



MISSISSIPPI ETHICS COMMISSION

STATEMENT OF ECONOMIC INTEREST

Post Office Box 22746
Jackson, MS 39225-2746

660 North Street, Suite 100-C
Jackson, MS 39202

Telephone: 601-359-1285
Web: www.ethics.state.ms.us

Telecopier: 601-359-1292
Email: info@ethics.state.ms.us

SECTION A: Name & Address information.

Last Name: Wynn **First Name:** Velisia **Middle Name:**

Title: Ms. **Suffix:**

Mailing Address: 209 Lynn Lane Apt 3G
Starkville, MS 39759

SECTION B: List of title(s), position(s) or office(s) in government held by the filer.

<u>Position/Title</u>	<u>Entity</u>	<u>District/Post</u>	<u>Status</u>
Tax Assessor/Collector	Oktibbeha County		Candidate

SECTION C: List of all other occupations of the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year.

<u>Relationship</u>	<u>Occupation</u>
No information entered	

SECTION D: List of all the names and addresses of all businesses for which any of the following statements are true for the filer, filer's spouse and any person over the age of twenty-one (21) who resided in the household during the entire preceding calendar year, including the name of any position in or relationship to the business.

1. Receives more than Two Thousand Five Hundred Dollars (\$2,500.00) per year in income from the business.
2. Owns ten percent (10%) or more of the fair market value in the business, either directly or through another business.
3. Owns an ownership interest in the business, the fair market value of which exceeds Five Thousand Dollars (\$5,000.00) or
4. Is an employee, director or officer of the business.

<u>Business Name</u>	<u>Business Address</u>	<u>Position</u>	<u>Relationship</u>
No information entered			

SECTION E: List of person or business and the nature of business the filer represented or intervened for compensation before an authority of state or local government, excluding the courts, on any matter other than uncontested or routine matters, only if the filer is (1) an elected official, (2) an executive director or head of a state agency or (3) a president or trustee of a state-supported college, university or community or junior college, including members of the State Board for Community and Junior Colleges and the State Board of Institutions of Higher Learning.

Client Name

Client Address

Nature Of Business

Governmental Authority

No information entered

SECTION F: List of all public bodies, whether federal, state or local government, from which the filer, filer's spouse or any person over the age of twenty-one(21) who resided in the household during the entire preceding calendar year recieved compensation in excess of One Thousand dollars (\$1,000.00) during the preceding calendar year, whether the compensation was paid directly or indirectly through another person or business.

Relationship

Public Body

No information entered

Supplemental Information:

My past employment has been that of a reading teacher/tutor ,after school teacher and summer school teacher (grant funded)for the local school district

I am currently receiving SNAP benefits through DHS

Last year I received unemployment benefits(expired in 03/2010)

The last college I attended was Mississippi University for Women

I am a graduate of Mississippi State University

I was not employed in 2010

I presently receive Housing Urban Dev. assistance (rent assistance)

I hereby certify the information set forth in this statement is accurate and complete to the best of my knowledge. I understand it is a crime to knowingly fail to disclose information required by law and is punishable by a fine of Ten Thousand Dollars (10,000.00).

Ms.Velisia Wynn

SIGNATURE

1/24/2011

DATE