01/31/2011

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2010 ELECTION CYCLE **Delbert Hosemann** SECRETARY OF STATE REPORT OF RECES ANDISBURSEMENTS 2010 Non-Judicial Election Campaign Finance Secretary of State Telephone DAME STAND **Contact Name** Check here if above is different from previous report TYPE OF REPORT October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).......All Candidates November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).......All Candidates and **Political Committees** Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations expenditures and has no outstanding campaign debt obligation) IMPORTANT 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 (ill), 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 Calendar Itemized + Non-itemized This Period Year-To-Date Total amount of contributions Total amount of disbursements \$ 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. Authority: Refer to Miss. Code Ann. §23-45-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or failure to aubmit reports in accordance with statutory deadlines, or failure to aubmit valid reports shall

SEND TO: 1. Capdidates for Statuwide, State district, mutili-county and all legislative offices should return form to Secretary of State, Electrons Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-369-1499 or 501-578-2919.

2. Candidates for countywith and county district offices should return forms to their county Circuit Clerk.

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Occupation (Required)

Name of Candidate or Committee Alax Monsour Reporting period 01 01 20/0 through 12 31 20/0 ITEMIZED RECEI	Page	of
I EIVIZED RECEI	713	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fred Farrell	12/28/10	\$4000
Mailing Address 105 Woodbine Drive		\$
Vi (KG bWa), MS 39(80)		\$
Name of Employer (Required) Polin Vuic		\$
Occupation (Required)	Aggregate year-to-date	\$4000
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ameristan	12/01/10	\$/001YU_
Mailing Address 4116 Washington Street		\$
City, State, Zip Code Kabura, MS 39180		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 19000
C. Source: Corporation PAC Individual Loan Other (please specify)	Dats (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Nume 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)	_1_1	\$

Aggregate year-to-date 6016366006

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Reporting period DI 01 2010	through 12 31	2010	2. 4

ITEMIZED DISBURSEMENTS

A. Full name Services Printers Mailing Address 1014 North Floward Drive	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 North Floward Drive	12/28,10	\$ 246,10
City, State, Zip Code Flowood, MS 39232	_/_/_	s
Purpose of Disbursement (Optional) Drinting Services	Aggregate Year-to-date	S
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address		s
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, Stata, Zip Gode	_''_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
Purpose of Disburaement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	_/_/_	5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	5
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S