

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Rufus E. StraughterAddress 107 VANDUREN STTelephone 662-247-2728 Fax _____Contact Name Rufus E. Straughter Email _____Office Sought State Representative Political Party Democrat☐ Check here if above is different from previous reportTYPE 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
- ☒ 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 \$ | +\$ <u>600</u> | \$ <u>600</u> | \$ <u>600</u> |
| Total amount of disbursements \$ | +\$ _____ | \$ _____ | \$ _____ |
| Total amount of cash on hand | | \$ <u>2707</u> | |

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

Rufus E. Straughter
Signature of Candidate01/31/2011
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, 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 Rufus E. Straughter
 Reporting period Jan 1, 2010 through DEC 31, 2010

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" 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>Att PAC</u> | <u>OCT 11 0</u> | \$ <u>400.00</u> |
| Mailing Address <u>175 E. Capitol St</u> | <u>__ / __ / __</u> | \$ |
| City, State, Zip Code <u>JACKSON MS 39201</u> | <u>__ / __ / __</u> | \$ |
| Name of Employer (Required) | <u>__ / __ / __</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |
| B. 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>Hayes DENT Publicstrates</u> | <u>OCT 12 010</u> | \$ <u>250.00</u> |
| Mailing Address <u>210 E. Capitol St Suite 1500</u> | <u>__ / __ / __</u> | \$ |
| City, State, Zip Code <u>JACKSON 39201</u> | <u>__ / __ / __</u> | \$ |
| Name of Employer (Required) | <u>__ / __ / __</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ <u>600.00</u> |
| C. 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> | \$ |
| Mailing Address | <u>__ / __ / __</u> | \$ |
| City, State, Zip Code | <u>__ / __ / __</u> | \$ |
| Name of Employer (Required) | <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> | \$ |
| Mailing Address | <u>__ / __ / __</u> | \$ |
| City, State, Zip Code | <u>__ / __ / __</u> | \$ |
| Name of Employer (Required) | <u>__ / __ / __</u> | \$ |
| Occupation (Required) | Aggregate year-to-date | \$ |