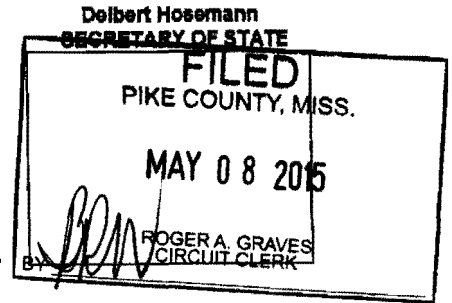


2015 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election



Name of Candidate Dellah "Dee" Alford Shandy
Address PO Box 450, McComb, MS 39649-0450 County Pike
Telephone (Work) 601-684-7030 (Home) _____ (Fax) 601-684-5251
Contact Name _____ Email Address ShandyLawyer@gmail.com
Office Sought Justice Court Judge Southern District Political Party Independent

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015) **Mandatory**
- June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015) **Mandatory**
- July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015) **Mandatory**
- July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015) **Mandatory**
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015) **Runoff Candidates Only**
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015) **Mandatory**
- October 27, 2015 Pre-Election Report** **Mandatory**
(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015) *All Candidates and Political Committees*
- November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015) **Runoff Candidates Only**
All Candidates and Political Committees in a Runoff Election
- January 8, 2016 Periodic Report** (October 1, 2015, through December 31, 2015) **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 Secretary of State 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	\$	7000.00	\$ 7000.00	\$ 7000.00
Total amount of disbursements	\$	6465.99	\$ 6465.99	\$ 6465.99
Total amount of cash on hand			\$ 534.01	

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 Candidate _____ Date May 08, 2015

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
3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee Delliah "Dee" Alford Shandy
 Reporting period January 01, 2015 through May 08, 2015

ITEMIZED RECEIPTS

A. 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) <u>Self</u>		
Full name	<u>03 / 24 / 15</u>	\$ <u>3000.00</u>
Mailing Address	<u>04 / 10 / 15</u>	\$ <u>1000.00</u>
City, State, Zip Code	<u>04 / 24 / 15</u>	\$ <u>1000.00</u>
Name of Employer (Required)	<u>05 / 07 / 15</u>	\$ <u>1000.00</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>6000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name	<u>04 / 16 / 15</u>	\$ <u>1000.00</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
PO Box 450	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
McComb, MS 39649-0450	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<u> / / </u>	\$ <u> </u>
Tyler Shandy	<u> / / </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
Attorney at Law		
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>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<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>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	<u> / / </u>	\$ <u> </u>
Name of Employer (Required)	<u> / / </u>	\$ <u> </u>
Occupation (Required)	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Delliah "Dee" Afford ShandyReporting period January 01, 2015 through May 08, 2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Enterprise Journal		
Mailing Address	<u>03</u> / <u>20</u> / <u>15</u>	\$ 2520.00
PO Box 2009		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
McComb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2520.00
Newspaper Advertising		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stewart Signs		
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$ 1000.00
2109 Hwy 48 West		
City, State, Zip Code	<u>04</u> / <u>23</u> / <u>15</u>	\$ 516.72
McComb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ Con't
Campaign Materials - Yard Signs		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stewart Signs		
Mailing Address	<u>05</u> / <u>07</u> / <u>15</u>	\$ 1470.72
Same As Above		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2987.44
Campaign Materials - Signs		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southwest Broadcasting		
Mailing Address	<u>04</u> / <u>28</u> / <u>15</u>	\$ 300.00
PO Box 1649		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
McComb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
Radio Advertising		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
McComb Printing		
Mailing Address	<u>05</u> / <u>07</u> / <u>15</u>	\$ 658.55
PO Box 805		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
McComb, MS 39649		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 658.55
Campaign Materials - Push Cards		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$