2011 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 11 2012
Campaign Finance
Secretary of State
DATE STAMP

REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate
2011 Elections

Name of Candidate Sally Doty
Address PO Box 416102 Bihaven, MS 39202 County Lincoln
Telephone 601-835-4175 Fax 601-823-3216
Office Sought Senate Dist 27 Political Party Rep.
Email Address campaign@[illegible]

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 1, 2011, through September 30, 2011) _____ Mandatory
___ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) _____ Mandatory
___ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) _____ Runoff Candidates Only
✓ **January 10, 2012 Periodic Report** (October 1, 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 DISBURSEMENTS

	Itemized	+	Non-Itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	$16379.00	+	$18,021.01	$	34,400.00	$ 79,465.90
Total amount of disbursements	$10,631.30	+	$1256.05	$	11,887.35	$ 78,069.93
Total amount of cash on hand				$	1,395.97	

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

by Patrick King CPA
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 $50 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 601-576-2545.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

SOS 07-11

Name of Candidate or Committee Sally Doty

Reporting period 10-30 through 12-31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Magee Courier	11/10/11	$ 300.00
Mailing Address: 206 N Main Ave		
City, State, Zip Code: Magee MS	__/__/__	$
Purpose of Disbursement (Optional): Adv.	Aggregate Year-to-date	$ 2955.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
* Delta Air		
Mailing Address	__/__/__	$ 415.80
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional): Travel	Aggregate Year-to-date	$ 415.80

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
* Brookway Dental		
Mailing Address: 706 Brookway Blvd	11/10/11	$ 500.00
City, State, Zip Code: Brandon MS 39042	__/__/__	$
Purpose of Disbursement (Optional): Reimburse Phone Exp	Aggregate Year-to-date	$ 1811.63

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
Carol Marsh		
Mailing Address: 127 W. Chandler St.	11/12/11	$ 3000-
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 6700-

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cathy Loader		
Mailing Address: 128 N R/R Ave	11/13/11	$ 317.03
City, State, Zip Code: Brandon MS 39042	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1402.29

Name of Candidate or Committee Sally Doty

Reporting period 10-30 through 12-31

ITEMIZED DISBURSEMENTS

A. Full name Britney Lambass	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 129 W. Cherokee St.	11/14/11	$ 250.00
City, State, Zip Code Biloxi MS 39601	__/__/__	$
Purpose of Disbursement (Optional) Clerical	Aggregate Year-to-date	$ 1450.00
B. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address W. Cherokee St	11/4/11	$ 3270.00
City, State, Zip Code Biloxi, MS 39601	__/__/__	$
Purpose of Disbursement (Optional) Permit	Aggregate Year-to-date	$ 8834.27
C. Full name Freshwater Designs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 108 W Monticello St.	__/__/__	$ 120.00
City, State, Zip Code Biloxi MS 39601	__/__/__	$
Purpose of Disbursement (Optional) Adv.	Aggregate Year-to-date	$ 6619.96
D. Full name Caplo.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/16/11	$ 540.47
City, State, Zip Code Bude, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 674.22
E. Full name Magee News Online	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/24/11	$ 250.00
City, State, Zip Code Magee MS	__/__/__	$
Purpose of Disbursement (Optional) Adv.	Aggregate Year-to-date	$ 1100.00
F. Full name TeleSouth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6311 Ridgewood Rd	__/__/__	$ 588.00
City, State, Zip Code Jackson, MS 39231	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 588.00

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Name of Candidate or Committee Sally Doty

Reporting period 10-30 through 12-31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: IMPAC	10/31/11	$ 5779.00
Mailing Address: PO Box 23021	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 19843.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Andrea Elenbass	/ /	$ 500.00
Mailing Address: 1924 E. Pass Rd.	/ /	$
City, State, Zip Code: Gulfport MS 39507	/ /	$
Name of Employer (Required): Beachview Dental	/ /	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 500-

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Frederic Sterrit	/ /	$ 1,000.00
Mailing Address: 464 S. Horizon WAY	/ /	$
City, State, Zip Code: Neshanic Station NJ 08853	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Orthodontist	Aggregate year-to-date	$ 1,000-

D. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Co. State Pac.	11/28/11	$ 400.00
Mailing Address: PO Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

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Name of Candidate or Committee Sally Doty

Reporting period 10-30 through 12-31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T	12/28/11	$ 300.00
Mailing Address: 175 E Capitol St Center Room 703	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mandia Electric PAC	__/__/__	$ 300.00
Mailing Address	__/__/__	$
City, State, Zip Code: McComb MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dennis Miller	__/__/__	$ 200.00
Mailing Address: PO Box 427	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required): Jones Walker	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ernie Clark	__/__/__	$ 250.00
Mailing Address: PO Box 1007	__/__/__	$
City, State, Zip Code: Brookhaven MS 39602	__/__/__	$
Name of Employer (Required): Ernie Clark Real Estate	__/__/__	$
Occupation (Required): Realty	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Sally Doty

Reporting period 10-30 through 12-31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sherri Haynes	__/__/__	$ 300.00
Mailing Address: 10108 9th Ave. E	__/__/__	$
City, State, Zip Code: Gulfport, MS 39507	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required): Sales	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Angela Thomas	__/__/__	$ 200.00
Mailing Address: PO Box 778	__/__/__	$
City, State, Zip Code: Kosciusko MS 39090	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): [illegible]	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Home Builders Assoc.	10/3/11	$ 2500.00
Mailing Address: PO Box 3556	__/__/__	$
City, State, Zip Code: [illegible] MS 39[illegible]	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 2500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Sam McLaurin	10/3/11	$ 300.00
Mailing Address: 108[illegible] Ave. Rd	__/__/__	$
City, State, Zip Code: Laurel MS 39-143	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee: Sally Doty

Reporting period: 10-30 through 12-31

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pediatric Dental Group	10/13/11	$ 250.00
Mailing Address: 16643 Hwy 98	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	10/19/11	$ 750.00
Mailing Address: PO Box 601270	/ /	$
City, State, Zip Code: Phoenix AZ, 85082	/ /	$
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: RIA Services Co	10/19/11	$ 500.00
Mailing Address: PO Box 464	/ /	$
City, State, Zip Code: Winston-Salem, NC 27102	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Beachview Dental	/ /	$ 500.00
Mailing Address: 1924 E. Pass Rd.	/ /	$
City, State, Zip Code: Gulfport MS 39507	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee: Sally Doty

Reporting period: 10-30 through 12-31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Banker's Assoc PAC	10/25/11	$ 1500.00
Mailing Address: PO Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Francis	10/26/11	$ 300.00
Mailing Address: 1608 9 Ave S	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wells Moore, Simmons + Hubbard	11/15/11	$ 2500.00
Mailing Address: PO Box 1970	/ /	$
City, State, Zip Code: Jackson, MS 39205	/ /	$
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: IEPA Power Assoc of MS PAC	12/1/11	$ 300
Mailing Address: PO Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300.00