



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections



Name of Candidate Joey Hood
 Address PO Box 759, Ackerman, MS County Choctaw
 Telephone 662-285-4663 Fax 662-285-9948
 Office Sought State Representative Political Party Republican
 Email Address joey@jhoodlaw.com

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) _____ Mandatory
- 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

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 11,510.00	+	\$ 462.00	=	\$ 11,972.00	\$ 39,283.60
Total amount of disbursements	\$ 7,716.79	+		=	\$ 7,716.79	\$ 29,562.58
Total amount of cash on hand						\$ 9,721.02

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

Signature of Candidate _____

Date 1/10/12

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Contractor's PAC MS Assoc. Builders & Contractors, Inc</u>		<u>10</u> / <u>13</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 16522</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MMHA-PAC</u>		<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 320369</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MRBAPAC MS Road Builders Assoc. Political Action Committee</u>		<u>9</u> / <u>20</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>601 George Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Bankers Assoc. Political Action Committee</u>		<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1091</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Wesley Trim</u>		<u>10</u> / <u>12</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>14224 Arbor Forest Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Rockville, MD 20850</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Engineer</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Realtors Political Action Committee</u>		<u>10</u> / <u>18</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <u>P.A.</u>			
Full name <u>Akins and Adams, P.A.</u>		<u>10</u> / <u>24</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>108 E Jefferson Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ripley, MS 38663</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>SUN PAC</u>		<u>10</u> / <u>11</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 13589</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39236-3589</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>500.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Kosciusko Check Delay</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>102 N Jackson St</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Kosciusko, MS 39090</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>check store</u>	Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Treasure Loans of Sardis</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>122 S Main</u>	<u>10</u> / <u>7</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Sardis, MS 38666</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>330.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Valley Finance</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>909-1 Central St</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Water Valley, MS 38965</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Pontotoc Check Delay</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>291-A West Oxford St</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Pontotoc, MS 38862</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>330.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Tippah Title Loans</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>1006-B City Ave North</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Ripley, MS 38663</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Tippah Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>1006 A City Ave North</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Ripley, MS 38663</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>330.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Southaven Check Advance</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>376 Goodman Rd</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Southaven, MS 38671</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>1st Financial Services of MS, Inc. dba Industrial Finance</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>P.O. box 222</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Kosciusko, MS 39090</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>330.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Treasurer Loans of Batesville, Inc</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>345 Hwy 6 West</u>		<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Batesville, MS 38606</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>1st Financial Services of MS, Inc. dba R&R Finance</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>325 W Madison St</u>		<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Houston, MS 38851</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Water Valley Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>412 N Main St</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Water Valley, MS 38965</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Capitol Loans of Miss, Inc dba R&R Financial Services</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>P.O. Box 554</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Pontotoc, MS 38863</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pontotoc Title Loans</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>291 B West Oxford St</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Pontotoc, MS 38863</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Community Finance</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>P.O. Box 606</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Bruce, MS 38915</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>330.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Tallahatchie Check Delay</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>513 W Main Street</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Charleston, MS 38921</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Tallahatchie Title Loans</u>	<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>515 W Main St</u>	<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Charleston, MS 38921</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>330.00</u>

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>1st Financial Services of MS, Inc. dba Red Hills Finance</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>306 N Church Ave</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Louisville, MS 39339</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Marks Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>1032 A Martin Luther King Dr</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Marks, MS 38646</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Quitman County Title Loans</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>1032-B Martin Luther King Dr</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Marks, MS 38646</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Olive Branch Financial</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>8825 Goodman Rd</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>

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

ITEMIZED RECEIPTS

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

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Panola Title Loans</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>126 S Main</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Sardis, MS 38666</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Panola Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>126-A South Main St</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Sardis, MS 38666</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Panola Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>347-A Hwy 6 W</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Batesville, MS 38606</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Senatobia Check Delay</u>		<u>6</u> / <u>15</u> / <u>11</u>	\$ <u>168.00</u>
Mailing Address <u>563 North Robinson Street</u>		<u>10</u> / <u>6</u> / <u>11</u>	\$ <u>162.00</u>
City, State, Zip Code <u>Senatobia, MS 38668</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>		Aggregate year-to-date	\$ <u>330.00</u>

