

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Haleys PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 / / through / /

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 Henry Barbour

Signature of Treasurer Henry Barbour [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Haleys PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="391609.75"/>	<input type="text" value="391609.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="172926.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12500.00"/>	<input type="text" value="33337.24"/>
(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" value="185426.82"/>	<input type="text" value="424946.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="90962.71"/>	<input type="text" value="330482.88"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="94464.11"/>	<input type="text" value="94464.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Haleys PAC

Report Covering the Period: From: / / To: / /

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).....	2000.00	16600.00
(ii) Unitemized	0.00	1237.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2000.00	17837.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	14500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11500.00	32337.24
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).....	1000.00	1000.00
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 Transfers (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))..... ▶	12500.00	33337.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12500.00	33337.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	13962.71	195482.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13962.71	195482.88
22. Transfers to Affiliated/Other Party Committees.....	36500.00	36500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	98500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	90962.71	330482.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90962.71	330482.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	11500.00	32337.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11500.00	32337.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13962.71	195482.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1000.00	1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12962.71	194482.88

**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 OF 17
<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

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)
Haleys PAC

Full Name (Last, First, Middle Initial) A. Mr. Michael Childers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 18 / 2011
Mailing Address 760 Main Street		Transaction ID : SA11AI.4326
City E cru	State MS	Zip Code 38841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Sales Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. Max Wells		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2011
Mailing Address PO Box 139		Transaction ID : SA11AI.4328
City Jackson	State MS	Zip Code 39205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer State of MS	Occupation Constituent Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

**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 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Haleys PAC

Full Name (Last, First, Middle Initial)
A. FORUM PAC

Mailing Address C/O 450 UNIVERSITY PLACE

City State Zip Code
GROSSE POINTE MI 48230

FEC ID number of contributing federal political committee. **C** C00419994

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2011

Transaction ID : SA11C.4324

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 PENNSYLVANIA AVENUE, NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2011

Transaction ID : SA11C.4330

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. VIKING RANGE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address POST OFFICE BOX 956

City State Zip Code
GREENWOOD MS 38935

FEC ID number of contributing federal political committee. **C** C00425926

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : SA11C.4334

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
TOTAL This Period (last page this line number only).....▶	9500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Haleys PAC

A. United States Postal Service
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3501
 City Jackson State MS Zip Code 39207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2011
Transaction ID : SA15.4372
 Amount of Each Receipt this Period
 1000.00
 Refund

B.
 Full Name (Last, First, Middle Initial)
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 05 / 2011

Transaction ID : SB21B.4388

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

B. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
08 / 02 / 2011

Transaction ID : SB21B.4390

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
09 / 02 / 2011

Transaction ID : SB21B.4392

Amount of Each Disbursement this Period

59.95

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

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

179.85

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 03 / 2011

Transaction ID : SB21B.4394

Amount of Each Disbursement this Period

80.45

Full Name (Last, First, Middle Initial)

B. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 02 / 2011

Transaction ID : SB21B.4397

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C. Elavon Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 03 / 2011

Transaction ID : SB21B.4399

Amount of Each Disbursement this Period

118.95

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

259.35

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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. Emotive, LLC

Mailing Address 2800 Shirlington Road
Suite 901

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Website

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2011

Transaction ID : **SB21B.4391**

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. HORNE LLP

Mailing Address 1020 Highland Colony Parkway
Suite 400

City Ridgeland State MS Zip Code 39157

Purpose of Disbursement
Tax Preperation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2011

Transaction ID : **SB21B.4389**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mayo Clinic Rochester

Mailing Address PO Box 790127

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Medical

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2011

Transaction ID : **SB21B.4395**

Amount of Each Disbursement this Period

10386.36

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

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

11976.36

**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)

<input checked="" 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

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NAME OF COMMITTEE (In Full)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. The Larrison Group

Mailing Address PO Box 33045

City Washington State DC Zip Code 20033

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

09 / 06 / 2011

Transaction ID : SB21B.4393

Amount of Each Disbursement this Period

1501.32

Full Name (Last, First, Middle Initial)

B. The Larrison Group

Mailing Address PO Box 33045

City Washington State DC Zip Code 20033

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

10 / 18 / 2011

Transaction ID : SB21B.4396

Amount of Each Disbursement this Period

31.84

Full Name (Last, First, Middle Initial)

C. The Larrison Group

Mailing Address PO Box 33045

City Washington State DC Zip Code 20033

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

11 / 21 / 2011

Transaction ID : SB21B.4398

Amount of Each Disbursement this Period

13.99

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

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

1547.15

13962.71

**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)

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

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NAME OF COMMITTEE (In Full)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. Haleys PAC

Mailing Address PO Box 1186

City Jackson State MS Zip Code 39215

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SB22.4346

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

B. Haleys PAC

Mailing Address PO Box 1186

City Jackson State MS Zip Code 39215

Purpose of Disbursement
Transfer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2011

Transaction ID : SB22.4367

Amount of Each Disbursement this Period

11500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

36500.00

36500.00

**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)

<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)

Haleys PAC

Full Name (Last, First, Middle Initial)

A. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANE OHE State HI Zip Code 96744

Purpose of Disbursement
Contribution

011

Candidate Name

LINDA LINGLE SENATE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2011

Transaction ID : SB23.4356

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANE OHE State HI Zip Code 96744

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

LINDA LINGLE SENATE COMMITTEE

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2011

Transaction ID : SB23.4358

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Maloney for West Virginia

Mailing Address 1704 Mileground Road
Suite A

City Morgantown State WV Zip Code 26505

Purpose of Disbursement
Contribution - WV State Election Primary and General

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2011

Transaction ID : SB23.4374

Amount of Each Disbursement this Period

2000.00

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

12000.00

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)

<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)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. MISSISSIPPI REPUBLICAN PARTY

Mailing Address P. O. BOX 60

City JACKSON State MS Zip Code 39205

Purpose of Disbursement
Contribution

011

Candidate Name

MISSISSIPPI REPUBLICAN PARTY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : **SB23.4365**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAWLENTY FOR PRESIDENT

Mailing Address 6901 AUTO CLUB ROAD

City BLOOMINGTON State MN Zip Code 55438

Purpose of Disbursement
Debt Retirement

Candidate Name

PAWLENTY FOR PRESIDENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2011

Transaction ID : **SB23.4349**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TOMMY THOMPSON FOR SENATE INC

Mailing Address PO BOX 2539

City MADISON State WI Zip Code 53701

Purpose of Disbursement
Contribution

Candidate Name

TOMMY THOMPSON FOR SENATE INC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : **SB23.4362**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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)

<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)
Haleys PAC

Full Name (Last, First, Middle Initial)

A. TOMMY THOMPSON FOR SENATE INC

Mailing Address PO BOX 2539

City MADISON State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Candidate Name

TOMMY THOMPSON FOR SENATE INC

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : SB23.4364

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

5000.00

40500.00