

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

ADDRESS (number and street) 2992 West Beach Blvd Check if different than previously reported. (ACC) Gulfport, MS 39502-4079

2. FEC IDENTIFICATION NUMBER C00144147 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2011 through 06 30 2011

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 Mrs. Ann B Ladner

Signature of Treasurer Electronically Filed by Mrs. Ann B Ladner Date 07 18 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		43415.32
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	43415.32									
(c) Total Receipts (from Line 19) .....	21981.10	21981.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65396.42	65396.42								
7. Total Disbursements (from Line 31) .....	15241.00	15241.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50155.42	50155.42								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	13260.50	13260.50
(ii) Unitemized .....	8720.60	8720.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21981.10	21981.10
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21981.10	21981.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21981.10	21981.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21981.10	21981.10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15000.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	225.00	225.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	225.00	225.00
29. Other Disbursements.....	16.00	16.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15241.00	15241.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15241.00	15241.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21981.10	21981.10
34. Total Contribution Refunds (from Line 28(d)) .....	225.00	225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21756.10	21756.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# 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 6 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John W. Atherton		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17418
		Amount of Each Receipt this Period	<input type="text"/> 300.00
Name of Employer Mississippi Power Company		Occupation Vice President, External Affairs	Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daryl E. Brown		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17357
		Amount of Each Receipt this Period	<input type="text"/> 360.00
Name of Employer Mississippi Power Company		Occupation Mgr Supply Chain Management	Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 360.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. William C. Browning		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.17358
		Amount of Each Receipt this Period	<input type="text"/> 270.00
Name of Employer Mississippi Power Company		Occupation Manager	Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 930.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 23  
(check only one)

<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. David E. Buckner</p> <p>Mailing Address 2992 West Beach Blvd.</p> <hr/> <p>City State Zip Code Gulfport MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mississippi Power Company Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">360.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17359</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">360.00</span></p> <p>Bi-weekly payroll deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael G. Collins</p> <p>Mailing Address 2992 West Beach Blvd.</p> <hr/> <p>City State Zip Code Gulfport MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mississippi Power Company Manager, Pine Belt Division</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17360</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">240.00</span></p> <p>Bi-weekly payroll deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Samuel L. Cox</p> <p>Mailing Address 2992 West Beach Blvd.</p> <hr/> <p>City State Zip Code Gulfport MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mississippi Power Company Governmental Affairs Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">396.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17361</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">396.00</span></p> <p>Bi-weekly payroll deduction</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">996.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 8 / 23
	<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Edward Day, IV		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation President & CEO	Transaction ID: SA11AI.17362
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 450.00	<input type="text"/> 450.00
			Bi-weekly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Robert E. Fairbank, Jr.		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager, Govern. & Environ. Affairs	Transaction ID: SA11AI.17363
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00
			Bi-weekly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Moses Howard Feagin		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager	Transaction ID: SA11AI.17452
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 450.00	<input type="text"/> 450.00
			Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1170.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Kimberly D. Flowers		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.17546
Name of Employer Southern Company Services		Occupation Vice President & SPO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ -112.50	<input type="text"/> 112.50
		Bi-weekly payroll deduction	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Rex S. Gilbert		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.17364
Name of Employer Mississippi Power Company		Occupation Area Operations Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 270.00
		Bi-weekly payroll deduction	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Ben K. Glenn, III		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.17365
Name of Employer Mississippi Power Company		Occupation Employee Relations Coordinator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.00	<input type="text"/> 342.00
		Bi-weekly payroll deduction	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>724.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 23
	<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Michael R. Harvey		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager	Transaction ID: SA11AI.17367
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00
			Bi-weekly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William J. Herndon		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Supervisor, Electric Operations	Transaction ID: SA11AI.17368
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00
			Bi-weekly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Donald R. Horsley		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Vice President Cust Ser & Ret Mkting	Transaction ID: SA11AI.17369
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 540.00	<input type="text"/> 540.00
			Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1080.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. James D. Hunt</p> <p>Mailing Address 2992 West Beach Blvd</p> <p>City State Zip Code Gulfport MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mississippi Power Company Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17370</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">270.00</span></p> <p>Bi-weekly payroll deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Debbie D. Ladner</p> <p>Mailing Address 2992 West Beach Blvd.</p> <p>City State Zip Code Gulfport, MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Southern Company Services Business Analyst</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17371</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">270.00</span></p> <p>Bi-weekly payroll deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jason R. Lee</p> <p>Mailing Address 2992 West Beach Blvd.</p> <p>City State Zip Code Gulfport MS 39502-4079</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mississippi Power Company Area Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">270.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 30 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.17372</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">270.00</span></p> <p>Bi-weekly payroll deduction</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">810.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 12 / 23
	<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Chris A. Litton		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mississippi Power Company		Occupation Division Operations Manager	Transaction ID: SA11AI.17373
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="270.00"/>
			Bi-weekly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark P. Loughman		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mississippi Power Company		Occupation Economic Dev Director	Transaction ID: SA11AI.17374
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="270.00"/>
			Bi-weekly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. David A. Mauffray		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mississippi Power Company		Occupation Assistant to the President	Transaction ID: SA11AI.17375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="270.00"/>
			Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="810.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Diane McBeth

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport, MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Power Company Skills Dev & Compliance Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.17376

Amount of Each Receipt this Period  
270.00

Bi-weekly payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Jay McFarland

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport, MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Power Company System Planning Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2011

**Transaction ID:** SA11AI.17386

Amount of Each Receipt this Period  
240.00

one time contribution

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth N. Means

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport, MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mississippi Power Company Supv Electric Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.17377

Amount of Each Receipt this Period  
270.00

Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **780.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 23  
(check only one)

