

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Friends of Heather McTeer

ADDRESS (number and street) Post Office Box 1835
 Check if different than previously reported. (ACC) Greenville MS 38702

2. **FEC IDENTIFICATION NUMBER** ▼ C C00495119 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
MS 02

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 03 / 13 / 2012 in the State of MS
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 03 / 13 / 2012 in the State of MS

5. Covering Period 01 / 01 / 2012 through 02 / 22 / 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 Mercidees McTeer
Signature of Treasurer Mercidees McTeer *[Electronically Filed]* Date 03 / 02 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Heather McTeer

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8470.34	43192.14
(b) Total Contribution Refunds (from Line 20(d))	0.00	3026.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8470.34	40166.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53405.69	135148.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53405.69	135148.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33092.86	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	139000.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Heather McTeer

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5700.00	13450.00
(ii) Unitemized.....	2770.34	4484.55
(iii) TOTAL of contributions from individuals ▶	8470.34	42437.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) The Candidate.....	0.00	254.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8470.34	43192.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	70000.00	140000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	70000.00	140000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	78470.34	183192.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53405.69	135148.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	3026.00
(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 20(a), (b), and (c)).....	0.00	3026.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	53405.69	139174.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8028.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78470.34
25. SUBTOTAL (add Line 23 and Line 24).....	86498.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53405.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33092.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Friends of Heather McTeer

A. Full Name (Last, First, Middle Initial)
Don Barrett

Mailing Address P.O. Box 927

City Lexington State MS Zip Code 39095

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

Name of Employer self Occupation attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012

Transaction ID : C7947099

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Joel Henderson

Mailing Address P.O. Box 778

City Greenville State MS Zip Code 38702

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2011
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : C7760716

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William Kittrell

Mailing Address 51 Saint Joseph St

City Mobile State AL Zip Code 36602-3503

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

Name of Employer self Occupation Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012

Transaction ID : C7864939

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

A. Full Name (Last, First, Middle Initial)
Kurt L Schmoke

Mailing Address 1292 Hollywood Ave.

City Annapolis State MD Zip Code 21403

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : C7947122

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jacqueline Smith

Mailing Address 725 S Washington Ave
254 Barthell Dr.

City Greenville State MS Zip Code 38701-5832

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

Name of Employer State of Mississippi Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012

Transaction ID : C7947101

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Eric Tait

Mailing Address 2429 Bissonnet St
Ste 516

City Houston State TX Zip Code 77005-1451

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

Name of Employer Outreach Diagnostic Clinic Occupation MD

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C7784743

Amount of Each Receipt this Period
 2500.00

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

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

3200.00

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

A. Full Name (Last, First, Middle Initial)
Heather McTeer

Mailing Address 817 S. Washington Ave.

City Greenville State MS Zip Code 38701

FEC ID number of contributing federal political committee. **C H2MS02120**

Name of Employer City of Greenville Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
137453.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 10 / 2012

Transaction ID : C7949216

Amount of Each Receipt this Period
40000.00

B. Full Name (Last, First, Middle Initial)
Heather McTeer

Mailing Address 817 S. Washington Ave.

City Greenville State MS Zip Code 38701

FEC ID number of contributing federal political committee. **C H2MS02120**

Name of Employer City of Greenville Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
137453.78

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2012

Transaction ID : C7949217

Amount of Each Receipt this Period
30000.00

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)

Election Cycle-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).....

