2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 06 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Committee to Elect Dara Skinner

Address: 15045 Dedeaux Road, Gulfport, MS 39503

Telephone: 228-860-5494 Fax: 228-831-1319

Treasurer: Helen Frazer Email: daraskinner@bellsouth.net

☐ Check here if above is different from previous report

TYPE OF REPORT

____ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010).....**Mandatory**

____ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....**Mandatory**

____ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010)..... **Mandatory**

____ **October 8, 2010 Periodic Report** (July 1, 2010, through September 30, 2010).....**Mandatory**

____ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....**Mandatory**

____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

X **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).....**Mandatory**

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

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	$ 1591.00	+ $ 815.00	$ 2406.00	$ 15,191.33
Total amount of disbursements	$ 2911.25	+ $ -139.69	$ 3050.94	$ 15,191.33
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.

Helen Frazer
Signature of Director or Treasurer

1-6-2011
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, mutli-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 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Dara Skinner

Reporting period 10-24-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dara Skinner (loan to campaign)	10 / / 10	$ 1341.00
Mailing Address: 15045 Dedeaux Road	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 8607.33

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William & Carey Bundt	10 / / 10	$ 150.00
Mailing Address: 13348 C. Necaise Road	/ /	$
City, State, Zip Code: Pass Christian, MS 39571	/ /	$
Name of Employer (Required): self-employed/City of Gulfport	/ /	$
Occupation (Required): lawn maintenance/secretary	Aggregate year-to-date	$ 230.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert & Carlene McClellan	/ /	$ 100.00
Mailing Address: 15295 Woody Drive	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): Pass Road Baptist Church/Massey Accounting	/ /	$
Occupation (Required): Pastor/bookkeeper(accounting)	Aggregate year-to-date	$ 200.00

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 Committee to Elect Dara Skinner

Reporting period 10/24/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name Cable One	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 283 Debuys Road	10/__/10	$ 674.00
City, State, Zip Code Gulfport, MS 39507	__/__/__	$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	$2948.00
B. Full name WLOX	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 208 Debuys Road	10/__/10	$2197.25
City, State, Zip Code Biloxi, MS 39531	__/__/__	$
Purpose of Disbursement (Optional) advertising	Aggregate Year-to-date	$2197.25
C. Full name Coop's Rib Crib	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 14131 Dedeaux Road	10/__/10	$ 40.00
City, State, Zip Code Gulfport, MS 39503	__/__/__	$
Purpose of Disbursement (Optional) fund raising	Aggregate Year-to-date	$179.69
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	$