<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Becky H. Montgomery

Mailing Address 2992 West Beach Blvd

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Community Affairs Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** SA11AI.17378

Amount of Each Receipt this Period 270.00

Bi-weekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gifford W. Ormes

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Area Operations Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** SA11AI.17380

Amount of Each Receipt this Period 270.00

Bi-weekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Damon A. Penny

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Market Specialist - Commercial

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

**Transaction ID:** SA11AI.17381

Amount of Each Receipt this Period 360.00

Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 23  
(check only one)

<input checked="" 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
							17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Allen Reeves

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.17408

Amount of Each Receipt this Period  
590.00

Bi-weekly payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Randal Richardson

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.17401

Amount of Each Receipt this Period  
270.00

Bi-weekly payroll deduction

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Carla L. Stanley

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport MS 39502-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi Power Company Occupation Principal Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2011

**Transaction ID:** SA11AI.17402

Amount of Each Receipt this Period  
270.00

Bi-weekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1130.00**

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

**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 16 / 23
	<input checked="" 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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Van Strickland	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2992 W. Beach Blvd.	<b>Transaction ID:</b> SA11AI.17388
	City State Zip Code Gulfport MS 39501	Amount of Each Receipt this Period 270.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-weekly payroll deduction
Name of Employer Mississippi Power Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Samuel Gary Sumner, Jr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2992 West Beach Blvd.	<b>Transaction ID:</b> SA11AI.17389
	City State Zip Code Gulfport, MS 39502-4079	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-weekly payroll deduction
Name of Employer Mississippi Power Company	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Billy F. Thornton, Jr.	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2992 West Beach Blvd	<b>Transaction ID:</b> SA11AI.17390
	City State Zip Code Gulfport MS 39502-4079	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	Bi-weekly payroll deduction
Name of Employer Mississippi Power Company	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	930.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 17 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles M. Ueltschey		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager	Transaction ID: SA11AI.17391
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Brian D. Useforge		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Director	Transaction ID: SA11AI.17392
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 360.00	<input type="text"/> 360.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Donna H. Van Loon		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
	City	State	Zip Code
	Gulfport,	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager, Rate, Regulatory and Planning	Transaction ID: SA11AI.17393
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 900.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 18 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Valerie Wade		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Manager	Transaction ID: SA11AI.17395
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 240.00	<input type="text"/> 240.00
			Bi-weekly payroll deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Jack R. Walker		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Mississippi Power Company		Occupation Security Mgr	Transaction ID: SA11AI.17405
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 270.00	<input type="text"/> 270.00
			Bi-weekly payroll deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mrs. Aline M. Ward		Date of Receipt
	Mailing Address 2992 West Beach Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Gulfport	MS	39502-4079
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Southern Company Services		Occupation CIO, Regional	Transaction ID: SA11AI.17409
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 300.00
			Bi-weekly payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 810.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 19 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Mrs. Linda C. Watts		Date of Receipt	
	Mailing Address 2992 West Beach Blvd.		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.17397
	Gulfport,	MS	39502-4079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		360.00	
Name of Employer Mississippi Power Company		Occupation Manager		Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Cindy Webb		Date of Receipt	
	Mailing Address 2992 W Beach Blvd		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.17356
	Gulfport	MS	39501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer Mississippi Power Company		Occupation Manager		Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Walter M. Wilson		Date of Receipt	
	Mailing Address 2992 West Beach Blvd.		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.17406
	Gulfport,	MS	39502-4079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		360.00	
Name of Employer Mississippi Power Company		Occupation Economic Development Director		Bi-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1020.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 23	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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)  
Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Wylie		Date of Receipt		
	Mailing Address 2992 West Beach Blvd.		M M / D D / Y Y Y Y 06 / 30 / 2011		
	City Gulfport,	State MS	Zip Code 39502-4079	<b>Transaction ID:</b> SA11AI.17407	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00		
	Name of Employer Mississippi Power Company	Occupation Advert & Mktg Comms Mgr		Bi-weekly payroll deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	13260.50

**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 21 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

A.	Full Name (Last, First, Middle Initial) GREGG HARPER	Transaction ID: SB23.17417 Date of Disbursement 05 / 26 / 2011
	Mailing Address 3 COUNTRY PLACE	Amount of Each Disbursement this Period 5000.00
	City PEARL State MS Zip Code 39208	
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SENATE VICTORY FUND PAC, THE	Transaction ID: SB23.17415 Date of Disbursement 03 / 28 / 2011
	Mailing Address 228 S. Washington St, Suite B-20	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Senate Victory Fund Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BENNIE G THOMPSON	Transaction ID: SB23.17413 Date of Disbursement 03 / 16 / 2011
	Mailing Address POST OFFICE BOX 100	Amount of Each Disbursement this Period 1000.00
	City BOLTON State MS Zip Code 39041	
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11000.00

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

**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 22 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

A.

Full Name (Last, First, Middle Initial)

BENNIE G THOMPSON

Transaction ID: SB23.17416

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Mailing Address POST OFFICE BOX 100

City BOLTON State MS Zip Code 39041

Amount of Each Disbursement this Period

4000.00
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Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MS District: 02

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

4000.00
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TOTAL This Period (last page this line number only) ..... ►

15000.00
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**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 23 / 23

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Mississippi Power Company Federal PAC a/k/a/ Ms Pwr Co Emp Comm for Resp Fed Gov

A.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly D. Flowers

Transaction ID: SB28A.17414

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Mailing Address 2992 West Beach Blvd.

City State Zip Code  
Gulfport, MS 39502-4079

Amount of Each Disbursement this Period

225.00
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Purpose of Disbursement  
refund of contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

225.00
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TOTAL This Period (last page this line number only) .....

225.00
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