



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2011 Elections

Delbert Hosemann
 SECRETARY OF STATE



Name of Candidate Scott Delano
 Address 2008 Bayou LaPorte, Biloxi, MS 39531 County Harrison
 Telephone 228-806-7418 Fax 228-863-1165
 Office Sought State Representative 117 Political Party Republican
 Email Address sdelano@southeastcommercial.net

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 | \$ 0.00 | + | \$ 400.00 | = | \$ 400.00 | \$ 31510.00 |
| Total amount of disbursements | \$ (1000.00) | + | \$ 213.32 | = | \$ (786.68) | \$ 16881.46 |
| Total amount of cash on hand | | | | | \$ 16,012.28 | |

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

[Signature] _____ Date 10 JAN 12

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.

Name of Candidate or Committee Scott Delano
 Reporting period 10/31/11 through 12/31/11

ITEMIZED DISBURSEMENTS

| | | |
|--|-------------------------|---------------------------------|
| A. Full name | Date | Amount of each |
| Voided Check number 1054 to Patrick Williams | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 12 / 1 / 11 | \$ (1,000.00) |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ -0- |
| | Year-to-date | |
| B. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | |
| C. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | |
| D. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | |
| E. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | |
| F. Full name | Date | Amount of each |
| | (Mo., Day, Year) | disbursement this period |
| Mailing Address | _ / _ / _ | \$ |
| City, State, Zip Code | _ / _ / _ | \$ |
| Purpose of Disbursement (Optional) | Aggregate | \$ |
| | Year-to-date | |