

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NUNNELEE FOR CONGRESS

ADDRESS (number and street) 438 EAST MAIN ST
PO BOX 7092
 Check if different than previously reported. (ACC)
TUPELO MS 38802

2. **FEC IDENTIFICATION NUMBER** C00464487
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MS 01

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 _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Paul V Breazeale

Signature of Treasurer Electronically Filed by Paul V Breazeale Date 01 30 2011

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

NUNNELEE FOR CONGRESS

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)).....	64825.00	65575.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64825.00	65475.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	95145.72	101734.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	50.00	50.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95095.72	101684.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	122263.85	
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).....	0.00	

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
NUNNELEE FOR CONGRESS

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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	22300.00	23050.00
(i) Itemized (use Schedule A).....	325.00	325.00
(ii) Unitemized.....	22625.00	23375.00
(iii) TOTAL of contributions from individuals..... ▶	700.00	700.00
(b) Political Party Committees.....	41500.00	41500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	64825.00	65575.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	50.00	50.00
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)..... ▶	64875.00	65625.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	95145.72	101734.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(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	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	95145.72	101834.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152534.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	64875.00
25. SUBTOTAL (add Line 23 and Line 24).....	217409.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95145.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122263.85

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ricky Calhoun

Mailing Address 4211 Eastover Place

City Jackson State MS Zip Code 39211

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

Name of Employer Pruet Oil Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11369
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Mike Caracci

Mailing Address 868 Centre Street

City Ridgeland State MS Zip Code 39157

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

Name of Employer Sta-Home Health Agency Occupation Administrator

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11297
 Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Dan Fordice

Mailing Address 2500 Dana Rd

City Vicksburg State MS Zip Code 39180

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

Name of Employer Fordice Construction Occupation Vice President

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11343
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kay M. Foshee

Mailing Address 1014 Gerrits Landing

City State Zip Code
Brandon MS 39047

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

Name of Employer Baptist Home Board Occupation President

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11370
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Allison L. Graves

Mailing Address 2311 Connecticut Ave. NW. Apt 404

City State Zip Code
Washington DC 20008

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

Name of Employer Entergy Occupation Director, Fed Energy Policy

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11314
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
G O Griffith, Jr.

Mailing Address 625 Oakland Terrace

City State Zip Code
Alexandria VA 22302

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

Name of Employer BGR Holdings Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 22 / 2010
Transaction ID: SA11AI.11309
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Lee Harrell</p> <p>Mailing Address 106 Winchester Lane</p> <p>City State Zip Code Brandon MS 39042</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Baker Donelson Attorney</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.11389</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) B Keith Heard</p> <p>Mailing Address 21600 Zion Road</p> <p>City State Zip Code Brookeville MD 20833</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation O'Conner and Hannah Attorney</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.11308</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Roy Hutcheson</p> <p>Mailing Address 1904 Roseberry Dr.</p> <p>City State Zip Code Scottsboro AL 35769</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cash 2 Go President</p> <p>Receipt For: 2012 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.11332</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John P Keast
Mailing Address 12594 Spiller Lake
City Manassas State VA Zip Code 20112
FEC ID number of contributing federal political committee. **C**
Name of Employer Cornerstone Govt Affairs Occupation Govt Affairs Consultant
Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt 12 / 22 / 2010
Transaction ID: SA11AI.11307
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Samuel Kutler
Mailing Address 6405 Tree Top Circle
City Columbia State MD Zip Code 21045
FEC ID number of contributing federal political committee. **C**
Name of Employer Clark and Weinstock Occupation Managing Director
Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00
Date of Receipt 12 / 22 / 2010
Transaction ID: SA11AI.11312
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
John Langford
Mailing Address 218 N Cherry St.
City Falls Church State VA Zip Code 22046
FEC ID number of contributing federal political committee. **C**
Name of Employer Aurora Flight Services Occupation CEO
Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00
Date of Receipt 12 / 22 / 2010
Transaction ID: SA11AI.11310
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John M. Lovorn
Mailing Address 1925 Allyson Dr.
City State Zip Code
Tupelo MS 38804
FEC ID number of contributing federal political committee. **C**
Name of Employer The Pace Group Occupation President
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11381
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Lundy
Mailing Address 458 Greenwood Ln
City State Zip Code
Ridgeland MS 39157
FEC ID number of contributing federal political committee. **C**
Name of Employer Capitol Resources Occupation Government Consultant
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11377
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Joe McNulty
Mailing Address PO Box 426
City State Zip Code
Magee MS 39111
FEC ID number of contributing federal political committee. **C**
Name of Employer Pioneer Health Services Occupation President/CEO
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11374
Amount of Each Receipt this Period
1000.00

