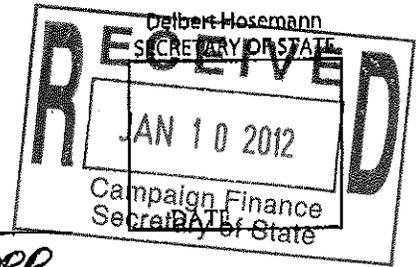


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Reezy L. Dickson
 Address P.O. Box 243, Macon County Norubee
 Telephone 662-352-6582 Fax _____
 Office Sought Ms. HOUSE of Rep. Email Address _____
 Party Democratic

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)

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

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 500	\$ 3500
Total amount of disbursements \$	+\$	\$ 230	\$ 2843
Total amount of cash on hand		\$ 657	

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

Reezy L. Dickson
Signature of Candidate

1-10-12
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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 \$60 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (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.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Rebecy L. Dickson
 Reporting period 10-30-11 through 12-31-11

ITEMIZED DISBURSEMENTS

A. Full name <u>FM - MIX 106.1er</u>	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$ <u>230</u>
Mailing Address <u>Columbus, MS - Broadcasting</u>	___/___/___	\$
City, State, Zip Code <u>Columbus, MS</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Advertisements</u>	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	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
<i>En par - The Power of People</i>	<i>12/20/11</i>	\$ <i>500</i>
Mailing Address <i>P.O. Box 1640</i>	___/___/___	\$
City, State, Zip Code <i>Jackson, Ms 39215-1640</i>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

B. Source: Corporation PAC Individual Loan

Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
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) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
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) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$