

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report

RECEIVED
JAN 30 2013

Secretary of State
Capitol Office
JACKSON, MISSISSIPPI

Name of Candidate Eugene S. Clarke
Address P.O. Box 668, Hollandale, MS 38748
Telephone 662-827-7261 Fax 662-827-7264
Office Sought State Senate District 22 Email clarke.iv@bellsouth.net

Check here if above is different from previous report

TYPE OF REPORT

January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012).....Mandatory

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate Reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 17,550 ⁰² +\$ 1,000 ⁰² \$	18,550 ⁰³	\$ 18,550 ⁰²
Total amount of disbursements	\$ 3,800 ⁰² +\$ 206 ⁴⁵ \$	4,006 ⁴⁵	\$ 4,006 ⁴⁵
Total amount of cash on hand		\$ 14,590 ⁰⁴	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eugene S. Clarke
Signature of Candidate

1/30/13
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>	<u>11</u> / <u>15</u> / <u>12</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1306</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Pascagoula MS 39568</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser-Busch Companies</u>	<u>10</u> / <u>15</u> / <u>12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>St. Louis MO 63105</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>General Electric Co</u>	<u>11</u> / <u>20</u> / <u>12</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 9544</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fort Myers, FL 33906-9544</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT+T Miss, PAC</u>	<u>10</u> / <u>13</u> / <u>12</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>175 E. Capital St</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Novartis Pharmaceuticals Corp</u>	<u>12/28/12</u>	\$ <u>350⁰⁰</u>
Mailing Address <u>172 Reppertree Dr.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Kingsport, TN 37664</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>350⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Valley Services</u>	<u>12/28/12</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>P.O. Box 5454</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39288</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Koch Industries, Inc.</u>	<u>12/14/12</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>4111 E. 37th St</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Wichita, KS 67220</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comcast Corp.</u>	<u>12/19/12</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>1701 JFK Blvd.</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Philadelphia PA 19103</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 13 / 12	\$ 1,000 ⁰⁰
Mailing Address	□ / □ / □	\$
City, State, Zip Code	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000 ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	7 / 19 / 12	\$ 500 ⁰⁰
Mailing Address	□ / □ / □	\$
City, State, Zip Code	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 20 / 12	\$ 1,000 ⁰⁰
Mailing Address	□ / □ / □	\$
City, State, Zip Code	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000 ⁰⁰
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 / 17 / 12	\$ 500 ⁰⁰
Mailing Address	□ / □ / □	\$
City, State, Zip Code	□ / □ / □	\$
Name of Employer (Required)	□ / □ / □	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8/17/12	\$ 500 ⁰⁰
Mailing Address	1/1/	\$
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰
Miss. Concrete Industries PAC		
6700 Old Canton Rd Suite K		
Ridgeland, MS 39157		
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Limited Licks Co.</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8/13/12	\$ 500 ⁰⁰
Mailing Address	9/11/12	\$ 500 ⁰⁰
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000 ⁰⁰
Centene Mat. LLC		
St. Louis, MO 63105		
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000 ⁰⁰
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	7/18/12	\$ 250 ⁰⁰
Mailing Address	1/1/	\$
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁰⁰
Midcreek Management Corp		
P.O. Box 1135		
Mogee, MS 39111		
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 ⁰⁰
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9/13/12	\$ 500 ⁰⁰
Mailing Address	1/1/	\$
City, State, Zip Code	1/1/	\$
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰
Motorola		
P.O. Box 68429		
Schaumburg, IL 60168		
Name of Employer (Required)	1/1/	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁰⁰

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wal PAC</u>	<u>19</u> / <u>14</u> / <u>12</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>702 SW 8th St</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Bentonville, AR 72716</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Abbott Lab Employee PAC</u>	<u>10</u> / <u>31</u> / <u>12</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>100 Abbott Park</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Abbott Park, IL 60064</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300⁰⁰</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Altria Client Services, Inc</u>	<u>10</u> / <u>24</u> / <u>12</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>33 N. Pointe Center</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Alpharetta GA 30022</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MA6-PAC</u>	<u>12</u> / <u>21</u> / <u>12</u>	\$ <u>1,000⁰⁰</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39236</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>

Name of Candidate or Committee Eugene S. Clark
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>	<u>12</u> / <u>21</u> / <u>12</u>	\$ <u>1,000⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39158</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Primary Health Care Assoc Inc</u>	<u>11</u> / <u>19</u> / <u>12</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>111 E Capitol</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39201</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer Healthcare</u>	<u>12</u> / <u>14</u> / <u>12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf States Toyota, Inc</u>	<u>12</u> / <u>14</u> / <u>12</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>1375 Enclave Pkwy</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Houston, TX 77077</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly + Co.</u>	<u>12/14/12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		\$ _____
City, State, Zip Code _____		\$ _____
Name of Employer (Required) _____		\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Merck</u>	<u>7/31/12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		\$ _____
City, State, Zip Code _____		\$ _____
Name of Employer (Required) _____		\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Astria Zeneca</u>	<u>8/13/12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		\$ _____
City, State, Zip Code _____		\$ _____
Name of Employer (Required) _____		\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk West RR</u>	<u>9/24/12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		\$ _____
City, State, Zip Code _____		\$ _____
Name of Employer (Required) _____		\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee Eugene S. Clarke

Reporting period 1-1-12 through 12-31-12

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tellus Operating</u>	<u>12 / 14 / 12</u>	\$ <u>500⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Verizon</u>	<u>12 / 28 / 12</u>	\$ <u>1,000⁰⁰</u>
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Eugene S. Clarke
 Reporting period 1-1-12 through 12-31-12

ITEMIZED DISBURSEMENTS

A. Full name <u>Capital One</u>	Date (Mo., Day, Year) <u>10/23/12</u>	Amount of each disbursement this period \$ <u>2,000⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>RNC Convention expenses</u>	Aggregate Year-to-date	\$ <u>2,000⁰⁰</u>
B. Full name <u>Mississippi Republican Party</u>	Date (Mo., Day, Year) <u>8/8/12</u>	Amount of each disbursement this period \$ <u>300⁰⁰</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>RNC Fee</u>	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
C. Full name <u>Clarke, Bradley, Baker & Co LLP</u>	Date (Mo., Day, Year) <u>12/21/12</u>	Amount of each disbursement this period \$ <u>1,500⁰⁰</u>
Mailing Address <u>P.O. Box 668</u>		
City, State, Zip Code <u>Hollandale, MS 38748</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Telephone, copying, travel, dental reimbursement</u>	Aggregate Year-to-date	\$ <u>1,500⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$