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

**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 10 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Alan Moore		Date of Receipt
	Mailing Address 1510 Pinehurst PI		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jackson	MS	39202
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11387
Name of Employer Baker Donelson		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Hunter Moorhead		Date of Receipt
	Mailing Address 4100 South 32nd Road #B1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Arlington	VA	22206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11306
Name of Employer Crossroads Strategies, LLC		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Thomas H. Shipman		Date of Receipt
	Mailing Address 2417 Barbour Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Falls Church	VA	22043
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11302
Name of Employer Cornerstone Public Affairs		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Southeastern Timber Products, LLC
Mailing Address PO Box 5327

City State Zip Code
Jackson MS 39296

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11345
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William J Van Devender
Mailing Address Post Office Box 5327

City State Zip Code
Jackson MS 39296

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

Name of Employer Occupation
Southern Timber Investor

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11345.0
Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Lawrence Spivey
Mailing Address 424 Argyle Dr.

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
Alpine Group Government Consultant

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11356
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karyn Thornhill
Mailing Address 463 Ridge Cr
City State Zip Code
Brandon MS 39047
FEC ID number of contributing federal political committee. **C**
Name of Employer Inzinna Consulting Occupation Lobbyist
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11358
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ronald Van, Jr.
Mailing Address 115 miles Lane
City State Zip Code
Brandon MS 39042
FEC ID number of contributing federal political committee. **C**
Name of Employer Regional and Mental Health Occupation Executive Director
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.11359
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Thomas L Wallace
Mailing Address Post Office Box 523
City State Zip Code
Columbia MS 39429
FEC ID number of contributing federal political committee. **C**
Name of Employer T L Wallace Construction Inc Occupation President
Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.11294
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 13 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nick Walters

Mailing Address 356 Red Eagle Cir

City State Zip Code
Ridgeland MS 39157

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

Name of Employer Occupation
Walters DeCell Corporation Founder

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.11362

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Barry Wax

Mailing Address PO Box 60

City State Zip Code
Amory MS 39110

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

Name of Employer Occupation
Wax Seed Company President/CEO

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.11392

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Barry Wax

Mailing Address PO Box 60

City State Zip Code
Amory MS 39110

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

Name of Employer Occupation
Wax Seed Company President/CEO

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.11562

Amount of Each Receipt this Period
4800.00

SUBTOTAL of Receipts This Page (optional) ► **5800.00**

TOTAL This Period (last page this line number only) ► **22300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 44
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Calhoun County Republican Party

Mailing Address 251 CR 102

City State Zip Code
Pittsboro MS 38951

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11B.11317

Amount of Each Receipt this Period
200.00

Permissible funds

B.

Full Name (Last, First, Middle Initial)
Marshall County Republican Club

Mailing Address PO Box 249

City State Zip Code
Byhalia MS 38611

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11B.11316

Amount of Each Receipt this Period
500.00

Permissible funds

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ABITIBI-CONSOLIDATED SALES CORP. - BOWATER INC. EMPLOYEE GOOD GOVT PROG.

Mailing Address 3502 Regents Park Court
PO Box 1149

City Arlington State TX Zip Code 76017

FEC ID number of contributing federal political committee. **C** C00350884

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11336

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 401 9th Street NW
Suite 610 South

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00226472

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11355

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. Akard Street
Suite 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.11340

Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BALCH AND BINGHAM LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1710 SIXTH AVENUE NORTH

City State Zip Code
BIRMINGHAM AL 35203

FEC ID number of contributing federal political committee. **C** C00358440

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11366

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City State Zip Code
Richmond VA 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11291

Amount of Each Receipt this Period
2000.00

In-kind - Corporate Flight Management, Inc.

C. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE, THE

Mailing Address 701 Pennsylvania Avenue, NW
Suite 750

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11352

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EADS NORTH AMERICA AMERICANS FOR COMPETITION IN AEROSPACE PAC

Mailing Address 1616 North Ft. Myer Drive
Suite 1600

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11328

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ELECTRIC POWER ASSOCIATIONS OF MISSISSIPPI ACTION COMMITTEE FOR RURAL ELECTRICITY

Mailing Address POST OFFICE BOX 3300

City Ridgeland State MS Zip Code 39158

FEC ID number of contributing federal political committee. **C** C00004952

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11383

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
ENTERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)

Mailing Address 425 West Capitol Avenue, Ste24B

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11C.11330

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO Box 20503

City State Zip Code
Indianapolis IN 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11349

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
FOOD MARKETING INSTITUTE POLITICAL ACTION COMMITTEE FOODPAC

Mailing Address 2345 Crystal Drive
Suite 800

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11304

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
GDF SUEZ ENERGY NORTH AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1990 Post Oak Boulevard
SUITE 1900

City State Zip Code
Houston TX 77056

FEC ID number of contributing federal political committee. **C** C00375568

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11385

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address Five Moore Drive
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11298

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11360

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)

Mailing Address 1601 K Street, NW
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11319

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MISSISSIPPI POWER COMPANY FEDERAL PAC A/K/A/ MS PWR CO EMP COMM FOR RESP FED

Mailing Address 2992 West Beach Blvd

City State Zip Code
Gulfport, MS 39502

FEC ID number of contributing federal political committee. **C** C00144147

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11390

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
MS Hospitality & Restaurant Association PAC

Mailing Address 130 Riverview Drive, Suite A

City State Zip Code
Flowood, MS 39232

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11560

Amount of Each Receipt this Period

1000.00

Permissible funds

C.

Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street
Suite 600

City State Zip Code
Alexandria, VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11C.11295

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) ►

11000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1015 FIFTEENTH STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11300

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
NUCOR CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1915 Rexford Road

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing federal political committee. **C** C00379628

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11372

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
PLUM CREEK TIMBER CO GOOD GOVT FUND

Mailing Address 999 THIRD AVENUE SUITE 4300

City State Zip Code
SEATTLE WA 98104

FEC ID number of contributing federal political committee. **C** C00255224

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11C.11379

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 44
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
US RICE PRODUCERS PAC

Mailing Address C/O CORNERSTONE GOVERNMENT AFFAIRS
300 INDEPENDENCE AVE., SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00383661

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.11326

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	41500.00

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Morgan Baldwin <hr/> Mailing Address 1910 Allyson Drive <hr/> City State Zip Code Tupelo MS 38834 <hr/> Purpose of Disbursement Campaign strategy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11433 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 8000.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bancorp South Arena <hr/> Mailing Address 375 E. Main St. <hr/> City State Zip Code Tupelo MS 38804 <hr/> Purpose of Disbursement Room and equipment rental for election night Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2121.00
	Category/ Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Breazeale Saunders & O'Neil, Ltd. <hr/> Mailing Address Post Office Box 80 <hr/> City State Zip Code Jackson MS 39205 <hr/> Purpose of Disbursement Accounting fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11452 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 5956.56
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

16077.56

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Bridge Properties</p> <p>Mailing Address 1000 Tyler Ave</p> <p>City Oxford State MS Zip Code 38655</p> <p>Purpose of Disbursement Oxford office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11435</p> <p>Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Cadley Burns</p> <p>Mailing Address 1286 North Second Street</p> <p>City Baldwyn State MS Zip Code 38824</p> <p>Purpose of Disbursement Campaign strategy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11426</p> <p>Date of Disbursement 12 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement In-kind - Corporate Flight Management, Inc.</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11293</p> <p>Date of Disbursement 11 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3300.00

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Capital Club Mailing Address Post Office Box 1432 City Jackson State MS Zip Code 39215 Purpose of Disbursement Campaign event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11466 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period 796.16
B.	Full Name (Last, First, Middle Initial) Cardmember Service Mailing Address Post Office Box 790408 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Credit card payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 206.08
C.	Full Name (Last, First, Middle Initial) Cardmember Service Mailing Address Post Office Box 790408 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Rush card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11411.2 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 15.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1002.24
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Cardmember Service

Transaction ID: SB17.11473
Date of Disbursement

Mailing Address Post Office Box 790408

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	0

City State Zip Code
St. Louis MO 63179

Amount of Each Disbursement this Period

7364.13

Purpose of Disbursement
Credit card payment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hilton Garden Inn

Transaction ID: SB17.11473.0
Date of Disbursement

Mailing Address 363 East Main Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	0

