , ,	·
	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	9 / 4 / 12	\$ 200.00
Dwayne Butler		Ψ 200.00
Mailing Address	12 / 27 / 12	\$ 200.00
3702 Frankford Road Apartment 3102	<u> </u>	¥ 1200.00
City, State, Zip Code		\$
Dallas TX, 75287	<u> </u>	<u> </u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	e -
	year-to-date	\$ 400.00
**************************************	,	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period \$ 175.00
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 175.00
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213	Date (Mo., Day, Year)	receipt this period \$ 175.00
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 175.00
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / / / / / / / / / / / / / / / /	receipt this period \$ 175.00 \$
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required)	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / /	receipt this period \$ 175.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Abdul K. Mohamed	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date	receipt this period \$ 175.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual J Loan Other (please specify) Full name Abdul K. Mohamed Mailing Address	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Abdul K, Mohamed Mailing Address 1125 Hallmark Drive City, State, Zip Code Jackson, MS, 39206	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Abdul K, Mohamed Mailing Address 1125 Hallmark Drive City, State, Zip Code	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Slaughter Mailing Address 3561 Jackye Lane City, State, Zip Code Jackson, MS, 39213 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Abdul K. Mohamed Mailing Address 1125 Hallmark Drive City, State, Zip Code Jackson, MS, 39206	Date (Mo., Day, Year) 9 / 11 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 175.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Page	5		of	9

Name of Candidat	or Committee Jackson United to Elect Regina Quinn Mayor	
Reporting period_	through	_
	ITENNITED DEACHD	_

A. Source: Corporation PAC Individual Loan 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 Brianwood Drive	<u> </u>	\$
City, State, Zip Code		
Jackson, MS, 39206	<u> </u>	\$
Name of Employer (Required)		
	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 300.00
B. Source: Corporation PAC Individual ✓ Loan	year to date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Henry Flowers	9 / 18 / 12	\$ 500.00
Mailing Address		
12 Lafayette Circle	<u> </u>	\$
City, State, Zip Code		
Clinton, MS, 39056	1 1 1	\$
Name of Employer (Required)		\$
	<u></u>	· :
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC Individual V Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 19 / 12	\$ 750.00
Alveno Castilla	19 / 119 / 112	a 1750.00
Mailing Address		\$
P.O. Box 1732	<u> </u>	4
City, State, Zip Code		\$
Jackson, MS, 39215	<u></u>	* L
Name of Employer (Required) Butler Snow Law Firm	\square , \square , \square	\$
Occupation (Required)	Aggregate	*
Attorney	year-to-date	\$ 750.00
D. Source: Corporation PAC Individual V Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Full name Gloria D. Williamson	(Mo., Day, Year)	this period \$ 250.00
Full name	(Mo., Day, Year)	this period
Full name Gloria D. Williamson Mailing Address	(Mo., Day, Year)	\$ 250.00
Full name Gloria D. Williamson Mailing Address 509 A Church Avenue	(Mo., Day, Year)	this period \$ 250.00
Full name Gloria D. Williamson Mailing Address 509 A Church Avenue City, State, Zip Code Philadelphia, MS, 39250 Name of Employer (Required)	(Mo., Day, Year)	\$ 250.00 \$ \$
Full name Gloria D. Williamson Mailing Address 509 A Church Avenue City, State, Zip Code Philadelphia, MS, 39250	(Mo., Day, Year)	\$ 250.00

