2008 ELECTION CYCLE
CPR – SS 08-01(b)

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Secretary of State
Capitol Office

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Dirk Dedeaux

Address PO Box 2634 Gulfport MS 39505 **County** Hancock Harrison Pearl River Stone Forrest Lamar

Telephone (Work) 228 **(Home)** (228)255-6171 **(Fax)**

Contact Name Dirk Dedeaux **Email Address**

Office Sought State Representative District 93 **Political Party** Democrat

☐ 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**

X **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	$ 15,254.84 + $ 100.00	$ 15,354.84	$ 15,354.84
Total amount of disbursements	$ 2984.08 + $	$ 2984.08	$ 2984.08
Total amount of cash on hand		$ 49,264.04	

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

Dirk Dedeaux — 1-29-10

(Signature of Candidate) **(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.

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Knights of Columbus		
Mailing Address: Council 9958	7/25/09	$ 15.00
City, State, Zip Code: Lizana MS 39574	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 15.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Knights of Columbus		
Mailing Address: Hwy 603	8/15/09	$ 100.00
City, State, Zip Code: Kiln MS 39556	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stone County Enterprise		
Mailing Address: PO Box 157	8/12/09	$ 25.00
City, State, Zip Code: Wiggins MS 39577	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 25.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Young Democrats of MS		
Mailing Address: 832 N Congress	8/12/09	$ 100.00
City, State, Zip Code: Jackson MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Crane Creek Bapt Church		
Mailing Address: Crane Creek Rd	6/22/09	$ 100.00
City, State, Zip Code: Perkinston MS 39573	2/20/09	$ 30.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 130.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Times		
Mailing Address: 126 Westover Drive	3/2/09	$ 25.00
City, State, Zip Code: Hattiesburg MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 25.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name United States Postmaster	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 39556	10/5/09	$ 44.00
City, State, Zip Code 39466	10/23/09	$ 8.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 39503	10/28/09	$ 3.28
City, State, Zip Code 39401	9/29/09	$ 1.64
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name 39503	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 39503	3/16/09	$ 70.00
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 Clinton/Bush Haiti Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/22/10	$ 150.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 150.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name: Jack + Jill of America inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 13903	1/20/10	$ 50.00
City, State, Zip Code: Jackson MS 39236	__/__/__	$
Purpose of Disbursement (Optional): Donation	Aggregate Year-to-date	$ 50.00
B. Full name: Hancock Hardwood Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 1257	10/23/09	$ 100.00
City, State, Zip Code: Kiln MS 39556	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 100.00
C. Full name: Gulf Coast Stingrays	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	10/23/09	$ 20.00
City, State, Zip Code: Gulfport MS 39503	__/__/__	$
Purpose of Disbursement (Optional): Little League	Aggregate Year-to-date	$ 20.00
D. Full name: Rev. Bobby Mc Gill	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 316	9/29/09	$ 100.00
City, State, Zip Code: Pearlington MS 39572	__/__/__	$
Purpose of Disbursement (Optional): Church Donation	Aggregate Year-to-date	$ 100.00
E. Full name: American Cancer Society	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	10/28/09	$ 25.00
City, State, Zip Code:	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 25.00
F. Full name: Alpha Kappa Alpha Sorority	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 351 S Washington Ave	10/28/09	$ 25.00
City, State, Zip Code: Greenville MS 38701	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 25.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name J&L Sales	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 18287	12/4/09	$ 682.53
City, State, Zip Code Hattiesburg MS 39404	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 682.53
B. Full name Federal Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4600 Hardy St Ste 30	1/5/10	$ 9.63
City, State, Zip Code Hattiesburg MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 9.63
C. Full name V-PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/4/09	$ 1000.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
D. Full name Little American Miss Pageant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2/20/09	$ 300.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00
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	$

Name of Candidate or Committee Dirk Dodeaux Campaign

Reporting period 1 1 09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medco Health Solutions + Affiliates	/ /	$ 250.00
Mailing Address: 100 Parsons Pond Drive	/ /	$
City, State, Zip Code: Franklin Lakes NJ 07417-2603	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer	10/28/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: Everett MA 02149	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Adams + Reese	10/28/09	$ 200.00
Mailing Address: 4500 One Shell Square	/ /	$
City, State, Zip Code: New Orleans LA 70139	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Senior Care Centers of Mississippi	10/28/09	$ 500.00
Mailing Address: 7 Neshaminy Interplex Ste 403	/ /	$
City, State, Zip Code: Trevose PA 19053	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux Campaign

