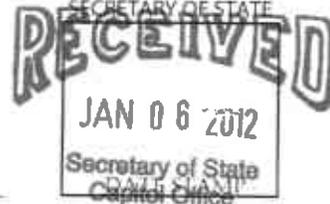




REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann
SECRETARY OF STATE



Candidate
Name of Candidate Sara Richardson Thomas
Address 512 B.B. King Rd. Indianola County Sunflower
Telephone 662 887-2628 Fax _____
Office Sought Representative Political Party Democrat
Email Address _____

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 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 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 \$	+\$	\$	\$ 15,877.16
Total amount of disbursements \$	700.00 +\$	\$ 700.00	\$ 10,193.66
Total amount of cash on hand		\$ 5,683.50	

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

Sara A. Thomas
Signature of Candidate

1/6/12
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 601-359-1499.
2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Sara Richardson Thomas
 Reporting period Oct. 30, 2011 through Dec. 31, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>Rev. Heron Wilson (Delta Missions Inc.)</u>	Date (Mo., Day, Year) <u>12/4/11</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address <u>410 Johnson Ave.</u>		\$
City, State, Zip Code <u>Indianola Ms. 38751</u>		\$
Purpose of Disbursement (Optional) <u>Medical Expense</u>	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>St. Benedict Moor</u>	Date (Mo., Day, Year) <u>12/20/11</u>	Amount of each disbursement this period \$ <u>500.00</u>
Mailing Address <u>403 Church Ave.</u>		\$
City, State, Zip Code <u>Indianola Ms. 38751</u>		\$
Purpose of Disbursement (Optional) <u>Building use for Election purpose</u>	Aggregate Year-to-date	\$ <u>500.00</u>
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 Sara Richardson Thomas
 Reporting period Oct. 30, 2011 through Dec. 31, 2011

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>0</u>
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. 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		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$