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

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INIO., Day, Teal)	this period
Full name Young Law Group	9 / 19 / 12	\$ 1,000.00
Mailing Address	,	•
300 West Capitol Street Suite 200	<u> </u>	\$
City, State, Zip Code		
Jackson, MS, 39203	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	[a] .[a] .[a]	
Addean Sampson	10 / 13 / 12	\$ 25.00
Mailing Address		
5755 Queen Mary Lane		\$
City, State, Zip Code		•
Jackson, MS, 39209	<u>* / L</u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 25.00
C Source Corneration PAC Individual 7 Lean C	year to date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Kim Cooper	Date	receipt
Other (please specify) Full name Kim Cooper Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209	Date (Mo., Day, Year)	receipt this period \$ 50.00 \$
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 50.00
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209	Date (Mo., Day, Year)	receipt this period \$ 50.00 \$
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required)	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date	receipt this period \$ 50.00 \$ 50.00 Amount of each
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 10 / 13 / 12 1 / /	receipt this period \$
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elaine Martin Mailing Address	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 20.00
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elaine Martin Mailing Address 3740 Rainey Road	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Elaine Martin Mailing Address 3740 Rainey Road City, State, Zip Code	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 20.00 \$ 10.00
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Elaine Martin Mailing Address 3740 Rainey Road City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 20.00
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Elaine Martin Mailing Address 3740 Rainey Road City, State, Zip Code	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 20.00 \$ 10.00
Other (please specify) Full name Kim Cooper Mailing Address 550 Rich Drive City, State, Zip Code Jackson, MS, 39209 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Elaine Martin Mailing Address 3740 Rainey Road City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year) 10 / 13 / 12 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 50.00 \$ 50.00 \$ 50.00 Amount of each receipt this period \$ 20.00 \$ 1

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Name of Candidat	e or Committee	Jackson Unite	d to Elect Rec	gina Quinn Mayor
Reporting period_	June 28. 2012		through	December 31, 2012

A. Source: Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		uns periou
Beveraly Wallace	10 / 13 / 12	\$ 30.00
Mailing Address	January Arrenty Parents	
134 Cypress Road	<u> </u>	\$
City, State, Zip Code		<u> </u>
Jackson, MS, 39272		\$
the state of the s		
Name of Employer (Required) MS Division of Medicaid		\$
Occupation (Required)		
Professional Accountant	Aggregate	\$ 30.00
B. Source: Corporation PAC Individual V Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u></u>	
Dr. Neari Warner	10 / 13 / 12	\$ 200.00
Mailing Address		
116 Stratford Circle	<u> </u>	\$
City, State, Zip Code		
Stockbridge, GA 30281	<u> </u>	\$
Name of Employer (Required)	T,F,F	\$
		D
Occupation (Required)	Aggregate year–to-date	\$ 200.00
C. Source 7 Corporation PAC Individual Loan	your to unto	A
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Friends of Fallen Riders	Date	receipt
Other (please specify) Full name Friends of Fallen Riders Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 110.00
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 110.00
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158	Date (Mo., Day, Year)	receipt this period \$ 110.00
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 110.00
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158	Date (Mo., Day, Year) 10 / 29 / 12 1 / / / 1 / / / Aggregate	receipt this period \$ 110.00 \$ 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 10 / 29 / 12 1 / / / Aggregate yearto-date	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required)	Date (Mo., Day, Year) 10 / 29 / 12 1 / / / 1 / / / Aggregate	receipt this period \$ 110.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 10 / 29 / 12 1 / / / Aggregate yearto-date Date	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Charles Frazier Mailing Address	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Charles Frazier Mailing Address 4465 Cool Emerald Drive	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Charles Frazier Mailing Address 4465 Cool Emerald Drive City, State, Zip Code	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Charles Frazier Mailing Address 4465 Cool Emerald Drive City, State, Zip Code Tallahassee, FL, 32303	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Charles Frazier Mailing Address 4465 Cool Emerald Drive City, State, Zip Code	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (please specify) Full name Friends of Fallen Riders Mailing Address P. O. Box 316 City, State, Zip Code Ridgeland, MS, 39158 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual V Loan Other (please specify) Full name Charles Frazier Mailing Address 4465 Cool Emerald Drive City, State, Zip Code Tallahassee, FL, 32303	Date (Mo., Day, Year) 10 / 29 / 12 10 / 29 / 12 11 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 110.00 \$

