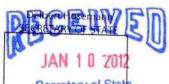
Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections



Secretary of State Capitol Office DATE STAMP erman m Check here if above is different from previous report May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) Mandatory June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) _Mandatory July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) Mandatory July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) ______Primary Candidates August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) _____Runoff Candidates Only October 10, 2011 Periodic Report (July 1, 2011, through September 30, 2011) November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011) _Mandatory November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)____Runoff Candidates Only January 10, 2012 Periodic Report (October 1, 2011, through December 31, 2011) ______Mandatory Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) **IMPORTANT** (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized Non-Itemized This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Signature of Candidate

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. §§ 23-15-8-11 (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.

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

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Name of Candidat	e or Committee	Joey Hood		W.W
Reporting period	October 1, 2011		through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Contractor's PAC M5 Assoc. Builders & Contractors, Inc	- 10 / 13 / 11	\$ 250.00
Mailing Address		¥ 1230.00
P.O. Box 16522		\$
City, State, Zip Code		
Jackson, MS 39236	- <u> _ , _ , _ , _ , _ , _ , _ , _ , _ , _ </u>	\$
Name of Employer (Required)		
		\$
Occupation (Required)	- Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	- (WO., Day, Tear)	this period
Full name	- 9 / 29 / 11	\$ 200.00
MMHA-PAC	15 / 155 / 111	\$ 200.00
Mailing Address		\$
P.O. Box 320369		\$
City, State, Zip Code	Г.Г.Г	
Jackson, MS 39232		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 20 / 11	\$ 500.00
MRBAPAC MS Road Builders Assoc. Political Action Committee	<u> </u>	V [300.00
Mailing Address 601 George Street		\$
City, State, Zip Code		5 4
Jackson, MS 39202		\$
Name of Employer (Required)		120 1
		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 17 / 11	e [
MS Bankers Assoc. Political Action Committee	100 / 100 / 110	\$ 500.00
Mailing Address		\$
P.O. Box 1091		*
City, State, Zip Code Jackson, MS 39215		\$
Name of Employer (Required)		**************************************
name of Employer (Nequired)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Committee	Joey Hood		
Reporting period October 1, 2011		through	December 31, 2011

Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[6.15].E	
Wesley Trim	10 / 12 / 11	\$ 500.00
Mailing Address		
14224 Arbor Forest Drive		\$
City, State, Zip Code		F 00 19
Rockville, MD 20850		\$
Name of Employer (Required)		
	_ //	\$
Occupation (Required)	— Aggregate	
Engineer	year-to-date	\$ 500.00
B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐	999	Amount of each
	_ Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		6
MS Realtors Political Action Committee	110 / 118 / 111	\$ 500.00
Mailing Address		
P.O. Box 321000	- <u> _ / _ / _ / _ </u>	\$
City, State, Zip Code		
Flowood, MS 39232	- <u> </u>	\$
Name of Employer (Required)		
rumo or Employer (reduned)		\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)		\$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) P.A. Full name	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A.	year-to-date Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required)	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 200.00 \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 200.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 / / / / / / / Aggregate year-to-date	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each
Other (please specify) Other (please specify) P.A. Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt this period
Other (please specify) Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt
Other (please specify) Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify) Full name SUN PAC Mailing Address	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) P.A. Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name SUN PAC Mailing Address P.O. 8ox 13589	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt this period
Other (please specify) Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify) Full name SUN PAC Mailing Address P.O. Box 13589 City, State, Zip Code	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 500.00
Other (please specify) Other (please specify) P.A. Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify) Full name SUN PAC Mailing Address P.O. 80x 13589 City, State, Zip Code Jackson, MS 39236-3589	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 200.00 \$ 200.00 Amount of each receipt this period \$ 500.00
Other (please specify) Other (please specify) P.A. Full name Akins and Adams, P.A. Mailing Address 108 E Jefferson Street City, State, Zip Code Ripley, MS 38663 Name of Employer (Required) self Occupation (Required) attorney O. Source: Corporation PAC Individual Loan Other (please specify) Full name SUN PAC Mailing Address P.O. 80x 13589 City, State, Zip Code Jackson, MS 39236-3589	year-to-date Date (Mo., Day, Year) 10 / 24 / 11 1 / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ \[200.00 \] \$ \[200.00 \] \$ \[200.00 \] Amount of each receipt this period \$ \[500.00 \] \$ \[500.00 \] \$ \[500.00 \]