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

70000.00

70000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Bobbie Amos McElvaine		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 473 Rubye Dr.		Amount of Each Disbursement this Period 250.00 Transaction ID : D421969
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Warren Austin		Date of Disbursement MM / DD / YYYY 01 / 22 / 2012
Mailing Address 568 Boardwalk		Amount of Each Disbursement this Period 100.00 Transaction ID : D422002
City Jackson	State MS Zip Code 39215	
Purpose of Disbursement printing campaign flyers	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Warren Austin		Date of Disbursement MM / DD / YYYY 02 / 08 / 2012
Mailing Address 568 Boardwalk		Amount of Each Disbursement this Period 370.00 Transaction ID : D422004
City Jackson	State MS Zip Code 39215	
Purpose of Disbursement printing campaign flyers	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	720.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Bennett & Brown Accounting Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address P. O. Box 23263			Amount of Each Disbursement this Period 3000.00
City Jackson	State MS	Zip Code 39225	Transaction ID : D421977
Purpose of Disbursement strategic planning and field operations		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Bennett & Brown Accounting Inc.			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address P. O. Box 23263			Amount of Each Disbursement this Period 500.00
City Jackson	State MS	Zip Code 39225	Transaction ID : D421978
Purpose of Disbursement Strategic planning consulting fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Bennett & Brown Accounting Inc.			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address P. O. Box 23263			Amount of Each Disbursement this Period 5000.00
City Jackson	State MS	Zip Code 39225	Transaction ID : D421979
Purpose of Disbursement field canvassing operations		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. DeMiktric Biggs		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address P.O. Box 393		Amount of Each Disbursement this Period 750.00 Transaction ID : D421998
City Florence	State MS	
Zip Code 39073	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dynerrick Caldwell		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 1321 St. Joseph Circle		Amount of Each Disbursement this Period 200.00 Transaction ID : D421990
City Greenville	State MS	
Zip Code 38703	Purpose of Disbursement payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Christensen & Associates		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 2500.00 Transaction ID : D421999
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement fundraising consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Suddenlink Communications		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 318 Main St.		Amount of Each Disbursement this Period 560.87 Transaction ID : D421984
City Greenville	State MS Zip Code 38701-0798	
Purpose of Disbursement Utilities	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Car Rental		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 1620 Martin Luther King Blvd		Amount of Each Disbursement this Period 1000.00 Transaction ID : D421991
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement travel: car rental	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Enterprise Car Rental		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address 1620 Martin Luther King Blvd		Amount of Each Disbursement this Period 756.12 Transaction ID : D421986
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Travel Car Rental	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2316.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Enterprise Car Rental		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 1620 Martin Luther King Blvd		Amount of Each Disbursement this Period 900.00 Transaction ID : D421995
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Travel Car Rental	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Enterprise Car Rental		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 1620 Martin Luther King Blvd		Amount of Each Disbursement this Period 650.00 Transaction ID : D421996
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Travel Car Rental	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Dewon Hall		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address 1462 South Colorado Apt. 8G		Amount of Each Disbursement this Period 85.00 Transaction ID : D421975
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement event material design	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1635.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Dewon Hall		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address 1462 South Colorado Apt. 8G		Amount of Each Disbursement this Period 125.00 Transaction ID : D421976
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement material design for campaign event	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dewon Hall		Date of Disbursement MM / DD / YYYY 01 / 11 / 2012
Mailing Address 1462 South Colorado Apt. 8G		Amount of Each Disbursement this Period 500.00 Transaction ID : D421971
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement material design and artwork	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Heather McTeer		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 1059.59 Transaction ID : D421983
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Reimbursement for campaign signs	Category/Type	
Candidate Name Heather Dale McTeer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1684.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Heather McTeer		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 565.73 Transaction ID : D421929
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Reimbursement for lodging, travel, gas, and food		Category/ Type
Candidate Name Heather Dale McTeer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 02		

Full Name (Last, First, Middle Initial) B. Heather McTeer		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 1295.45 Transaction ID : D421930
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement Reimbursement for lodging, gas, and food		Category/ Type
Candidate Name Heather Dale McTeer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 02		

Full Name (Last, First, Middle Initial) c. Heather McTeer		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 150.00 Transaction ID : D421934
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement travel: auto fuel 2 vehicles		Category/ Type 002
Candidate Name Heather Dale McTeer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 02		

SUBTOTAL of Disbursements This Page (optional).....	2011.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Heather McTeer		Date of Disbursement MM / DD / YYYY 02 / 04 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 878.10 Transaction ID : D421939
City Greenville State MS Zip Code 38701	Purpose of Disbursement reimbursement of travel, campaign office computer (Best Buy \$551.00 Office Depot \$267.10 Gas \$60.00) Candidate Name Heather Dale McTeer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MS District: 02	

Full Name (Last, First, Middle Initial) B. Heather McTeer		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 103.00 Transaction ID : D421940
City Greenville State MS Zip Code 38701	Purpose of Disbursement campaign Ad for ASU Alumni Heritage event Candidate Name Heather Dale McTeer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MS District: 02	

