10 ELECTION CYCLE	D. Walley	C.S. Hoo	99	Delbert Hosemann SECRETARY OF STATE
REPOI	RT OF RECEIPTS	Committee AND DISBURS licial Election	EMENTS E	CEIVE
Name of Committee	EE TO ELECT DAVID	BURNS FOR CIRCU	result succe	IAN 1 0 2011
Address P.o. Bal 998, W			III L	mpaign Finance
Telephone (662) 473 -992	2 Fax (6	627 473.9010		poretary of State
Treasurer TIFFANY 5. WEB		davida burns e l	sell south net	
reasurer	Citian_			
Check here if above is d	ifferent from previous report			
	<u>TY</u>	PE OF REPORT		
May 10, 2010 Periodic Re	eport (January 1, 2010, th	rough April 30, 2010)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mandato
June 10, 2010 Periodic R	teport (May 1, 2010, thro	ugh May 31, 2010)		Mandato
July 9, 2010 Periodic Re				
October 8, 2010 Periodic				
October 26, 2010 Pre-Els				
November 16, 2010 Pre-l				
January 10, 2011 Period  X Termination Report (Candexpendent)	ic Report (October 1, 201 lidate will no longer accept ditures and has no outstan	contributions or make o	campaign Require	d to terminate reporting
	1MI	PORTANT		
(1) Pre-Election reports are mand	latoor even if no contribut	ions or expenditures h	ave occurred. In su	ich case, the candidate
shall submit a report indicating				
(2) Until a Candidate files a Term Ann. § 23-15-807 (b) (ii) and (ii	ination Report, annual and ii).	periodic reports must	Still be then in acci	ordance with miss. Code
(3) The receiving authority must falls on a weekend or a holida day before the deadline. Faxe	be in actual receipt of the r ry, the office must be in act	equired reports by 5:0 ual receipt of the requ	0 p.m. on the report ired reports by 5:00	ting day. If the deadline p.m. on the first workin
		DUTIONS AND DIS	POLIDOFMENT	2
	REPORTED CONTRI Itemized + Non-item		Period	Calendar Year-To-Date
Total amount of contributions	\$ - +\$ 60.	00 \$ 60	<u>so</u> \$	7428 00
Total amount of disbursement	s \$ 33/.75+\$ 100.	00 \$ 431	78 \$	7421.26
Total amount of cash on hand		\$ 1.	74	

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

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 FO: 1. Candidates for Statewide, State district, multi-county and all fegislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2619.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

Total amount of cash on hand

Jan 10 11 09:51a

						of/
Name of Candidate or Committee	COMMITTEET	ELECT	DAVID BULL	s Fal call	emt C	outr Two E
Reporting period OCTOBEL 1.	2010	through	december	31,2010	and	TERMINATION
_						

## ITEMIZED DISBURSEMENTS

THE PANOLIAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Po.Bot 1616	10 / 29 / 10	S 4500
City, State, Zip Code  BATESVILLE . MS 38606		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 815 <u>∞</u>
B. Full name  NOCTH MISSISSIAMI HERALD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 North MAN ST-	<u>n / 1 //0</u>	S 141.75
City, State, Zip Code  WATER VALLEY, MS 88965	11	S
Purpose of Disbursement (Optional)  ADVERTISIAL	Aggregate Year-to-date	\$ 291.75
C. Full name THE SOUTHERN BEPORTER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. o . Box 1577	12, 20, 10	5 145 00
City, State, Zip Code SARDIS, NS 38666		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5 24500
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	s .
City, State, Zip Code	_1_1_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code	11	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s