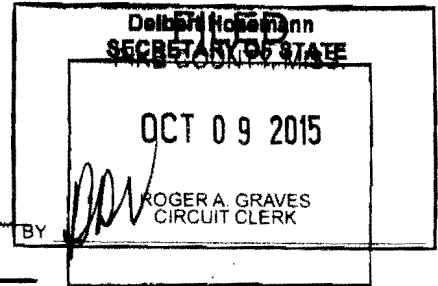


2015 ELECTION CYCLE



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate Delilah "Dee" Alford Shandy
 Address P.O. Box 450 McComb, MS 39649 County Pike
 Telephone (Work) 601-684-7630 (Home) _____ (Fax) 601-684-5351
 Contact Name Dee Email Address Shandy.lawyer@gmail.com
 Office Sought Justice Court Judge South 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. § 23-16-807 (b) (II) and (III).
- (3) The Secretary of State must be in actual receipt of the required reports by 6:00 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 8:00 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 \$	+	\$ 7,000.00	\$ 17,000.00
Total amount of disbursements \$	+	\$ 6,349.98	\$ 15,510.27
Total amount of cash on hand		\$ 1409.73	

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 [Signature] Date 10-9-15

Authority: Refer to Miss. Code Ann. §23-16-801 (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. §§ 23-16-811 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 Delilah "Dre" Alford Shandy

Page 1 of 1

Reporting period 7/1/2015 through 9/30/2015

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>7/1/15</u>	\$ <u>1,000.00</u>
Mailing Address	<u>8/1/15</u>	\$ <u>2,000.00</u>
City, State, Zip Code	<u>9/1/15</u>	\$ <u>2,000.00</u>
Name of Employer (Required)	<u>9/1/15</u>	\$ <u>2,000.00</u>
Occupation (Required)	Aggregate year-to-date	\$ <u>17,000.00</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>
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>
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 Delilah "Dee" Alford Shandy
 Reporting period 7/1/2015 through 9/30/2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stewart Signs</u>	<u>7/16/15</u>	\$ <u>267.50</u>
Mailing Address <u>2109 Hwy 4B West</u>		
City, State, Zip Code <u>McComb, MS. 39649</u>	<u>8/13/15</u>	\$ <u>866.70</u>
Purpose of Disbursement (Optional) <u>Campaign Materials - Yard Signs</u>	Aggregate Year-to-date	\$ <u>Can't below</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Same As Above</u>	<u>8/18/15</u>	\$ <u>267.50</u>
Mailing Address		
City, State, Zip Code	<u>9/18/15</u>	\$ <u>478.82</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>Can't below</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>" "</u>	<u>9/23/15</u>	\$ <u>960.33</u>
Mailing Address		
City, State, Zip Code	<u>-/-/-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5,828.29</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Journal</u>	<u>8/17/15</u>	\$ <u>260.00</u>
Mailing Address <u>PO Box 2009</u>		
City, State, Zip Code <u>McComb, MS. 39649</u>	<u>9/23/15</u>	\$ <u>260.01</u>
Purpose of Disbursement (Optional) <u>Newspaper Advertising</u>	Aggregate Year-to-date	\$ <u>5560.01</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tylertown Times</u>	<u>7/27/15</u>	\$ <u>299.60</u>
Mailing Address <u>PO Box 72</u>		
City, State, Zip Code <u>Tylertown, MS. 39667</u>	<u>8/6/15</u>	\$ <u>522.46</u>
Purpose of Disbursement (Optional) <u>Fans</u>	Aggregate Year-to-date	\$ <u>822.06</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Parklane Band Boosters</u>	<u>8/20/15</u>	\$ <u>85.00</u>
Mailing Address <u>1115 Parklane Dr.</u>		
City, State, Zip Code <u>McComb, MS. 39648</u>	<u>-/-/-</u>	\$
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>85.00</u>

Name of Candidate or Committee Delilah "Dee" Alford Shandy
 Reporting period 7/1/2015 through 9/30/2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>South P.K. Achievement Foundation</u>	<u>8/25/15</u>	\$ <u>200.00</u>
Mailing Address <u>165 N. Prewitt ST</u>	<u>8/25/15</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Magnolia, MS. 39652</u>	<u>8/25/15</u>	\$
Purpose of Disbursement (Optional) <u>Annual Banquet / Donation</u>	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Graphics etc</u>	<u>9/11/15</u>	\$ <u>579.41</u>
Mailing Address <u>219 Main Street</u>	<u>9/11/15</u>	\$ <u>579.41</u>
City, State, Zip Code <u>McComb, MS 39648</u>	<u>9/11/15</u>	\$ <u>1201.95</u>
Purpose of Disbursement (Optional) <u>Campaign Materials</u>	Aggregate Year-to-date	\$ <u>1781.36</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>8/25/15</u>	\$
Mailing Address	<u>8/25/15</u>	\$
City, State, Zip Code	<u>8/25/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>8/25/15</u>	\$
Mailing Address	<u>8/25/15</u>	\$
City, State, Zip Code	<u>8/25/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>8/25/15</u>	\$
Mailing Address	<u>8/25/15</u>	\$
City, State, Zip Code	<u>8/25/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>8/25/15</u>	\$
Mailing Address	<u>8/25/15</u>	\$
City, State, Zip Code	<u>8/25/15</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$