2008 ELECTION CYCLE
CPR – SS 08-01(b)

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Capitol Office

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Dirk Dedeaux

Address PO Box 2634 Gulfport MS 39505 County

Telephone (Work) 601 359 2428 (Home) 228 255 6171 (Fax)

Contact Name Dirk Dedeaux Email Address

Office Sought State Rep 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, 2010 **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	$ 16,937.35 + $ -0-	$ 16,937.35	$ 16,937.35
Total amount of disbursements	$ 3665.84 + $ 1445.42	$ 5111.26	$ 5,111.26
Total amount of cash on hand	$ 61,090.13		

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 (Signature of Candidate) Jan 31 2010 (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.

Page 1 of _____

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Good Government PAC	12/15/10	$ 500
Mailing Address: PO Box 4019	__/__/__	$
City, State, Zip Code: Gulfport MS 39502	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Company	12/15/10	$ 1000.00
Mailing Address: Centene Corporation	__/__/__	$
City, State, Zip Code: St Louis MO 63105	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Health Management Associates	12/1/10	$ 2000.00
Mailing Address: 2550 Flowood Dr Ste 402	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pfizer	12/1/10	$ 500.00
Mailing Address: Pfizer Inc	__/__/__	$
City, State, Zip Code: New York NY 10017-5755	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra Zeneca	7/6/10	$ 600.00
Mailing Address: PO Box 15437	__/__/__	$
City, State, Zip Code: Wilmington DE 19850	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 600.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MERCK SHARP & DOHME corp	8/2/10	$ 500.00
Mailing Address: One Merck Drive	__/__/__	$
City, State, Zip Code: Whitehouse Station NJ 08889	__/__/__	$
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: Walgreens	7/22/10	$ 500.00
Mailing Address: Walgreens Corp	9/8/10	$ 500.00
City, State, Zip Code: Dearfield IL 60015	__/__/__	$
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: Eli Lilly	9/1/10	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: Indianapolis IN 46285	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	9/7/10	$ 1000.00
Mailing Address: 2630 Ridgewood Rd. Ste C	__/__/__	$
City, State, Zip Code: Jackson MS 39216-4920	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi Political Action Com	9/9/10	$ 400.00
Mailing Address: 175 East Capitol St.	__/__/__	$
City, State, Zip Code: Jackson MS 39201-2135	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories PAC	12/10/10	$ 400.00
Mailing Address: 100 Abbott Park Rd	__/__/__	$
City, State, Zip Code: Abbott Park IL 60064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Association for Homecare	12/3/10	$ 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

Name of Candidate or Committee Dirk Dedeaux

Page 4 of _____

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: MS Chiropractors PAC	12/7/10	$ 500.00
Mailing Address: 4294 Lakeland Drive	__/__/__	$
City, State, Zip Code: Flowood MS 39208	__/__/__	$
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: United Healthcare Inc	10/14/10	$ 500.00
Mailing Address: PO Box 1459 MN008-W235	__/__/__	$
City, State, Zip Code: Minneapolis MN 55440-1459	__/__/__	$
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: IBEW Educational Committee	10/1/10	$ 1000.00
Mailing Address: 900 7th St NW	__/__/__	$
City, State, Zip Code: Washington DC 20001	__/__/__	$
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: Bayer	11/1/10	$ 500.00
Mailing Address: Bayer Corp	__/__/__	$
City, State, Zip Code: Everett MA 02149	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Dirk Dedeaux

Page 5 of

Reporting period Jan 1 10 through Dec 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: Check into Cash	1/1/10	$ 250.00
Mailing Address: PO Box 550	/ /	$
City, State, Zip Code: Cleveland ~~MS~~ TN 37364	/ /	$
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: MedCo	11/9/10	$ 250.00
Mailing Address: 100 Parsons Lane	/ /	$
City, State, Zip Code: Franklin Lakes NJ 07417	/ /	$
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: General Electric	10/20/10	$ 500.00
Mailing Address: PO Box 9544	/ /	$
City, State, Zip Code: Fort Meyers Florida 33906	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hickory Properties	12/21/10	$ 200.00
Mailing Address: PO Box 1490	/ /	$
City, State, Zip Code: Magee MS 39111	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

Page 6 of _____

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-10 through 1-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hattiesburg Clinic	3/31/10	$ 2500.00
Mailing Address: PO Box 17739	/ /	$
City, State, Zip Code: Hattiesburg MS 39404	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 2500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE PAC	10/15/10	$ 1000.00
Mailing Address: PO Box 2663	/ /	$
City, State, Zip Code: Tuscaloosa AL 35403	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Interest	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Regions Bank	1/16/10	$ 229.68
Mailing Address: Jackson 210 E Capitol S Main	4/16/10	$ 226.36
City, State, Zip Code: Jackson MS 39201	7/16/10	$ 230.55
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: 11-26-10	/ /	$ 112.06
Mailing Address: 12-31-10	/ /	$ 3.86
City, State, Zip Code: 10-16-10	/ /	$ 234.82
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1037.35

SS06-03 (B)