Name of Candidate or Committee Joey Hood

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

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

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

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MS Dental PAC</u>	<u>9/17/11</u>	\$ <u>200.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MAE-PAC</u>	<u>12/20/11</u>	\$ <u>200.00</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT&T MS - PAC</u>	<u>12/12/11</u>	\$ <u>300.00</u>
Mailing Address <u>175 E Capital St. Landmark Center Room 703</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>GDF Suez Energy North America, Inc PAC</u>	<u>11/17/11</u>	\$ <u>500.00</u>
Mailing Address <u>1990 Post Oak Blvd Suite 1900</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Houston TX 77056</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Joey Hood

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company PAC</u>	<u>11 / 28 / 11</u>	\$ <u>300.00</u>
Mailing Address <u>PO Box 4079</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
French Camp Academy	10 / 3 / 11	\$ 50.00
Mailing Address One Fine Place		
City, State, Zip Code French Camp, MS 39745	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Louisville Publishing	10 / 5 / 11	\$ 58.60
Mailing Address P.O. Box 469		
City, State, Zip Code Louisville, MS 39339	11 / 20 / 11	\$ 785.51
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Choctaw County Circuit Clerk	10 / 03 / 11	\$ 80.00
Mailing Address P.O. Box 34		
City, State, Zip Code Ackerman, MS 39735	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hederman Brothers	10 / 26 / 11	\$ 3,604.29
Mailing Address P.O. Box 6100		
City, State, Zip Code Ridgeland, MS 39158	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WFCA	11 / 11 / 11	\$ 264.00
Mailing Address 40 Medlin Ave		
City, State, Zip Code French Camp MS 39745	11 / 20 / 11	\$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Company	11 / 9 / 11	\$ 1250.00
Mailing Address 1538 Gardner Blvd		
City, State, Zip Code Columbus MS	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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

ITEMIZED DISBURSEMENTS

A. Full name <u>Sukun Printing</u>	Date (Mo., Day, Year) <u>11 / 1 / 11</u>	Amount of each disbursement this period <u>\$ 299.60</u>
Mailing Address <u>35418 Hwy 397</u>	<u>11 / 1 / 11</u>	\$ <u>299.60</u>
City, State, Zip Code <u>Louisville MS 39339</u>	<u>11 / 1 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Brandon West Benefit</u>	Date (Mo., Day, Year) <u>10 / 29 / 11</u>	Amount of each disbursement this period <u>\$ 100.00</u>
Mailing Address	<u>10 / 29 / 11</u>	\$ <u>100.00</u>
City, State, Zip Code	<u>10 / 29 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name <u>Robert Huff Designs</u>	Date (Mo., Day, Year) <u>12 / 20 / 11</u>	Amount of each disbursement this period <u>\$ 210.00</u>
Mailing Address <u>PO Box 280595</u>	<u>12 / 20 / 11</u>	\$ <u>210.00</u>
City, State, Zip Code <u>Memphis TN 38168</u>	<u>12 / 20 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>Subway</u>	Date (Mo., Day, Year) <u>12 / 23 / 11</u>	Amount of each disbursement this period <u>\$ 239.53</u>
Mailing Address <u>Hwy 15</u>	<u>12 / 23 / 11</u>	\$ <u>239.53</u>
City, State, Zip Code <u>Ackerman MS 391735</u>	<u>12 / 23 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>1st Financial Services of MS, Inc</u>	Date (Mo., Day, Year) <u>12 / 23 / 11</u>	Amount of each disbursement this period <u>\$ 320.00</u>
Mailing Address	<u>12 / 23 / 11</u>	\$ <u>320.00</u>
City, State, Zip Code	<u>12 / 23 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>Treasurer Loans</u>	Date (Mo., Day, Year) <u>12 / 23 / 11</u>	Amount of each disbursement this period <u>\$ 320.00</u>
Mailing Address	<u>12 / 23 / 11</u>	\$ <u>320.00</u>
City, State, Zip Code	<u>12 / 23 / 11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Joey Hood

Reporting period October 1, 2011 through December 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>Capital Loans</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$ <u>320.00</u>
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>Louisville Publishing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$ <u>715.26</u>
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. 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	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_ / _ / _	\$
City, State, Zip Code	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$