City State Zip Code
Tupelo MS 38801

Amount of Each Disbursement this Period

1543.68

Purpose of Disbursement
Travel

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Delta

Transaction ID: SB17.11473.3
Date of Disbursement

Mailing Address Post Office Box 20706

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

City State Zip Code
Atlanta GA 30320

Amount of Each Disbursement this Period

2322.00

Purpose of Disbursement
Travel

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

7364.13

TOTAL This Period (last page this line number only)

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.11473.4 Date of Disbursement 11 / 29 / 2010
	Mailing Address 4000 E Sky Harbor Blvd	Amount of Each Disbursement this Period 253.30
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Holiday Inn Express	Transaction ID: SB17.11473.8 Date of Disbursement 11 / 29 / 2010
	Mailing Address 340 Stateline Rd W	Amount of Each Disbursement this Period 2223.82
	City Southaven State MS Zip Code 38671	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) The Downtown Grill	Transaction ID: SB17.11473.10 Date of Disbursement 11 / 29 / 2010
	Mailing Address 110 Courthouse Sq	Amount of Each Disbursement this Period 683.45
	City Oxford State MS Zip Code 38655	
	Purpose of Disbursement Campaign meals Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Cardmember Service</p> <p>Mailing Address Post Office Box 790408</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Credit card phone payment fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11473.12</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Cardmember Service</p> <p>Mailing Address Post Office Box 790408</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Credit card payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11472</p> <p>Date of Disbursement 12 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4582.05</p>
<p>C. Full Name (Last, First, Middle Initial) Delta</p> <p>Mailing Address Post Office Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11472.2</p> <p>Date of Disbursement 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2821.80</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	4582.05
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.11472.3 Date of Disbursement
	Mailing Address 4000 E Sky Harbor Blvd	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="1247.40"/>
	Candidate Name	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: SB17.11469 Date of Disbursement
	Mailing Address Post Office Box 790408	<input type="text" value="12"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card payment	<input type="text" value="4175.16"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: SB17.11469.5 Date of Disbursement
	Mailing Address Tupelo Downtown	<input type="text" value="12"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tupelo State MS Zip Code 38804	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="2.07"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4175.16"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Delta</p> <p>Mailing Address Post Office Box 20706</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11469.6</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 602.90</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Papa V's</p> <p>Mailing Address 438 East Main Street</p> <p>City Tupelo State MS Zip Code 38801</p> <p>Purpose of Disbursement Campaign meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11469.7</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 35.22</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) The Congressional Inst.</p> <p>Mailing Address 1700 Diagnola Rd #730</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Institute for new members</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11469.9</p> <p>Date of Disbursement 12 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1044.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Old Ebbitt Grill	Transaction ID: SB17.11469.10 Date of Disbursement 12 / 28 / 2010
	Mailing Address 675 15th St NW	Amount of Each Disbursement this Period 2090.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Campaign meal Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Cardmember Service	Transaction ID: SB17.11470 Date of Disbursement 12 / 28 / 2010
	Mailing Address Post Office Box 790408	Amount of Each Disbursement this Period 4145.98
	City St. Louis State MO Zip Code 63179	
	Purpose of Disbursement Credit card payment Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta	Transaction ID: SB17.11470.0 Date of Disbursement 12 / 28 / 2010
	Mailing Address Post Office Box 20706	Amount of Each Disbursement this Period 1197.40
	City Atlanta State GA Zip Code 30320	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	4145.98
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) L'Enfant Plaza Hotel <hr/> Mailing Address 480 L'Enfant Plaza <hr/> City Washington State DC Zip Code 20024 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11470.1 Date of Disbursement 12 / 28 / 2010
	Amount of Each Disbursement this Period 476.32
	[MEMO ITEM]
	Category/Type 002
	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Capital Club <hr/> Mailing Address Post Office Box 1432 <hr/> City Jackson State MS Zip Code 39215 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11470.4 Date of Disbursement 12 / 28 / 2010
	Amount of Each Disbursement this Period 26.94
	[MEMO ITEM]
	Category/Type 001
	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address Tupelo Downtown <hr/> City Tupelo State MS Zip Code 38804 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11470.5 Date of Disbursement 12 / 28 / 2010
	Amount of Each Disbursement this Period 32.10
	[MEMO ITEM]
	Category/Type 001
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Courtyard by Marriott

Mailing Address 900 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11470.7
Date of Disbursement