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Name of Candidate or Committee	Joey Hood		
Reporting period October 1, 2011		through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name	+	this period
Kosciusko Check Delay	6 / 15 / 11	\$ 168.00
Mailing Address		2 4
102 N Jackson St	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Kosciusko, MS 39090	1_1_1	\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate	0.12
check store	year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	6 / 15 / 11	•
Treasure Loans of Sardis	10 1111	\$ 168.00
Mailing Address	E0 . E . E	
122 S Main	10 / 7 / 11	\$ 162.00
City, State, Zip Code		
Sardis, MS 38666	1_/1_/1_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Valley Finance		¥ 1100.00
Mailing Address 909-1 Central St	10 / 6 / 11	\$ 162.00
		¥ 1102.00
City, State, Zip Code Water Valley, MS 38965	$\square_I \square_I \square_I$	\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 330.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Pontotoc Check Delay	- 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 168.00
Mailing Address 291-A West Oxford St	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Pontotoc, MS 38862		\$
Name of Employer (Required)		
		\$
Occupation (Required)	Aggregate year–to-date	\$ 330.00

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Name of Candidate or Committee	Joey Hood		
Reporting period October 1, 2011		through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	
Tippah Title Loans	10 / 115 / 111	\$ 168.00
Mailing Address	- 10 /6 /11	\$ 162.00
1006-B City Ave North	10 10 111	\$ 162.00
City, State, Zip Code		¢ [
Ripley, MS 38663	1 1 1 1 1	\$
Name of Employer (Required)		\$
Occupation (Required)	- Aggregate year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	- 6 / 15 / 11	e —
Tippah Check Delay	10 1115 1111	\$ 168.00
Mailing Address	50.5.5	0 [
1006 A City Ave North	- 10 / 6 / 11	\$ 162.00
City, State, Zip Code		1940 11
Ripley, MS 38663	- 111	\$
Name of Employer (Required)	- [[, [\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Southaven Check Advance		¥ [100.00
Mailing Address 376 Goodman Rd	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Southaven, MS 38671	- _ _ _	\$
Name of Employer (Required)	- [][]	\$ [
Occupation (Required)	Aggregate	
Observation (Noganica)	year-to-date	\$ 330.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	•
1st Financial Services of MS, Inc. dba Industrial Finance	10 / 110 / 111	\$ 168.00
P.O. box 222	10 / 6 / 11	\$ 162.00
City, State, Zip Code	- _ , _ , _	e
Kosciusko, MS 39090		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00

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Name of Candidate or Committee	Joey Hood
Reporting period October 1, 2011	through December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	
Treasurer Loans of Batesville, Inc	10 1112 1111	\$ 168.00
Mailing Address	_ 10 / 17 / 11	0
345 Hwy 6 West	- <u> 110 / 117 / 111</u>	\$ 162.00
City, State, Zip Code		
Batesville, MS 38606	_ <u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
1st Financial Services of MS, Inc. dba R&R Finance	<u> 6</u> <u> 15</u> <u> 11</u>	\$ 168.00
Mailing Address		
325 W Madison St		\$ 162.00
City, State, Zip Code		
Houston, MS 38851		\$
I the control white in the model of the control of		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Water Valley Check Delay		4 [100.00
Mailing Address	- 10 / 6 / 11	\$ 162.00
412 N Main St		The Allerance
City, State, Zip Code	$ \square_j \square_j \square_j \square$	\$
Water Valley, MS 38965		35 76
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	E 152 152	_
Capitol Loans of Miss, Inc dba R&R Financial Services	<u>[6 / [15 / [11]</u>	\$ 168.00
Mailing Address	<u> </u>	•
P.O. Box 554	110 1 10 1 111	\$ 162.00
City, State, Zip Code		\$
Pontotoc, MS 38863		
Pontotoc, MS 38863	_	\$
	Aggregate	\$ [330.00

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Name of Candidate or Committee	Joey Hood			-
Reporting period October 1, 2011		through	December 31, 2011	=

