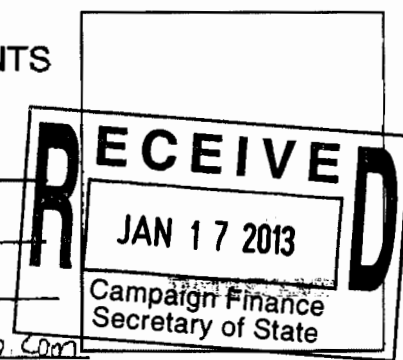


Debert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report



Name of Candidate Rita Potts Parks
Address P.O. Box 303 Corinth, MS 38835
Telephone 662-415-4743 Fax _____
Office Sought _____ Email mikenrita86@yahoo.com

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	\$ 6,950 +\$ 0	\$ 6,950.00	\$ 6,950.00
Total amount of disbursements	\$ 0 +\$ 0	\$ 0	\$ 0
Total amount of cash on hand		\$ 19,652.77	

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

Rita Potts Parks
Signature of Candidate

12-14-12
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 districts, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39286 or fax to 601-576-2546.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Rita Pitts Parks
 Reporting period Jan 1, 2012 through Dec 31, 2012

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>Electric Power Associations of Mississippi State PAC</u>	<u>11 / 18 / 12</u>	\$ <u>300.00</u>
Mailing Address <u>PO Box 3300</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</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) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Primary Health Care Assoc, Inc PAC Account</u>	<u>11 / 19 / 12</u>	\$ <u>200.00</u>
Mailing Address <u>6400 Lakeover Rd Suite A</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39213</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200.00</u>
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 <u>AT&T Mississippi Political Action Committee</u>	<u>10 / 12 / 12</u>	\$ <u>400.00</u>
Mailing Address <u>175 E. Capitol St. Landmark Center Room 703</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input 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 <u>Haves Dent Public Strategies</u>	<u>12 / 10 / 12</u>	\$ <u>100.00</u>
Mailing Address <u>PO Box 1047</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Yazoo City, MS 39194</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee Rita Pitts Parks
 Reporting period Jan 1, 2012 through Dec 31, 2012

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>Third Union Finance, Inc.</u>	<u>11 / 21 / 12</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 1651</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Corinth MS 38835</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</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>Tower Loan of Mississippi, LLC</u>	<u>11 / 31 / 12</u>	\$ <u>1,000.00</u>
Mailing Address <u>PO Box 32001</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood MS 39232-0001</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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>Fidelity National Loans</u>	<u>11 / 28 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 440</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Holly Springs MS 38635</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</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>First Heritage Credit, LLC</u>	<u>11 / 21 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>605 Crescent Blvd., Suite 101</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Kidderland MS 39157</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Rita Pitts Parks

Reporting period Jan 1, 2012 through Dec 31, 2012

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>Buddy Mealin & Associates, Inc.</u>		<u>11</u> / <u>29</u> / <u>12</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 24087</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</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>Sage Advice</u>		<u>12</u> / <u>06</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 459</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Jim Ellington, PE</u>		<u>11</u> / <u>26</u> / <u>12</u>	\$ <u>250.00</u>
Mailing Address <u>7020 Jackson-Raymond Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Raymond, MS 39154</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Government Relations/Engineering</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>MAE - PAC</u>		<u>12</u> / <u>15</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Rita Potts Parks
 Reporting period Jan 1, 2012 through Dec 31, 2012

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>Mississippi Independent Rx PAC</u>	<u>12 / 19 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeland Dr. Suite 399</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</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>Koch Industries, Inc</u>	<u>12 / 10 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>4111 E. 37th Street N.</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Wichita, KS 67220</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
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 <u>Mississippi Power Company State PAC</u>	<u>11 / 27 / 12</u>	\$ <u>200.00</u>
Mailing Address <u>PO Box 4079</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Porter</u>	<u>12 / 16 / 12</u>	\$ <u>500.00</u>
Mailing Address <u>1037 Lake Village Circle</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Brandon, MS 39047</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Rita Potts Parks
 Reporting period Jan 1, 2012 through Dec 31, 2012

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>Centene Management Company LLC</u>		<u>8 / 28 / 12</u>	\$ <u>500.00</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>St. Louis, MO 63105</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</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>Mississippi Association for Homecare</u>		<u>12 / 17 / 12</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont Street Suite B</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Clinton, MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
C. Source <input 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> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
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"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Rita Potts Parks
 Reporting period Jan 1, 2012 through Dec 31, 2012

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$