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brehm Bell PLLC	10/1/09	$ 200.00
Mailing Address: 544 Main St.	__/__/__	$
City, State, Zip Code: Bay St Louis MS 39520	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hickory Properties	10/5/09	$ 750.00
Mailing Address: PO Box 1490	__/__/__	$
City, State, Zip Code: Magee MS 39111	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 750.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent RX Pac	10/1/09	$ 1000.00
Mailing Address: 4209 Lakewood Drive Ste 399	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Layton & Associates	10/22/09	$ 1000.00
Mailing Address: 4230 Lovingwood Trail	__/__/__	$
City, State, Zip Code: Powder Springs GA 30127	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Dirk Dedeaux Campaign

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walgreens	__/__/__	$ 1000.00
Mailing Address: 104 Wilmot Rd MS # 1444	__/__/__	$
City, State, Zip Code: Deerfield IL 60015	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: QC Holdings	5/20/09	$ 250.00
Mailing Address: 941 Indian Creek Pky Ste 1500	__/__/__	$
City, State, Zip Code: Overland Park KS 66210	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Allergan USA Inc.	12/31/09	$ 1000.00
Mailing Address: 721 Sugar Pine Cir	__/__/__	$
City, State, Zip Code: Madisonville LA 70447	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Americhoice Health Services	__/__/__	$ 1000.00
Mailing Address: PO Box 1459 MN005-N100	__/__/__	$
City, State, Zip Code: Minneapolis MN 55440-1459	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Dirk Dedeaux Campaign

Reporting period 1-1-09 through 12 31 09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bristol Myers Squibb Co.	12/23/09	$ 500.00
Mailing Address: PO Box 840769	__/__/__	$
City, State, Zip Code: Houston TX 77284	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glaxo Smith Kline PAC	12/23/09	$ 500.00
Mailing Address: Five Moore Drive	__/__/__	$
City, State, Zip Code: Research Triangle Park NC 27709	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wyeth Good Govt Fund	__/__/__	$ 250.00
Mailing Address: Five Giralda Farms	7/16/09	$
City, State, Zip Code: Madison NJ 07940	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Health Managements Assoc PAC	12/8/09	$ 1000.00
Mailing Address: 2550 Flowood Drive Ste 402	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Dirk Dedeaux Campaign

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Speech Lang - Hearing Assn	10/7/09	$ 250
Mailing Address: PO Box 22664	/ /	$
City, State, Zip Code: Jackson MS 39225-2664	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Novartis Pharmaceutical Corp	/ /	$ 250.00
Mailing Address: East Hanover NJ 07936-1080	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra Zeneca	11/1/09	$ 600.00
Mailing Address: 1800 Concord Pike	/ /	$
City, State, Zip Code: PO Box 15437	/ /	$
Name of Employer (Required): Wilmington DE 19850-5437	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 600.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Hospital Assn PAC	11/1/09	$ 500.00
Mailing Address: PO Box 16444	/ /	$
City, State, Zip Code: Jackson MS 39236-6444	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux Campaign

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MERK + Co. INC	11/19/09	$ 500.00
Mailing Address 2479 Murfreesboro Rd #395	__/__/__	$
City, State, Zip Code Nashville TN 37217	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT+T PAC	11/19/09	$ 250.00
Mailing Address 175 E Capitol St	__/__/__	$
City, State, Zip Code Landmark Center Room 703	__/__/__	$
Name of Employer (Required) Jackson MS 39201	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Association For Homecare	12/14/09	$ 300.00
Mailing Address 134 Fairmont St Ste B	__/__/__	$
City, State, Zip Code Clinton MS 39056	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baker Donelson PAC	11/4/09	$ 500.00
Mailing Address PO Box 14167	__/__/__	$
City, State, Zip Code Jackson MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux Campaign

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: Optometry For Progress	12/31/09	$ 500.00
Mailing Address: 141 Executive Drive Suite 5	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Interest	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Regions Bank	2009	$ 704.84
Mailing Address: PO Box 937	__/__/__	$
City, State, Zip Code: Gainesville Ga 30503	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 704.84

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medimmune Affairs, Inc.	12/30/09	$ 1,000.00
Mailing Address: One Medimmune Way	__/__/__	$
City, State, Zip Code: Gaithersburg, MD 20878	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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	$