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

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11 / 3 / 12	
Dr. Randy Love	1111 / 13 / 112.	\$ 1,500.00
Mailing Address		\$
101 Skyline Cove	<u> </u>	* L
City, State, Zip Code		\$
Clinton, MS, 3905	<u> </u>	P
Name of Employer (Required)		\$ [
G A Carmichael Family Health	<u> </u>	એ [
Occupation (Required)	Aggregate	\$ 1,500.00
Dentist	year-to-date	Ψ [1,500,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Tammy Aikens	11 / 15 / 12	\$ 250.00
Mailing Address		
P.O. Box 127		\$
City, State, Zip Code	T , T .	*
Madison, MS, 39130	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Name of Employer (Required)		\$
MS Division of Medicaid		•
Occupation (Required) S/P Officer	Aggregate year–to-date	\$ 250.00
15/P UMICEL	vear-io-date i	8 a 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2
	you. to date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required)	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 1 / _ / _ Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address 2093 Owens Oak Drive	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address 2093 Owens Oak Drive City, State, Zip Code	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address 2093 Owens Oak Drive City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address 2093 Owens Oak Drive City, State, Zip Code Jackson, MS, 39212 Name of Employer (Required)	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Spencer Nash Mailing Address P.O. Box 425 City, State, Zip Code Greenville, MS, 39702 Name of Employer (Required) Delta Enterprises Occupation (Required) Chief Executive Officer D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brutus Quinn Mailing Address 2093 Owens Oak Drive City, State, Zip Code Jackson, MS, 39212	Date (Mo., Day, Year) 11 / 20 / 12 12 / 20 / 12 12 / 20 / 12 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00 \$ 1

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

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 21 / 12	<u> </u>
Herbert Irvin	112 / 121 / 112	\$ 300.00
Mailing Address		\$
1230 Raymond Road		₽ 1 :
City, State, Zip Code		¢
Jackson, MS, 39204	<u> </u>	\$
Name of Employer (Required)		\$
Irvin & Associates Law Firm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ф
Occupation (Required)	Aggregate	\$ 300.00
Attorney	year-to-date	¥ 1300.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		ulis period
Full name The Greenwood Agency	12 / 21 / 12	\$ 300.00
		\$
Mailing Address 401 West Presley Boulevard		\$
City, State, Zip Code	<u> </u>	
McComb, MS, 39648		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$ 300.00
O O O O O O O O O O O O O O O O O O O	year-to-date	
C. Source Corporation PAC Individual V Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Joseph Moore	Date	Amount of each receipt
Other (please specify) Full name Joseph Moore Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206	Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 12 / 28 / 12 1 / / / Aggregate year-to-date	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) 12 / 28 / 12 1 / /	Amount of each receipt this period \$ 80.00 \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 12 / 28 / 12 12 / 28 / 12 14 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12 / 28 / 12 12 / 12 14 / 15 Aggregate year-to-date Date	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) Other (please specify)	Date (Mo., Day, Year) 12 / 28 / 12 12 / 28 / 12 14 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 12 / 28 / 12 12 / 28 / 12 14 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) 12 / 28 / 12 12 / 28 / 12 14 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Joseph Moore Mailing Address 808 Rutherford Drive City, State, Zip Code Jackson, MS, 39206 Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 12 / 28 / 12 12 / 28 / 12 14 / 15 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 80.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

	Jackson United to Elect Regina Quinn Mayor
Name of Candidate or Committee	
lune 1 2012	December 31, 2012
Reporting period	through

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	//	s
Purpose of Disbursement (Optional) Expenses	Aggregate Year-to-date	\$ 128.41

	Jackson United to Elect Regina Quinn Mayo
of Candidate or Committee	· ·

Reporting period June 1, 2012 through December 31, 2012

A. Full name Jasmine Williams	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	8 / 31 / 12	\$ 1,000.00
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)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	8 / 31 / 12	\$ 800.00
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)	Amount of each disbursement this period
Mailing Address 4722 Brookwood Placw	8 / 31 / 12	\$ 375.00
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)	Amount of each disbursement this period
Mailing Address 1230 Raymond Road	9 / 13 / 12	\$ 78.75
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)	Amount of each disbursement this period
Mailing Address 330 Four Seasons Drive Apt D23	9/18/12	\$ 1,000.00
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)	Amount of each disbursement this period
Mailing Address 2957 Bailey Avenue	9 / 18 / 12	\$ 1,100.00
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
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Name of Candidate or Committee

