

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report

RECEIVED

JAN 09 2013

Secretary of State
Capitol Office

Name of Candidate TERRY W. BROWN
Address 29 Hillside Dr. Columbus Ms 39702
Telephone 662-386-6732 Fax _____
Office Sought State Senate Email Thbrown30@Miss.ms.gov

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	\$ 25,600 ⁰⁰ +\$	\$ 25,600 ⁰⁰	\$ 25,600 ⁰⁰
Total amount of disbursements	\$ +\$	\$ 21,700 ⁰⁰	\$ 21,700
Total amount of cash on hand		\$ 24,800 ⁰⁰	

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

Signature of Candidate

Date

JAN 10, 2012

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 TERRY W. BROWN

Reporting period Oct 30 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>CENTENE Mgt. Comp LLC</u>	--/--	\$ <u>1000.</u> ⁰⁰
Mailing Address <u>CENTENE Comp.</u>	--/--	\$
City, State, Zip Code <u>ST. Louis Mo 63105</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</u> ⁰⁰
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>Miss Concrete Industries Assn</u>	--/--	\$ <u>500.</u> ⁰⁰
Mailing Address <u>6700 Old Canton Rd Suite K</u>	--/--	\$
City, State, Zip Code <u>Ridgeland Ms. 39157</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u> 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 <u>Boehringer Ingelheim Corp</u>	--/--	\$ <u>600.</u> ⁰⁰
Mailing Address <u>PO Box 1088</u>	--/--	\$
City, State, Zip Code <u>Ridgeland Ct. 06877</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>600.</u> 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 <u>Grand Truck Western RR Co.</u>	--/--	\$ <u>500.</u> ⁰⁰
Mailing Address <u>PO Box 5025</u>	--/--	\$
City, State, Zip Code <u>Troy Michigan 48007</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u> ⁰⁰

Name of Candidate or Committee TERRY Brown

Reporting period Oct 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>American Chemistry Co.</u>	- / - / -	\$ <u>500.</u> ⁰⁰
Mailing Address <u>1995 N. Park Pl Suite 240</u>	- / - / -	\$
City, State, Zip Code <u>ATLANTA GA 30339</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u> ⁰⁰
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>Arina Zewer</u>	- / - / -	\$ <u>500.</u> ⁰⁰
Mailing Address <u>4274 Raleighway</u>	- / - / -	\$
City, State, Zip Code <u>JALAHASSEE FL 32311</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u> 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 <u>Merek</u>	- / - / -	\$ <u>500.</u> ⁰⁰
Mailing Address <u>PO Box 1000</u>	- / - / -	\$
City, State, Zip Code <u>No Wales PA 19450</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u> 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 <u>Electric Power Assn of Ms</u>	- / - / -	\$
Mailing Address <u>PO Box 3300</u>	- / - / -	\$ <u>1000.</u> ⁰⁰
City, State, Zip Code <u>Ridgeland Ms 39158</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</u> ⁰⁰

Name of Candidate or Committee TERRY BROWN

Reporting period Oct 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>BNSF RAILWAY</u>	- / - / -	\$ <u>250.⁰⁰</u>
Mailing Address <u>PO Box 961039</u>	- / - / -	\$
City, State, Zip Code <u>Ft Worth TX 76161</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>Anheuser Busch Comp.</u>	- / - / -	\$ <u>1000.⁰⁰</u>
Mailing Address	- / - / -	\$
City, State, Zip Code	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.⁰⁰</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>MOTOROLA SOLUTIONS</u>	- / - / -	\$ <u>250.⁰⁰</u>
Mailing Address <u>PO Box 68429</u>	- / - / -	\$
City, State, Zip Code <u>SHAMBURG IL 60168</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>750.⁰⁰</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>WAL-PAC</u>	- / - / -	\$ <u>500.⁰⁰</u>
Mailing Address <u>702 S 08th ST.</u>	- / - / -	\$
City, State, Zip Code <u>Dentonville Ark 72716</u>	- / - / -	\$
Name of Employer (Required)	- / - / -	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.⁰⁰</u>