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>6 / 15 / 11</u>	
Pontotoc Title Loans	10 1 112 1 111	\$ 168.00
Mailing Address	— 10 / 6 / 11	¢
291 B West Oxford St	118 1 18 1 110	\$ 162.00
City, State, Zip Code		\$
Pontotoc, MS 38863		p
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [330.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	•
Community Finance	<u> </u>	\$ 168.00
P.O. Box 606		\$ [162.00
City, State, Zip Code		
Bruce, MS 38915	- _ / _ / _	\$
Name of Employer (Required)	- [,[,	\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tallahatchie Check Delay	6 / 15 / 11	\$ 168.00
Mailing Address	The state of the s	¥ [100.00
513 W Main Street	10 /6 /11	\$ 162.00
City, State, Zip Code		
Charleston, MS 38921		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 330.00
Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Tallahatchie Title Loans	year-to-date Date	Amount of each receipt
D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Tallahatchie Title Loans Mailing Address 515 W Main St City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 168.00
Other (please specify) Full name Tallahatchie Title Loans Mailing Address 515 W Main St City, State, Zip Code Charleston, MS 38921	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Tallahatchie Title Loans Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 168.00

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Page .	17	of	12

Name of Candidat	e or Committee	Joey Hood		
Reporting period	October 1, 2011		through	December 31, 2011

Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt
Full name		this period
1st Financial Services of MS, Inc. dba Red Hills Finance	6 / 15 / 11	\$ 168.00
Mailing Address		
306 N Church Ave	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Louisville, MS 39339	— <u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	- Aggregate	\$ 330.00
P SOURCE COMMONSTER TO DAGE 1 11 11 1 1 TO	year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	
Marks Check Delay	<u>[6 / 15 / 11</u>	\$ 168.00
Mailing Address		*
1032 A Martin Luther King Dr	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Marks, MS 38646	— <u> _ / _ / _ / _</u>	\$
Name of Employer (Required)		\$
Occupation (Required)		Ψ
occupation (required)	Aggregate	\$ 330,00
C. Source Corporation PAC Individual Loan	year-to-date	\$ 330.00
Other (please specify)	year-to-date 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 Quitman County Title Loans	Date	Amount of each receipt
Other (please specify) Full name Quitman County Title Loans Tailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr	_ Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 168.00
Other (please specify) Full name Quitman County Title Loans Mailing Address 032-B Martin Luther King Dr Sity, State, Zip Code Marks, MS 38646	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Quitman County Title Loans Mailing Address 032-B Martin Luther King Dr City, State, Zip Code Marks, MS 38646 ame of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 168.00
	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 168.00 \$ 162.00
Other (please specify) Juli name Quitman County Title Loans Jailing Address 032-B Martin Luther King Dr July, State, Zip Code Jarks, MS 38646 Jame of Employer (Required)	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 1 / / /	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00
Other (please specify) Juli name Quitman County Title Loans Jailing Address 032-B Martin Luther King Dr Jity, State, Zip Code Marks, MS 38646 ame of Employer (Required)	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt
Other (please specify) Juli name Duitman County Title Loans Jailing Address 032-B Martin Luther King Dr July, State, Zip Code Jarks, MS 38646 Jame of Employer (Required) Ccupation (Required) Ccupation (Required)	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each
Other (please specify) ull name Quitman County Title Loans lailing Address 032-8 Martin Luther King Dr ity, State, Zip Code larks, MS 38646 ame of Employer (Required) ccupation (Required) Coupation (Required) Other (please specify) ull name live Branch Financial	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period
Other (please specify) ull name Quitman County Title Loans lailing Address 032-8 Martin Luther King Dr ity, State, Zip Code larks, MS 38646 ame of Employer (Required) ccupation (Required) Coupation (Required) Other (please specify) ull name live Branch Financial ailing Address	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11 Aggregate year-to-date Date (Mo., Day, Year) 6 / 15 / 11	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period \$ 168.00
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code darks, MS 38646 ame of Employer (Required) ccupation (Required) Coupation (Required) Other (please specify) ull name live Branch Financial ailing Address 325 Goodman Rd	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code larks, MS 38646 ame of Employer (Required) ccupation (Required) Coupation (Required) Other (please specify) ull name live Branch Financial ailing Address 825 Goodman Rd ty, State, Zip Code	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11 Aggregate year-to-date Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period \$ 168.00 \$ 168.00
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code larks, MS 38646 ame of Employer (Required) ccupation (Required) Other (please specify) ull name live Branch Financial ailing Address 325 Goodman Rd ty, State, Zip Code live Branch, MS 38654	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11 Aggregate year-to-date Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period \$ 168.00
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code flarks, MS 38646 ame of Employer (Required) ccupation (Required) . Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11 Aggregate year-to-date Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period \$ 168.00 \$ 162.00
Other (please specify) ull name Quitman County Title Loans lailing Address 032-B Martin Luther King Dr ity, State, Zip Code larks, MS 38646 ame of Employer (Required) ccupation (Required) Other (please specify) ull name live Branch Financial ailing Address 325 Goodman Rd ty, State, Zip Code live Branch, MS 38654	Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 10 / 6 / 11 Aggregate year-to-date Date (Mo., Day, Year) 6 / 15 / 11 10 / 6 / 11 11 / 7 / 11	Amount of each receipt this period \$ 168.00 \$ 162.00 \$ 330.00 Amount of each receipt this period \$ 168.00 \$ 168.00

