2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN 10 2012
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Election

Name of Candidate Deborah Tierce

Address 1000 Wilemon Road County

Telephone Work (662) 790-5331 Home (662) 862-4299 Fax

Contact Name Deborah Tierce Email Address deborah@deborahtierce.com

Office Sought House of Rep. District 21 Political Party Republican

☐ Check here if above is different from previous report

____ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011) ..... Mandatory

____ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011) ..... Mandatory

____ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011) ..... Mandatory

____ July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011) ..... Primary Candidates

____ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011) ..... Runoff Candidates Only

____ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011) ..... Mandatory

____ November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011) ..... Mandatory

____ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011) ..... Runoff Candidates only

✓ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011) ..... 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	$ 2525	+$ 3559	$ In-Kind 6084	$ Oct. 30 - Dec. 31, 11
Total amount of disbursements	$ 1300	+$ 545.00	$ $1845.00	$
Total amount of cash on hand			$	

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

Deborah Tierce — Signature of Candidate

Jan. 10, 2012 — 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 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Deborah Fierce

Reporting period Oct. 30 through Dec. 31 2011

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) In Kind Contribution Voter Contact Mail	Date (Mo., Day, Year)	Amount of each receipt this period
Full name IMPAC (Improve MS PAC)	10/31/11	$ 2525
Mailing Address P.O. Box 23021	11/03/11	$ 3559
City, State, Zip Code Jackson MS 39225-3021	__/__/__	$
Name of Employer (Required) In-Kind Contribution Voter Contact Mail	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 10,906

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ~~IMPAC~~ union PAC	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

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Name of Candidate or Committee Deborah Tierce

Reporting period Oct. 30 through Dec. 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name Tel Opinion Research	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/13/11	$ 1300
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) MS HD 21 0911	Aggregate Year-to-date	$
B. Full name DeSumo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 9211 Forest Hill Suite 207	11/30/11	$ 575
City, State, Zip Code Richmond, Virginia 23235	__/__/__	$
Purpose of Disbursement (Optional) Final Payment on Signs	Aggregate Year-to-date	$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	~~11/30/11~~	$ ~~575~~ [illegible] DT
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	$