2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Tracy Arinder

Address 1792 Kalem Rd. Morton Ms. 39117 County Scott

Telephone (Work) 601 201 7499 (Home) 601 732 6561 (Fax) 601 732-2626

Contact Name Tracy Arinder Email Address —

Office Sought Representative Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ October 28, 2008 **Pre-Election Report** (January 1, 2008, through October 25, 2008)..... **Mandatory**

___ November 18, 2008 **Pre-Runoff Report** (October 26, 2008, through November 15, 2008)..... **Runoff Candidates**

✓ January 31, 2009 **Annual Report** (January 1, 2008, through December 31, 2008)..... **Mandatory**

___ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

(1) Periodic 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 appropriate office 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.

(4) Contributions in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)		Total This Period	Calendar year-to-date
Total amount of contributions $	—	+ $ 200.00	$ 200.00	$ 200.00
Total amount of disbursements $	0	+ $ 0	$ 0	$ 0
Total amount of cash on hand $			0	

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

Tracy Arinder (Signature of Candidate) 1-30-09 (Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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. §§ 23-15-811 and 813 (1972).

SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009
Secretary of State
Capitol Office

SS07-01

Name of Candidate or Committee _____

Reporting period_____ through _____

ITEMIZED RECEIPTS

A. 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)	___ / ___ / ___	$
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	___ / ___ / ___	$
Mailing Address	___ / ___ / ___	$
City, State, Zip Code	___ / ___ / ___	$
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	___ / ___ / ___	$
Mailing Address	___ / ___ / ___	$
City, State, Zip Code	___ / ___ / ___	$
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	___ / ___ / ___	$
Mailing Address	___ / ___ / ___	$
City, State, Zip Code	___ / ___ / ___	$
Name of Employer (Required)	___ / ___ / ___	$
Occupation (Required)	Aggregate year–to-date	$

Name of Candidate or Committee Tracy Arinder

Reporting period 1-1-08 through 12-31-08

ITEMIZED DISBURSEMENTS

A. 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	$ 0
B. 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	$
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	$