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Name of Candidate or Committee		Joey Hood		
Reporting period	October 1, 2011		through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	
Best Money Inc. dba Winona Finance	<u>18 7 18 7 18 </u>	\$ 168.00
Mailing Address	10 / 6 / 11	\$ 162.00
215 Summit St		¥ 1102.00
City, State, Zip Code		\$
Winona, MS 38967		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Capitol Loans of MS, Inc	<u>ie_1ie_1iii</u>	\$ 168.00
Mailing Address 522 W Bankhead St	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
New Albany, MS 38652		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Panola Title Loans Inc	6 / 15 / 11	\$ 168.00
Mailing Address 347 B Hwy 6 W	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Batesville, MS 38606		\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 15 / 11	\$ 168.00
Capitol Loans of MS Inc.		\$ 168.00
Mailing Address 1322 City Ave N	10 / 6 / 11	\$ 162.00
City, State, Zip Code		\$
Ripley, MS 38663		v
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 330.00

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Name of Candidate or Committee		ood	
Reporting period October 1. 2	011	through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
Panola Title Loans	6 / 15 / 11	\$ 168.00
Mailing Address		The state of the s
126 S Main	- 10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Sardis, MS 38666	- _ / _ /	\$
Name of Employer (Required)	-	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	[6] , [6] , [6]	17.20
Panola Check Delay	6 / 15 / 11	\$ 168.00
Mailing Address		
126-A South Main St	10 / 6 / 11	\$ 162.00
City, State, Zip Code		19.22 st
Sardis, MS 38666		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
	year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Panola Check Delay	6 / 15 / 11	\$ [168.00
Mailing Address	Access Political Political	W 1100.00
347-A Hwy 6 W	10 / 6 / 11	\$ 162.00
City, State, Zip Code		+ 1102.00
oitj otato, zip oodo		
Batesville, MS 38606		\$ [
Batesville, MS 38606		\$
Name of Employer (Required)		\$
Name of Employer (Required) Occupation (Required)	Aggregate year-to-date	* 1
Name of Employer (Required)	year-to-date	\$ [330.00
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	\$ [
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period
Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay	year-to-date Date	\$ 330.00 Amount of each receipt
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay Mailing Address	Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period \$ 168.00
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay Mailing Address 563 North Robinson Street	year-to-date Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay Mailing Address 563 North Robinson Street City, State, Zip Code	Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period \$ 168.00
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay Mailing Address 563 North Robinson Street City, State, Zip Code Senatobia, MS 38668	Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period \$ 168.00
Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Senatobia Check Delay Mailing Address 563 North Robinson Street City, State, Zip Code	Date (Mo., Day, Year)	\$ 330.00 Amount of each receipt this period \$ 168.00

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Name of Candidate or Committee	Joey Hood		
Reporting period October 1, 2011		through	December 31, 2011

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Check Cashing, Inc	6 / 15 / 11	\$ [168.00
Mailing Address		¥ [100.00
6574 Hwy 305 N	10 / 6 / 11	\$ 162.00
City, State, Zip Code		
Olive Branch, MS 38654		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	6 / 15 / 11	• -
Capitol Loans of Miss Inc	10 / 110	\$ 168.00
Mailing Address	10 / 6 / 11	\$ [162.00
1030 Martin Luther King Drive	1,01 1 10 1 111	\$ 162.00
City, State, Zip Code		\$ [
Marks, MS 38646	- 11 11	3
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 330.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Forward Mississippi PAC	10 / 1 / 11	\$ 2,000.00
Mailing Address		
101 Pinehaven Cove	1_1_1_	\$
City, State, Zip Code		
Clinton, MS 39056	<u> </u>	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 2,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Page	100	of	I	2