Name of Candidate or Committee TERRY BROWN

Reporting period Oct 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>Chonnan Pub Appan</u>	_/_/_	\$ <u>500</u>
Mailing Address <u>PO Box 9034</u>	_/_/_	\$
City, State, Zip Code <u>Concord CA. 94524</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</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>KCS RAIL PAC</u>	_/_/_	\$ <u>500.</u>
Mailing Address <u>PO Box 219385</u>	_/_/_	\$
City, State, Zip Code <u>HANNA CITY MO. 64121</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</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>GULF STATES Toyota Inc</u>	_/_/_	\$ <u>500.</u>
Mailing Address <u>315 Esclave Phwy</u>	_/_/_	\$
City, State, Zip Code <u>Holt MO 64121</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</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>Tellus Operating Group</u>	_/_/_	\$ <u>1000.</u>
Mailing Address <u>602 Chestnut Place</u>	_/_/_	\$
City, State, Zip Code <u>Ridgeland Ms. 39157</u>	_/_/_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</u>

Name of Candidate or Committee TERRY BROW

Reporting period Q3 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>Comcast Corp</u>	_ / _ / _	\$ <u>1000.</u>
Mailing Address <u>1701 JFK Blvd</u>	_ / _ / _	\$
City, State, Zip Code <u>Philadelphia PA 19103</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</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>ATT PAC</u>	_ / _ / _	\$ <u>500.</u>
Mailing Address <u>1756 Cap St.</u>	_ / _ / _	\$
City, State, Zip Code <u>Jackson Ms.</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u>
C. Source: <input checked="" 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 Power Company</u>	_ / _ / _	\$ <u>1000.</u>
Mailing Address <u>PO Box 4099</u>	_ / _ / _	\$
City, State, Zip Code <u>Gulfport Ms 39502</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</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>Loriland Tabb. Camp</u>	_ / _ / _	\$ <u>1000.</u>
Mailing Address <u>714 Green Valley Rd</u>	_ / _ / _	\$
City, State, Zip Code <u>Greensboro N.C. 27404</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</u>

Name of Candidate or Committee TERRY W BROWN
 Reporting period Oct 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>Miss Primary Health Care Assn</u>	--/--	\$ <u>500.00</u>
Mailing Address <u>6400 Lakeside Rd</u>	--/--	\$
City, State, Zip Code <u>Jackson Ms 39212</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. 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>Alvin Oliver Sr. Dmo</u>	--/--	\$ <u>250.00</u>
Mailing Address <u>6601 Broad St</u>	--/--	\$
City, State, Zip Code <u>Richmond VA. 23280</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</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>Advance America</u>	--/--	\$ <u>1000.00</u>
Mailing Address <u>135 N. Church St</u>	--/--	\$
City, State, Zip Code <u>SPARTANBURG S.C. 29306</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</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>TYSON</u>	<u>8/28/12</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 2220</u>	--/--	\$
City, State, Zip Code <u>Springdale Ark 72765</u>	--/--	\$
Name of Employer (Required)	--/--	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee TERRY, Brown
 Reporting period 01 through Dec 31 2012

ITEMIZED RECEIPTS

A. 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 <u>Americana Casino</u>	<u>11/12/12</u>	\$ <u>1000.</u>
Mailing Address <u>2116 Wash St</u>	_ / _ / _	\$
City, State, Zip Code <u>Vicksburg Ms 39180</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</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>Express Scripts Inc.</u>	<u>11/15/12</u>	\$ <u>1000.</u>
Mailing Address <u>One Expressway</u>	_ / _ / _	\$
City, State, Zip Code <u>St. Louis Mo. 63121</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</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>Verizon</u>	<u>11/8/12</u>	\$ <u>1000.</u>
Mailing Address <u>PO Box 2200</u>	_ / _ / _	\$
City, State, Zip Code <u>Folsom CA 95768</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.</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>United Health Care Ser. Inc.</u>	<u>11/18/12</u>	\$ <u>500.</u>
Mailing Address <u>PO Box 1459</u>	_ / _ / _	\$
City, State, Zip Code <u>Minneapolis Mn. 55448</u>	_ / _ / _	\$
Name of Employer (Required)	_ / _ / _	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.</u>

