

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2012 APR -2 AM 8:41 Office Use Only FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Expose NunneLee.com

ADDRESS (number and street) 2900 Bluecutt Rd Ste 1 PO Box 8070 COLUMBUS MS 39705

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C00512186

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02/06/2012 through 03/16/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer DENNIS HOLLIMAN Signature of Treasurer Dennis Holliman Date 03/16/2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

12030762244

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Expose NunneLee . com

Report Covering the Period: From: To:

12030762245

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0000"/>		<input type="text"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="000000000000"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11499.07"/>	<input type="text"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text"/>	<input type="text"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11379.45"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="129.82"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	<input type="text"/>

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Expose NumneLee.com

Report Covering the Period: From: 02 / 06 / 2012 To: 03 / 16 / 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

922500

(ii) Unitemized.....

227407

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1149907

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1149907

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

Small amount subject to 520.2 below

12030762246

DETAILED SUMMARY PAGE
of Disbursements

12030762247

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
* (b) Other Federal Operating Expenditures	90.95	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	90.95	
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)	112,885.00	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	119.62	
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	114,999.07	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b)) ▶
- 37. Offsets to Operating Expenditures
(from Line 15, page 3).....
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36) ▶

11499.09

12030762248

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE / OF **4**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Expose Nunnelee.com

Full Name (Last, First, Middle Initial)

A. *IMES, Eugene B*

Mailing Address

1523 9th St. South

City

Columbus

State

MS

Zip Code

39701

FEC ID number of contributing federal political committee.

C00512186

Name of Employer

Retired

Occupation

Investor (market)

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 / *08* / *2012*

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. *Reid, Denise*

Mailing Address

2116 Hwy. 45 North

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing federal political committee.

C00512186

Name of Employer

Rings & Strings

Occupation

PAWN shop owner

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 / *08* / *2012*

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. *Berry, Ruth T.*

Mailing Address

2101 Bluecutt Rd.

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing federal political committee.

C00512186

Name of Employer

T.S. Berry & Co.

Occupation

Furniture Wholesaler

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 / *10* / *2012*

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

12030762249

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Expose Nunnallee.com

Full Name (Last, First, Middle Initial)

A. *MARSHALL, Austin*

Mailing Address

209 NORTH Foster DR.

City *Tupelo*

State *MS* Zip Code *38801*

FEC ID number of contributing federal political committee.

C00512186

Name of Employer *Self-employed Sales*

Occupation *Retired*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 ' 06 ' 2012

Amount of Each Receipt this Period

475.00

Full Name (Last, First, Middle Initial)

B. *Chessee G.D.*

Mailing Address

1407 Old Hwy. 12

City *Starkville*

State *MS* Zip Code *39759*

FEC ID number of contributing federal political committee.

C00512186

Name of Employer *Self-employed*

Occupation *Retired*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 ' 09 ' 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. *Chestnut, SBS*

Mailing Address

1711 Bramblewood Dr.

City *Columbus*

State *MS* Zip Code *39705*

FEC ID number of contributing federal political committee.

C00512186

Name of Employer *SANDERSON Plumbing*

Occupation *owner*

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

02 ' 08 ' 2012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶

1,225.00

TOTAL This Period (last page this line number only).....▶

12030762250

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **4**
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Expose Nunnelee . com

A. Full Name (Last, First, Middle Initial)
Moore, Robert

Mailing Address
1211 Office Park Dr. B

City **Oxford** State **MS** Zip Code **38655**

FEC ID number of contributing federal political committee.
CDD512186

Name of Employer
Delta Hearing Services, Inc Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
02 / 09 / 2012

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Aguirre, Ramiro M.

Mailing Address
1069 Hwy 6 West

City **Oxford** State **MS** Zip Code **38655**

FEC ID number of contributing federal political committee.
CDD512186

Name of Employer
Self employed Occupation **Real Estate**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
01 / 25 / 2012

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ellington Robert W, Est.

Mailing Address
P.O. Box 1825

City **Columbus** State **MS** Zip Code **39701**

FEC ID number of contributing federal political committee.
CDD512186

Name of Employer
Estate Occupation **Estate**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
02 / 02 / 2012

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶ **4000.00**

TOTAL This Period (last page this line number only).....▶

12030762251

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **4** OF **4**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ExposeNunnelee.com

Full Name (Last, First, Middle Initial)

A. *COLEMAN, JASON*

Mailing Address

4036 ROBERTSON GIN Rd

City

HERNANDO

State

MS

Zip Code

38632

FEC ID number of contributing federal political committee.

