Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 05 2011
Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Travis Burke

Address 4107 Popps Ferry Rd., Ste C Biloxi MS 39532

Telephone 228 392 3505 Fax 228 392 3509

Treasurer NA Email travis228@cablebhe.net

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory

____ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only

____ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory

____ 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	$ Ø	+$ 350	$ 350	$ 350
Total amount of disbursements	$ 1545.50	+$ 309.14	$ 1854.64	$ 1854.64
Total amount of cash on hand		350	$ 350	

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

Signature of Director or Treasurer — Date 12/15/11

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 601-576-2918.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Travis Burke

Reporting period 1/1/10 through 1/1/11

ITEMIZED DISBURSEMENTS

A. Full name: Motivators	Date (Mo., Day, Year): 12/2/10	Amount of each disbursement this period: $ 373.50
Mailing Address: 123 Frost St, Ste 201		
City, State, Zip Code: Westbury NY 11590		$
Purpose of Disbursement (Optional): promotional	Aggregate Year-to-date	$ 373.50
B. Full name: Kevin Ladnier	Date (Mo., Day, Year): 12/6/10	Amount of each disbursement this period: $ 321
Mailing Address: 6501 Airport Blvd Apt 335		
City, State, Zip Code: Mobile AL 36608	12/21/10	$ 321
Purpose of Disbursement (Optional): promotional	Aggregate Year-to-date	$ 642
C. Full name: Sun Herald	Date (Mo., Day, Year): 12/21/10	Amount of each disbursement this period: $ 530
Mailing Address: PO Box 4567		
City, State, Zip Code: Biloxi MS 39535		$
Purpose of Disbursement (Optional): promotional	Aggregate Year-to-date	$ 530
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	$

SS04-06