Full Name (Last, First, Middle Initial) c. Heather McTeer		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address 817 S. Washington Ave.		Amount of Each Disbursement this Period 1000.00 Transaction ID : D422016
City Greenville State MS Zip Code 38701	Purpose of Disbursement travel: auto fuel, food for campaign staff Candidate Name Heather Dale McTeer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: MS District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1981.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Yazoo Herald		Date of Disbursement MM / DD / YYYY 02 / 21 / 2012
Mailing Address 1035 Grand Ave.		Amount of Each Disbursement this Period 391.00 Transaction ID : D421989
City Jackson	State MS	
Zip Code 39194	Purpose of Disbursement Campaign Advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Willie Jones		Date of Disbursement MM / DD / YYYY 02 / 15 / 2012
Mailing Address 618 Spryfield Rd		Amount of Each Disbursement this Period 550.00 Transaction ID : D422000
City Jackson	State MS	
Zip Code 39212-4647	Purpose of Disbursement Campaign Health Event Food	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. theresa kennedy		Date of Disbursement MM / DD / YYYY 01 / 05 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 750.00 Transaction ID : D421956
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1691.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. theresa kennedy		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 750.00 Transaction ID : D421957
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. theresa kennedy		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 60.00 Transaction ID : D421959
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement travel: auto fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. theresa kennedy		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 750.00 Transaction ID : D421960
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement payroll	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. theresa kennedy		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 70.69 Transaction ID : D421972
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement Reimbursement for gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. theresa kennedy		Date of Disbursement MM / DD / YYYY 02 / 10 / 2012
Mailing Address 568 Boardwalk Blvd		Amount of Each Disbursement this Period 750.00 Transaction ID : D421966
City Ridgeland	State MS	
Zip Code 39157-4112	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Amber McCorkle		Date of Disbursement MM / DD / YYYY 01 / 30 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 185.98 Transaction ID : D421928
City Greenville	State MS	
Zip Code 38701	Purpose of Disbursement Reimbursement for travel, gas, and office supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1006.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 880.00 Transaction ID : D421944
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement salary	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 1000.00 Transaction ID : D421945
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 1000.00 Transaction ID : D421947
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2880.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 1000.00 Transaction ID : D421950
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 1000.00 Transaction ID : D421951
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Amber McCorkle		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 2430 Turin		Amount of Each Disbursement this Period 500.00 Transaction ID : D421954
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement travel: gas and food for staff	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Phalia McCorkle-Kester			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012		
Mailing Address 5266 Light Circle			Amount of Each Disbursement this Period 750.00		
City Norcross	State GA	Zip Code 30071	Transaction ID : D421968		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Phalia McCorkle-Kester			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012		
Mailing Address 5266 Light Circle			Amount of Each Disbursement this Period 500.00		
City Norcross	State GA	Zip Code 30071	Transaction ID : D421985		
Purpose of Disbursement payroll		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Phalia McCorkle-Kester			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012		
Mailing Address 5266 Light Circle			Amount of Each Disbursement this Period 500.00		
City Norcross	State GA	Zip Code 30071	Transaction ID : D421987		
Purpose of Disbursement payroll		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Phalia McCorkle-Kester		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 5266 Light Circle		Amount of Each Disbursement this Period 250.00 Transaction ID : D421988
City Norcross	State GA Zip Code 30071	
Purpose of Disbursement payroll	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WKIX WOAD Radio Station		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address 731 South Pear Orchard		Amount of Each Disbursement this Period 1502.00 Transaction ID : D422010
City Jackson	State MS Zip Code 39206	
Purpose of Disbursement Campaign Advertisement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WMPR Radio Station		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address Box 9782		Amount of Each Disbursement this Period 600.00 Transaction ID : D421974
City Jackson	State MS Zip Code 39206	
Purpose of Disbursement Campaign Radio Advertisement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2352.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Redmond Design		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 1460 Madison Ave.		Amount of Each Disbursement this Period 2759.88 Transaction ID : D421997
City Memphis	State TN	
Zip Code 38104	Purpose of Disbursement campaign materials, flyers, trifolds	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Redmond Design		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 1460 Madison Ave.		Amount of Each Disbursement this Period 391.67 Transaction ID : D421993
City Memphis	State TN	
Zip Code 38104	Purpose of Disbursement campaign business cards	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Redmond Design		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012
Mailing Address 1460 Madison Ave.		Amount of Each Disbursement this Period 481.50 Transaction ID : D421994
City Memphis	State TN	
Zip Code 38104	Purpose of Disbursement campaign cards and flyers	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3633.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Big Daddy's Signs		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 1319 Green Forest Ct., Ste 409		Amount of Each Disbursement this Period 1389.61
City Leesburg State FL Zip Code 34789	Purpose of Disbursement Campaign Large Signs	
Candidate Name	Category/Type	Transaction ID : D422003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Southgroup Insurance		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 327 Main St.		Amount of Each Disbursement this Period 655.00
City Greenville State MS Zip Code 38702	Purpose of Disbursement insurance for campaign office	
Candidate Name	Category/Type	Transaction ID : D422012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Uncle Bob's Self Storage		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2012
Mailing Address 2201 E. Reed Rd.		Amount of Each Disbursement this Period 300.00
City Greenville State MS Zip Code 38703	Purpose of Disbursement storage of campaign materials	
Candidate Name	Category/Type 001	Transaction ID : D422005
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2344.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012
Mailing Address 1910 Hwy 82 E		Amount of Each Disbursement this Period 220.00
City Greenville	State MS Zip Code 38701	
Purpose of Disbursement postage	Category/Type	Transaction ID : D422014
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Walter Zinn		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012
Mailing Address P.O. Box 23341		Amount of Each Disbursement this Period 3500.00
City Jackson	State MS Zip Code 39225	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : D421967
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Walter Zinn		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address P.O. Box 23341		Amount of Each Disbursement this Period 2000.00
City Jackson	State MS Zip Code 39225	
Purpose of Disbursement payroll	Category/Type 001	Transaction ID : D421962
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5720.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Heather McTeer

