

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **Vincent J Ronald**

(b) Address (number and street) check if different than previously reported
101 Tall Pines Dr.

(c) City, State and ZIP Code
Hattiesburg MS 39402

(d) Name of Employer or Principal Place of Business
101 Tall Pines Dr. Hattiesburg, MS

(e) Occupation
Engineer

2. FEC Identification Number

C C30001937

3. Is This Statement

New
or
 Amended

4. Covering Period

MM / DD / YYYY
01 / 01 / 2012
through
MM / DD / YYYY
12 / 31 / 2012

5. (a) Date of Public Distribution(s)

MM / DD / YYYY

(b) Communication Title

6. The filer is a(n):

- (a) Individual
- (b) Unincorporated Organization
- (c) Qualified Nonprofit Corporation (11 CFR 114.10)
- (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
- (e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
Ronald J Vincent

(b) Address (number and street)
101 Tall Pines Dr.

(c) City, State and ZIP Code
Hattiesburg MS 39402

(d) Name of Employer or Principal Place of Business
101 Tall Pines Dr. Hattiesburg, MS

(e) Occupation
Engineer

9. Total Donations This Statement

1000.00

10. Total Disbursements/Obligations This Statement

.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Ronald J Vincent

SIGNATURE Ronald J Vincent

[Electronically Filed] DATE 01/16/2012

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
Ronald J Vincent

Mailing Address of Donor
101 Tall Pines Dr.

City State Zip
Hattiesburg MS 39402

Date of Receipt

M M / D D / Y Y Y Y
01 01 2012

Amount

1000.00

Transaction ID : F92.000001

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

M M / D D / Y Y Y Y

Amount

SUBTOTAL of Donations This Page (optional)

1000.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

1000.00