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name Mississippi Commission for Volunteer Serv	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3825 Ridgewood Rd #601	4/6/10	$ 20.00
City, State, Zip Code Jackson MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 20.00
B. Full name Congressional Youth leadership Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7090 Rd 337	4/5/10	$ 50.00
City, State, Zip Code Perkinston MS 39573	__/__/__	$
Purpose of Disbursement (Optional) Katlin Jewell	Aggregate Year-to-date	$ 50.00
C. Full name Sea Coast Echo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2009	4/26/10	$ 90.00
City, State, Zip Code Bay St Louis MS 39521	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 90.00
D. Full name Stone County Enterprise	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 157	4/26/10	$ 50.00
City, State, Zip Code Wiggins MS 39577	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 50.00
E. Full name Hattiesburg Publications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 126 Westover Drive	4/26/10	$ 48.00
City, State, Zip Code Hattiesburg MS 39402	__/__/__	$
Purpose of Disbursement (Optional) Lamar Times	Aggregate Year-to-date	$ 48.00
F. Full name Brandon Jones Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3007 Magnolia St.	5/26/10	$ 250.00
City, State, Zip Code Pascagoula MS 39567	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name: Billy Broomfield Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 4512 S Hawkins St	5/26/10	$ 100.00
City, State, Zip Code: Moss Point MS 39563	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00
B. Full name: Multiple Sclerosis Society of MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/28/10	$ 10.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10.00
C. Full name: Young Democrats of MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 532 N Congress St	3/29/10	$ 100.00
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00
D. Full name: Crane Creek Bapt Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Crane Creek Rd	3/29/10	$ 100.00
City, State, Zip Code: Perkinston MS 39573	__/__/__	$
Purpose of Disbursement (Optional): Fourth Celebration	Aggregate Year-to-date	$ 100.00
E. Full name: Clerk MS House of Representatives	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 1018	5/7/10	$ 22.00
City, State, Zip Code: Jackson MS 39215-1018	__/__/__	$
Purpose of Disbursement (Optional): Pad folio's	Aggregate Year-to-date	$
F. Full name: Union Baptist Kindergarten	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1628 West Union Rd	2/8/10	$ 60.00
City, State, Zip Code: Picayune MS 39466	9/8/10	$ 50.00
Purpose of Disbursement (Optional): Fundraiser	Aggregate Year-to-date	$ 110.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Jan 1 2010

ITEMIZED DISBURSEMENTS

A. Full name: Kiln Library	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 312 Hwy 90	12/8/10	$ 75.00
City, State, Zip Code: Bay St Louis MS 39520	__/__/__	$
Purpose of Disbursement (Optional): Donation	Aggregate Year-to-date	$ 75.00
B. Full name: Little American Miss Pageant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 3039 Covington PL	9/4/10	$ 400.00
City, State, Zip Code: Round Rock TX 78681	__/__/__	$
Purpose of Disbursement (Optional): Sponsorship	Aggregate Year-to-date	$ 400.00
C. Full name: Stennis Space Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: BLD 1200	6/5/10	$ 49.64
City, State, Zip Code: BSLouis MS 39520	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 49.64
D. Full name: Dollar General Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 3957 Northview Dr	6/12/10	$ 26.75
City, State, Zip Code: Jackson MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 26.75
E. Full name: Hibbett	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 5250 R-55 - NE Frontage	6/12/10	$ 36.38
City, State, Zip Code: Jackson MS 39211	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 36.38
F. Full name: Hancock County Chamber	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9/30/10	$ 10.00
City, State, Zip Code: Kiln / Bay St Louis	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10.00

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED DISBURSEMENTS

A. Full name V-PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2742	2/26/10	$ 1000.00
City, State, Zip Code Jackson MS 39207	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Tammy Cowart	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 192 Legacy 4 Farm Dr	2/26/10	$ 500.00
City, State, Zip Code Braxton MS 39044	__/__/__	$
Purpose of Disbursement (Optional) Reimbursement for Expenses	Aggregate Year-to-date	$ 500.00
C. Full name Knights of Columbus St ANN #9958	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16459 Moran Rd	7/26/10	$ 15.00
City, State, Zip Code Gulfport MS 39503	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 15.00
D. Full name B. McGill	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/9/8	$ 100.00
City, State, Zip Code Pearlington MS 39572	__/__/__	$
Purpose of Disbursement (Optional) Church Donation	Aggregate Year-to-date	$ 100.00
E. Full name Knights of Columbus Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/1/10	$ 100.00
City, State, Zip Code Kiln MS 39556	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 100.00
F. Full name Mississippi College Alumni Publications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 809107	10/10/10	$ 109.90
City, State, Zip Code Dallas Tx 75380	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 109.90

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U S Postmaster		
Mailing Address 39574	4/26/10	$ 13.72
City, State, Zip Code 39216 stamps	5/26/10	$ 2.20
Purpose of Disbursement (Optional) 39216 m/o	5-26-10	$ 2.20
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 39216	4/5/10	$ 1.10
City, State, Zip Code 39503 Box fee	3/6/10	$ 70.88
Purpose of Disbursement (Optional) 39503	7/26/10	$ 2.08
C. Full name 39556	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 39556	9/8/10	$ 2.74
City, State, Zip Code 39201	9/14/10	$ 27.62
Purpose of Disbursement (Optional) 39556	Aggregate Year-to-date	$ 44.00
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	$

Name of Candidate or Committee Dirk Dedeaux

Reporting period Jan 1 2010 through Dec 31 2010

ITEMIZED DISBURSEMENTS

A. Full name: Art Supply Headquarters	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 707 Monroe St	9/14/10	$ 126.63
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 126.63
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	$