Full Name (Last, First, Middle Initial) A. Walter Zinn			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2012	
Mailing Address P.O. Box 23341			Amount of Each Disbursement this Period 1500.00	
City Jackson	State MS	Zip Code 39225	Transaction ID : D421963	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Walter Zinn			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2012	
Mailing Address P.O. Box 23341			Amount of Each Disbursement this Period 100.00	
City Jackson	State MS	Zip Code 39225	Transaction ID : D421964	
Purpose of Disbursement travel: auto fuel		Category/ Type 002		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Walter Zinn			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012	
Mailing Address P.O. Box 23341			Amount of Each Disbursement this Period 3000.00	
City Jackson	State MS	Zip Code 39225	Transaction ID : D421965	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	52336.19

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L918

Friends of Heather McTeer

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Heather McTeer PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address

817 S. Washington Ave.

City

State

ZIP Code

Greenville

MS

38701

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M 07 / D 08 / Y 2011

Date Due

M / D / Y No due date

Interest Rate

3.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

15000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Friends of Heather McTeer** Transaction ID : L919

LOAN SOURCE Full Name (Last, First, Middle Initial) Heather McTeer PERS FUNDS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 817 S. Washington Ave.		

City	State	ZIP Code
Greenville	MS	38701

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 22 / 2011	none	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	20000.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L958

Friends of Heather McTeer

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2011

Heather McTeer PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address

817 S. Washington Ave.

City

State

ZIP Code

Greenville

MS

38701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

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

M M / D D / Y Y Y Y
no due date

none % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

30000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Heather McTeer** Transaction ID : **L960**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Heather McTeer PERS FUNDS Primary
 Mailing Address 817 S. Washington Ave. General
 Other (specify) ▼

City State ZIP Code
 Greenville MS 38701

Original Amount of Loan 5000.00	Cumulative Payment To Date 1000.00	Balance Outstanding at Close of This Period 4000.00
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TERMS Date Incurred Date Due Interest Rate Secured:
 M 05 / D 05 / Y 2011 M M / D D / no due date 5.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 4000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L961

Friends of Heather McTeer

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Heather McTeer PERS FUNDS

Primary
 General
 Other (specify) ▼

Mailing Address

817 S. Washington Ave.

City

State

ZIP Code

Greenville

MS

38701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40000.00

0.00

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

10

2012

no due date

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

40000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Heather McTeer** Transaction ID : **L962**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Heather McTeer PERS FUNDS** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
817 S. Washington Ave.

City State ZIP Code
Greenville MS 38701

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 02 / D 04 / Y 2012
 Date Due: M / D / Y no due date
 Interest Rate: none % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	30000.00
TOTALS This Period (last page in this line only).....	▶	139000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.