

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Annual Report

RECEIVED

Name of Candidate Committee to Elect Deborah Dawkins
Address 111 Lang Avenue #3 Pass Christian MS 39571
Telephone (228) 452-5182 Fax (601) 359-2129
Office Sought State Senate District 48 Email ddawkins@senate.ms.gov

JAN 25 2013
Secretary of State
Capitol Office

Check here if above is different from previous report

TYPE OF REPORT

- January 31, 2013 Annual Report** (January 1, 2012 through December 31, 2012).....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	\$ 500.00 + \$ 0	\$ 500.00	\$ 500.00
Total amount of disbursements	\$ 500.00 + \$ 138.00	\$ 638.00	\$ 638.00
Total amount of cash on hand		\$ 340.20	

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

Deborah Dawkins
Signature of Candidate

1-22-13
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 601-576-2545.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Deborah Dawkins

Reporting period 01/01/2012 through 12/31/2012

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Beau Rivage</u>	<u>01</u> / <u>19</u> / <u>12</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 7325</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Biloxi, MS 39540</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Deborah Dawkins
 Reporting period 01/01/2012 through 12/31/2012

ITEMIZED DISBURSEMENTS

A. Full name Deborah Dawkins	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 111 Lang Avenue	01 / 27 / 12	\$ 500.00
City, State, Zip Code Pass Christian, MS 39571	__ / __ / __	\$
Purpose of Disbursement (Optional)	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	\$