Reporting period June 1, 2012 through December 31, 2012

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	11	\$
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		s
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ 264.94

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

Reporting period June 1, 2012	December 31, 2012 through
reporting period	unougn

A. Full name Aaron Banks	Date (Mo. Day Year)	Amount of each disbursement this period
Mailing Address	(Mo., Day, Year)	-
4722 Brookwood Place	$\frac{10}{27} / \frac{12}{27} $	\$ 400.00
City, State, Zip Code	, ,	\$
Jackson, MS, 39272	//	•
Purpose of Disbursement (Optional)	Aggregate	\$ 400.00
Payroll	Year-to-date	Ψ .
B. Full name	Date	Amount of each
Janene Tillman	(Mo., Day, Year)	disbursement this period
Mailing Address	11 ,2 ,12	\$ 1,450.00
2957 Bailey Avenue	$\frac{11}{2} / \frac{2}{2} / \frac{12}{2}$	\$ 1,750.00
City, State, Zip Code		
Jackson, MS, 39213	-/-/-	\$
Purpose of Disbursement (Optional)	Aggregate	1 450 00
Payroll	Year-to-date	\$ 1,450,00
C. Full name	Dete	Amount of each
100 Black Women	Date (Mo., Day, Year)	disbursement this period
Mailing Address		
maining Address	11 / 12 / 12	\$ 120.00
City, State, Zip Code	, ,	<i>a</i>
Jackson, MS, 39213	//	\$
Purpose of Disbursement (Optional)	Aggregate	¢ 120.00
Top Hat Brunch Advertisement	Year-to-date	\$ 120.00
D. Full name	Date	Amount of each
Janene Tillman	(Mo., Day, Year)	disbursement this period
Mailing Address		
2957 Bailey Avenue	11 / 27 / 12	§ 500.00
City, State, Zip Code		
Jackson, MS, 39213	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate	© 500.00
Payroll	Year-to-date	\$ 500.00
-	i itai-iv-uale	
	······································	Amount of cook
E. Full name Tracy Thomas	Date	Amount of each
E. Full name Tracy Thomas	Date (Mo., Day, Year)	disbursement this period
E. Full name	Date	4
E. Full name Tracy Thomas Mailing Address P.O. Box 2514	Date (Mo., Day, Year)	disbursement this period
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code	Date (Mo., Day, Year)	disbursement this period
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236	Date (Mo., Day, Year) 12 / 7 / 12 / /	disbursement this period \$ 100.00
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 12 / 7 / 12	disbursement this period \$ 100.00
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroli	Date (Mo., Day, Year) 12 / 7 / 12 / /	disbursement this period \$ 100.00 \$
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00 \$ 100.00 Amount of each
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman Mailing Address	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00 \$ 100.00 \$ 100.00 Amount of each disbursement this period
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman Mailing Address 2957 Bailey Avenue	Date (Mo., Day, Year) 12 / 7 / 12 / Aggregate Year-to-date Date (Mo., Day, Year)	s 100.00 \$ 100.00 \$ 100.00 Amount of each disbursement this period
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00 \$ 100.00 \$ 100.00 Amount of each disbursement this period \$ 350.00
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman Mailing Address 2957 Bailey Avenue	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00 \$ 100.00 \$ 100.00 Amount of each disbursement this period
E. Full name Tracy Thomas Mailing Address P.O. Box 2514 City, State, Zip Code Jackson, MS, 39236 Purpose of Disbursement (Optional) Payroll F. Full name Janene Tillman Mailing Address 2957 Bailey Avenue City, State, Zip Code	Date (Mo., Day, Year) 12 / 7 / 12	s 100.00 \$ 100.00 \$ 100.00 Amount of each disbursement this period \$ 350.00

Jackson United t	to Ele	ct Regin	ia Quinn	Mayor
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Reporting period June 1, 2012

through

December 31, 2012

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		
B. Full name NGP	Date (Mo., Day, Year)	Date Amount of each	
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	//	s	
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	\$	