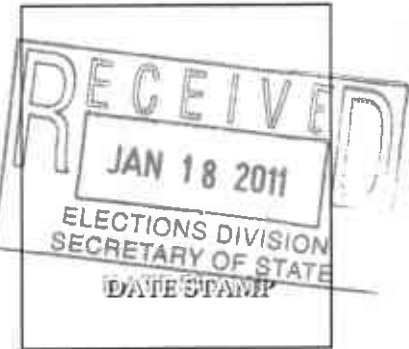


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Committee Committee to Elect Steve Stanford
 Address P.O. Box 62 Clinton, MS 39060
 Telephone 601-750-3247 Fax 601-925-3823
 Treasurer John Murphy, Jr. Email JohnMurphy@BnkPlus.net

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ 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
X 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 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	\$ 5,700 + \$	\$ 5,700	\$ 5,700
Total amount of disbursements	\$ 425 + \$	\$ 425	\$ 425
Total amount of cash on hand		\$ 5,275	

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

John Murphy, Jr.
Signature of Director or Treasurer

1-13-11
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 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 Com: H2 to Elect Steve Stanford Page 1 of 2
 Reporting period November 2010 through December 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Stanford</u>	<u>11/16/2010</u>	\$ <u>100.00</u>
Mailing Address <u>509 Royal Oak Drive C</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Mississippi College</u>	<u>1 1</u>	\$
Occupation (Required) <u>Administrator</u>	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jan Cossitt</u>	<u>11/17/2010</u>	\$ <u>500.00</u>
Mailing Address <u>113 Arbor Cove</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Mississippi Baptist Health Systems</u>	<u>1 1</u>	\$
Occupation (Required) <u>Healthplex Administrator</u>	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ed Daigle</u>	<u>11/17/2010</u>	\$ <u>2,000.00</u>
Mailing Address <u>606 Hwy 80 West</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Daigle and Associates</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Owner / Businessman</u>	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bill Stanford</u>	<u>11/20/2010</u>	\$ <u>2,000.00</u>
Mailing Address <u>1601 Laurelwood Drive</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Retired</u>	<u>1 1</u>	\$
Occupation (Required) <u>Retired Pastor</u>	Aggregate year-to-date	\$

✓ Individual

Name of Candidate or Committee Committee to Elect Steve Stanford Page 2 of 2
 Reporting period November 2010 through December 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerald Hasselman</u>		<u>12/02/2010</u>	\$ <u>100.00</u>
Mailing Address <u>209 William Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Mississippi College</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Professor</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Southern States Utility Trailer Sales, INC.</u>		<u>12/13/2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 6257</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39288-6257</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Page 1 of 1

Name of Candidate or Committee Committee to Elect Steve Stanford
 Reporting period November 2010 through December 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Six Eight Media</u>	Date (Mo., Day, Year) <u>12/14/2010</u>	Amount of each disbursement this period \$ <u>425⁰⁰</u>
Mailing Address <u>123 Huntington Hill Drive</u>		
City, State, Zip Code <u>Clinton MS 39056</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Website design</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$