C00512186

Name of Employer

Coleman Pediatrics

Occupation

Pediatrician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

03 / 06 / 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

[Empty date box]

Amount of Each Receipt this Period

[Empty amount box]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[Empty box for aggregate year-to-date]

Date of Receipt

[Empty date box]

Amount of Each Receipt this Period

[Empty amount box]

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00

9225.00

12030762252

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Expose Nunnelee.com

Full Name (Last, First, Middle Initial)

Bank First

Date of Disbursement

09 / 10 / 2012

Mailing Address

900 MAIN ST. Columbus MS 39701

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

Bank wire fee

Amount of Each Disbursement this Period

15.00

Candidate Name

ALAN NUNNELEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *MS*

District: *1*

Full Name (Last, First, Middle Initial)

Bank First

Date of Disbursement

02 / 21 / 2012

Mailing Address

900 MAIN ST.

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

Bank wire fee

Amount of Each Disbursement this Period

15.00

Candidate Name

ALAN NUNNELEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *MS*

District: *1*

Full Name (Last, First, Middle Initial)

Bank First

Date of Disbursement

02 / 14 / 2012

Mailing Address

900 MAIN ST.

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

check order

Amount of Each Disbursement this Period

22.95

Candidate Name

ALAN NUNNELEE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *MS*

District: *1*

SUBTOTAL of Disbursements This Page (optional).....▶

52.95

TOTAL This Period (last page this line number only).....▶

12030762253

Bank expenses

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ExposeNunnelee.com

Full Name (Last, First, Middle Initial)

Bankfirst

Date of Disbursement

02, 27, 2012

Mailing Address

900 MAIN ST

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

Bank wire fee

Candidate Name

ALAN NUNNELEE

Category/Type

Amount of Each Disbursement this Period

15.00

Office Sought:

House, Senate, President checkboxes

Disbursement For:

Primary, General, Other (specify) checkboxes

State: MS

District: 1

Full Name (Last, First, Middle Initial)

Bankfirst

Date of Disbursement

03, 06, 2012

Mailing Address

900 MAIN ST

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

Bank wire fee

Candidate Name

ALAN NUNNELEE

Category/Type

Amount of Each Disbursement this Period

15.00

Office Sought:

House, Senate, President checkboxes

Disbursement For:

Primary, General, Other (specify) checkboxes

State: MS

District: 1

Full Name (Last, First, Middle Initial)

Bankfirst

Date of Disbursement

02, 29, 2012

Mailing Address

900 MAIN ST

City

Columbus

State

MS

Zip Code

39701

Purpose of Disbursement

Bank service fee

Candidate Name

Category/Type

Amount of Each Disbursement this Period

8.00

Office Sought:

House, Senate, President checkboxes

Disbursement For:

Primary, General, Other (specify) checkboxes

State: MS

District: 1

SUBTOTAL of Disbursements This Page (optional)

38.00

TOTAL This Period (last page this line number only)

90.95

12030762254

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

Russ Jones

NAME OF COMMITTEE (In Full) Expose NUNNELEE.COM FEC IDENTIFICATION NUMBER C00512186

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name (Last, First, Middle Initial) of Payee: Jones, Russell, D (News Producer) Date: 02/10/2012

Mailing Address: 34 Co. Rd. 405 Amount: 6140.66

City: Oxford State: MS Zip Code: 38655

Purpose of Expenditure: Newspaper Ads Category/Type: Office Sought: House State: MS
 Senate District: 1
 President

Name of Federal Candidate Supported or Opposed by Expenditure: ALAN NUNNELEE Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought: Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Jones, Russell D. (News Producer) Date: 02/27/2012

Mailing Address: 34 Co. Rd. 405 Amount: 3313.86

City: Oxford State: MS Zip Code: 38655

Purpose of Expenditure: Newspaper Ads Category/Type: Office Sought: House State: MS
 Senate District: 1
 President

Name of Federal Candidate Supported or Opposed by Expenditure: ALAN NUNNELEE Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought: Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 9454.52

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dennis Holloman Date: 03/16/2012
Signature

12030762255

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

Russ Jones

NAME OF COMMITTEE (In Full) <i>Expose Nunnelee . COM</i>	FEC IDENTIFICATION NUMBER C00512186
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <i>Jones Russell D. (News producer)</i>		Date 02 / 27 / 2012
Mailing Address <i>34 Co. Rd. 405</i>		Amount 581.83
City <i>Oxford</i>	State <i>MS</i>	
Purpose of Expenditure <i>News paper Ads</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>ALAN NUNNELEE</i>		State: <i>MS</i> District: <i>1</i>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Jones Russell D. (News producer)</i>		Date 03 / 06 / 2012
Mailing Address <i>34 Co. Rd. 405</i>		Amount 752.15
City <i>Oxford</i>	State <i>MS</i>	
Purpose of Expenditure <i>News paper Ads</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: <i>MS</i> District: <i>1</i>
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,333.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dennis Holloman
Signature

Date **03 / 16 / 2012**

12030762256

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Expose Nunnelee.com</i>	FEC IDENTIFICATION NUMBER ▼ C00512186
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <i>STEEN ZACK (web designer)</i>	Date 02 / 09 / 2012
Mailing Address <i>119 Webster St.</i>	Amount 500.00
City <i>Corinth</i> State <i>MS</i> Zip Code <i>38834</i>	
Purpose of Expenditure <i>Set up a web page</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>MS</i> District: <i>1</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>ALAN NUNNELEE</i>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	1,128.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dennis Holloman
Signature

Date **03 / 16 / 2012**

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Federal Election Commission
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 PREPARER
 (3/2005)

4/2/12
 DATE PREPARED

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