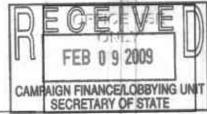
2008 ELECTION CYCLE CPR - SS 08-01(b)

CANDIDATE REPORT OF 2008 PECEIPTS AND DISBURSEMENT



1	RECEIPTS AN	D DISBURSE	MENTS	CAMPAIGN FIR	ANCEA OBE	YING UN
Name of Candidate DARY	ANDERSON			SECRE	TARY OF ST	ATE
Address 5909 HV	brook DR.		County	HIND	5	
Telephone (Work) 64 624	7/0 (Home)	601 366-0	654 (Fax)			
Contact Name GARY AM						
Office Sought INSURAN	2. (2.4)		Daliffa	De De	MACRO	27
Office Sought LNS WRAN	CE CUMA.		Politica	al Party 🔑 C	-10-(-	-
October 28, 2008 Pre-E November 18, 2008 Pre-E January 31, 2009 Annu Termination Report (Cand expenditures and has a sepanditures are mandatory, even if in for total amount of reported contributions (2) Until a candidate files a termination report office must be in actual office must be in actual receipt of the rec	TYPE CHECK THE CATEGOR Election Report (Januar Runoff Report (Octobe ral Report (January 1, idate will no longer acc no outstanding campaix o contributions or expenditures and expenditures during this rt, annual and periodic reports receipt of the required reports juited reports by 5:00 p.m. on the	ry 1, 2008, through 2008, through Deept contributions in debt or obligate PORTANT have occurred. In superiod. must still be filed in account of the first working day become then 48 hours between the first working day become then 48 hours between the first working day become then 48 hours between the first working day become then 48 hours between the first working day become then 48 hours between the first working day become then 48 hours between the first working day become	gh October 25, gh November 1 ecember 31, 20 or make campa ions.) ch case, the candida ecordance with Miss. corting day. If the de fore the deadline. F	2008)	Runoff Cal	ndidates Indatory nate ons g "0" (Zero) d (IH).
FAX or otherwise within 48 hours of the	contribution. Use separate for	n "48 Hour Report" to	report such activity.	_		-
	REPORTED CONTR					
	(itemized + non-		Total This F	Period C	alendar ye	ar-to-da
Total amount of contributions \$	0	0	0		Q	
Total amount of disbursements \$	+\$		\$ 1.210	. 24 \$	1,210.	24
1	Total amount of o	ash on hand	\$ 685.1	4		
certify that I have examine	ed this report and to the be	st of my knowledge	and belief it is tru	e, accurate, and	complete.	
Jany Ardens			1/9/	09		_
(Signature of Candidate)			(Daté)			
Authority: Refer to Mass. Code Ann. §23-15 Penalties: Failure to submit required repor result in fines of \$50 per day and/or prosec	ls, or fallure to submit 1900ft	in accordance with	statutory deadlines 5-811 and 813 (197)	s, or fallure to sui 2).	omit valld rep	orts shall
SEND TO: 1. Candidates for st	atewide, state district, mu	lti-county and all	legislative office	s should retur	n form to De	elbert
Hosemann, Secreta:	ry of State, Elections Divi	sion, P.O. Box 136	, Jackson, MS 39	205 or fax to 60	11-359-1499 (or
2. Candidates for co	untywide and county dis	trict offices should	d return forms to	their county C	ircuit Clerk	

8807-01