Name of Candidate or Committee Joey Hood	¬) 	
Reporting period October 1, 2011 through December 31, 2011	-	
ITEMIZED RECEIP	PTS	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC	91011	\$ 200.00
Mailing Address	$\Box_I\Box_I\Box$	\$
City, State, Zip Code	$\Box_I\Box_I\Box_I$	\$ [
Name of Employer (Required)		\$ -
Occupation (Required)	Aggregate year-to-date	\$ [
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name TYVAE - PAC	1201 II	\$ 200.00
Mailing Address	$\Box_I \Box_I \Box_I$	\$
City, State, Zip Code	$\Box_I \Box_I \Box_I$	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT &T INS - PAC	12/2/1	\$ 1300,00
Mailing Address 175 E Capital St. Landmark Center Roam 703		\$
City, State, Zip Code Zickson MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GOF Suez Energy North America, INC PAC	111011	\$ 500.00
Mailing Address 1990 Post Oak Blyd Suite 1900		\$
City, State, Zip Code HIJUSTON TV 17056	$\Box i \Box i \Box$	\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee Joey Hood	=	
Reporting period October 1, 2011 through December 31, 2011	_	
ITEMIZED RECEIP	TS	
	1	Amount of each
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
MISSISSIPPI POWER Company PAC.	128111	\$ 300.00
Mailing Address DD Gov 4029		\$
City, State, Zip Code Guffwrt, ms 39502	$\Box_I \Box_I \Box_I$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box$	\$
Occupation (Required)	Aggregate year-to-date	\$ [
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	$\Box_I \Box_I \Box$	\$
Mailing Address		\$
City, State, Zip Code	$\Box_{I}\Box_{I}\Box$	\$
Name of Employer (Required)	$\Box_I\Box_I\Box$	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ [
Mailing Address	□/□/□	\$
City, State, Zip Code	$\Box_{I}\Box_{I}\Box$	\$
Name of Employer (Required)	$\Box_I \Box_I \Box_I$	\$ [
Occupation (Required)	Aggregate year–to-date	\$ [
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	$\Box_I \Box_I \Box_I$	\$
Mailing Address	\Box ' \Box '	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ [

Name of Candidate or Committee	Joey Hood
Reporting period October 1, 2011	through December 29, 2011

ITEMIZED DISBURSEMENTS

A. Full name French Camp Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address One Fine Place	10 /3 / 11	\$ 50.00
City, State, Zip Code French Camp, MS 39745		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name Louisville Publishing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 469	10 / 5 / 11	\$ 58.60
City, State, Zip Code Louisville, MS 39339	<u>il /20 / 11</u>	\$185.51
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name Choctaw County Circuit Clerk	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 34	10 / 03 / 11	\$ 80.00
City, State, Zip Code Ackerman, MS 39735		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 6100	10 / 26 / 11	\$ 3,604.29
City, State, Zip Code Ridgeland, MS 39158		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4) Media Ave	11 1 1 1	\$ 264.00
40 Meddin Ave City, State, Zip Code Event Cump MS 39745	11 120 111	\$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name Campany	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1538 Gurdner Blud	11 19 11	\$ 250.00
City, State, Zip Code Columbis MS	_1_1_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

				Joey Hood
Name of	Candidate	or	Committee	

through December 31, 2011 Reporting period October 1, 2011

ITEMIZED DISBURSEMENTS

Date	Amount of each
(Mo., Day, Year)	disbursement this period
<u> 11 / 1 / 11</u>	\$ 299.60
//	s
Aggregate Year-to-date	s
Date (Mo., Day, Year)	Amount of each disbursement this period
10 129111	\$ 100.00
''_	S
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
12,20,111	\$ 21000
	s
Aggregate Year-to-date	s
Date (Mo., Day, Year)	Amount of each disbursement this period
12,23,11	s 239.53
//_	\$
Aggregate Year-to-date	\$
Date (Mo., Day, Year)	Amount of each disbursement this period
_''	\$320.00
	\$
Aggregate Year-to-date	S
Date (Mo., Day, Year)	Amount of each disbursement this period
	disbursement this period

Name of Candidate or Committee Joey Hood

Reporting period October 1, 2011

through

through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Eull name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1_1_	\$ 320.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
B. Full name Consisting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s 715,26
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	s
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		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s