1 2 / 2 8 / 2 0 1 0

Amount of Each Disbursement this Period

536.92

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
UHaul

Mailing Address 1207 East Maim Street

City Tupelo State MS Zip Code 38804

Purpose of Disbursement
Moving expenses

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11470.13
Date of Disbursement

1 2 / 2 8 / 2 0 1 0

Amount of Each Disbursement this Period

908.73

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 1001 E County Line Rd

City Jackson State MS Zip Code 39211

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.11470.14
Date of Disbursement

1 2 / 2 8 / 2 0 1 0

Amount of Each Disbursement this Period

177.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Cellular South <hr/> Mailing Address PO Box 519 <hr/> City Meadville State MS Zip Code 39653 <hr/> Purpose of Disbursement Cell phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11458 Date of Disbursement 12 / 20 / 2010
	Amount of Each Disbursement this Period 663.65
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Desoto County Women <hr/> Mailing Address 9357 Bryant Trent Blvd <hr/> City Olive Branch State MS Zip Code 38654 <hr/> Purpose of Disbursement Tickets to Christmas party Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11437 Date of Disbursement 12 / 06 / 2010
	Amount of Each Disbursement this Period 225.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Entergy <hr/> Mailing Address PO Box 8105 <hr/> City Baton Rouge State LA Zip Code 70891 <hr/> Purpose of Disbursement Utility expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11454 Date of Disbursement 12 / 20 / 2010
	Amount of Each Disbursement this Period 305.70
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1194.35

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 35 / 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Aimee Garner <hr/> Mailing Address 110 Providence Drive <hr/> City Madison State MS Zip Code 39110 <hr/> Purpose of Disbursement Fundraising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11439 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 13609.69
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Diane Hawks <hr/> Mailing Address Memphis Street <hr/> City Hernando State MS Zip Code 38632 <hr/> Purpose of Disbursement Travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11463 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 297.06
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coleman R. Hughes <hr/> Mailing Address 74 Aspen Loop <hr/> City Oxford State MS Zip Code 38655 <hr/> Purpose of Disbursement Campaign strategy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11427 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	14406.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Coleman R. Hughes <hr/> Mailing Address 74 Aspen Loop <hr/> City Oxford State MS Zip Code 38655 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11445 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2129.00
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Map Sound and Video <hr/> Mailing Address 2611 West Main Street <hr/> City Tupelo State MS Zip Code 38801 <hr/> Purpose of Disbursement Speaker and screen rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11399 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2310.18
	Category/ Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John B. McNamara <hr/> Mailing Address 629 Tyler Avenue <hr/> City Oxford State MS Zip Code 38655 <hr/> Purpose of Disbursement Campaign strategy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11428 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4939.18

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Tara Morgan</p> <p>Mailing Address Post Office Box 802</p> <p>City State Zip Code Tupelo MS 38802</p> <p>Purpose of Disbursement Campaign strategy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11429</p> <p>Date of Disbursement 12 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tara Morgan</p> <p>Mailing Address Post Office Box 802</p> <p>City State Zip Code Tupelo MS 38802</p> <p>Purpose of Disbursement Mileage reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11459</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 293.00</p> <p>002 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tara Morgan</p> <p>Mailing Address Post Office Box 802</p> <p>City State Zip Code Tupelo MS 38802</p> <p>Purpose of Disbursement Expense reimbursement - phone bills and office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11460</p> <p>Date of Disbursement 12 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 199.86</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1492.86

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 38 / 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mabel Murphree <hr/> Mailing Address 3268 Old Town Estate <hr/> City State Zip Code Tupelo MS 38804 <hr/> Purpose of Disbursement Salary expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11430 Date of Disbursement 12 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 3158.00
B.	Full Name (Last, First, Middle Initial) NJI New Media <hr/> Mailing Address 201 King Street, Suite 202 <hr/> City State Zip Code Alexandria VA 22134 <hr/> Purpose of Disbursement Website hosting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11451 Date of Disbursement 12 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 150.00
C.	Full Name (Last, First, Middle Initial) Alan Nunnelee <hr/> Mailing Address 1816 Tyler Avenue <hr/> City State Zip Code Oxford MS 38655 <hr/> Purpose of Disbursement Mileage reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11422 Date of Disbursement 11 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 543.00

