2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
FEB 14 2011
Campaign Finance
Secretary of State

Name of Candidate Stacy D Scott

Address PO Box 237-7 Autumn Ridge Sherman MS 38869

Telephone 662-840-2151 Fax 662-844-0971

Contact Name Leslie Scott Email lscott76@comcast.net

Office Sought State Seat District 6 Political Party independent

☐ 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

✓ 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	$ +$ 299.00	$	$ 299.00
Total amount of disbursements	$ 374.50 +$ 362.00	$	$ 736.50
Total amount of cash on hand		$ 0	

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

Stacy Scott
Signature of Candidate

Jan. 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 601-576-2818.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Stacy Scott

Reporting period 1-1-2010 through 1-1-11

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Image Screen Printing Inc		
Mailing Address 2111 Hwy 15 North	__/__/__	$ 374.50
City, State, Zip Code Pontotoc, MS 38863	__/__/__	$
Purpose of Disbursement (Optional) Campaign Signs	Aggregate Year-to-date	$
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	$