SUBTOTAL of Disbursements This Page (optional) ▶	3851.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Alan Nunnelee <hr/> Mailing Address 1816 Tyler Avenue <hr/> City Oxford State MS Zip Code 38655 <hr/> Purpose of Disbursement Travel reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11465 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1435.00
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Papa V's <hr/> Mailing Address 438 East Main Street <hr/> City Tupelo State MS Zip Code 38801 <hr/> Purpose of Disbursement Campaign event - election night Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11395 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1734.84
	Category/ Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coby Parker <hr/> Mailing Address 109 Pine hill Cove <hr/> City Pearl State MS Zip Code 39208 <hr/> Purpose of Disbursement Campaign strategy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11431 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3669.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Sandra Perkins

Transaction ID: SB17.11464
Date of Disbursement

Mailing Address 4044 Meadow Circle

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

City Belden State MS Zip Code 38826

Amount of Each Disbursement this Period

269.15

Purpose of Disbursement
Stamps and ink cartridge
Candidate Name

001
Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
PPI, Inc.

Transaction ID: SB17.11403
Date of Disbursement

Mailing Address Post Office Box 4030

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	0

City Tupelo State MS Zip Code 38803

Amount of Each Disbursement this Period

4143.38

Purpose of Disbursement
Advertising - invitation mailings
Candidate Name

003
Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
PPI, Inc.

Transaction ID: SB17.11404
Date of Disbursement

Mailing Address Post Office Box 4030

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	0

City Tupelo State MS Zip Code 38803

Amount of Each Disbursement this Period

983.44

Purpose of Disbursement
Shirts and pencils
Candidate Name

004
Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

5395.97

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
PPI, Inc.

Transaction ID: SB17.11462
Date of Disbursement

Mailing Address Post Office Box 4030

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	0

City State Zip Code
Tupelo MS 38803

Amount of Each Disbursement this Period

2303.82

Purpose of Disbursement
Invitation mailing

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Jordan L Russell

Transaction ID: SB17.11424
Date of Disbursement

Mailing Address 109 Patti Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	0

City State Zip Code
Oxford MS 38655

Amount of Each Disbursement this Period

1949.75

Purpose of Disbursement
Salary expense

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Jordan L Russell

Transaction ID: SB17.11425
Date of Disbursement

Mailing Address 109 Patti Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	0

City State Zip Code
Oxford MS 38655

Amount of Each Disbursement this Period

264.00

Purpose of Disbursement
Mileage reimbursement

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4517.57

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Jerry Seppala</p> <p>Mailing Address 1161 East Wayzata Boulevard Box 210</p> <p>City Wayzata State MN Zip Code 55391</p> <p>Purpose of Disbursement Fundraising Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11440 Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 8761.70</p> <p>003 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Signs First</p> <p>Mailing Address 510 South Gloster</p> <p>City Tupelo State MS Zip Code 38801</p> <p>Purpose of Disbursement Banners Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11410 Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 965.33</p> <p>004 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Susan's Flowers & Gifts</p> <p>Mailing Address 103 South Second Street</p> <p>City Baldwyn State MS Zip Code 38824</p> <p>Purpose of Disbursement Table decorations Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.11405 Date of Disbursement 11 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 588.50</p> <p>007 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10315.53

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 43 / 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tombigbee Electric Power Mailing Address PO Box 1789 City State Zip Code Tupelo MS 38802 Purpose of Disbursement Utility expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11401 Date of Disbursement 11 / 24 / 2010 Amount of Each Disbursement this Period 451.89 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Tombigbee Electric Power Mailing Address PO Box 1789 City State Zip Code Tupelo MS 38802 Purpose of Disbursement Utility expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11453 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 178.39 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Transfirst LLC Mailing Address 371 Centennial Parkway City State Zip Code Louisville CO 80207 Purpose of Disbursement Credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11442 Date of Disbursement 12 / 10 / 2010 Amount of Each Disbursement this Period 224.71 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

854.99

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NUNNELEE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) US Treasury <hr/> Mailing Address Internal Revenue Service <hr/> City Washington State DC Zip Code 20224 Purpose of Disbursement Payroll expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11443 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1658.50
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marsha Ward <hr/> Mailing Address 2475 5th St. N. <hr/> City Columbus State MS Zip Code 39705 Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11397 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 672.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Shadrack White <hr/> Mailing Address PO Box M <hr/> City Sandersville State MS Zip Code 39477 Purpose of Disbursement Campaign strategy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11432 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3330.50
TOTAL This Period (last page this line number only)	94615.66