

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2012 Election



Name of Committee TO Elect Earl Banks Supreme Court Judge
 Address P.O. Box 780 Jackson County Hinds
 Telephone 601-937-0341 Fax _____
 Treasurer James Stewart Email Address JA.Stewart3e@gmail.com

Check here if above is different from previous report

- ____ May 10, 2012 Periodic Report (January 1, 2012, through April 30, 2012).....Mandatory
 - ____ June 8, 2012 Periodic Report (May 1, 2012, through May 31, 2012).....Mandatory
 - ✓ July 10, 2012 Periodic Report (June 1, 2012, through June 30, 2012).....Mandatory
 - ____ October 10, 2012 Periodic Report (July 1, 2012 through September 30, 2012).....Mandatory
 - ____ October 30, 2012 Pre-Election Report (October 1, 2012, through October 27, 2012).....Mandatory
 - ____ November 20, 2012 Pre-Election Report (October 28, 2012, through November 17, 2012).....Runoff Candidates only
 - ____ January 10, 2013 Periodic Report (October 28, 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 | \$ 13000 +\$ 0 | \$ 13,000 | \$ 14,100 |
| Total amount of disbursements | \$ 2600 260.65 +\$ 0 | \$ 260.65 | \$ 260.65 |
| Total amount of cash on hand | | \$ 12,739 13,839.65 | |

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

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 Earl Bank Supreme Court Judge

Reporting period June 1, 2012 through June 30, 2012

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| Full name <u>Cynthia M. Echell</u> | <u>6/20/12</u> | \$ <u>2,500</u> |
| Mailing Address <u>1620 ANNE Dr.</u> | []/[]/[] | \$ [] |
| City, State, Zip Code <u>CLARKSDALE, MS. 38614</u> | []/[]/[] | \$ [] |
| Name of Employer (Required) <u>UNKNOWN</u> | []/[]/[] | \$ [] |
| Occupation (Required) <u>UNKNOWN</u> | Aggregate year-to-date | \$ <u>2,500</u> |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>SHANE E LANGSTON</u> | <u>6/20/12</u> | \$ <u>2,500</u> |
| Mailing Address <u>2214 Heritage Hill Drive</u> | []/[]/[] | \$ [] |
| City, State, Zip Code <u>JACKSON, MS. 39211</u> | []/[]/[] | \$ [] |
| Name of Employer (Required) <u>UNKNOWN</u> | []/[]/[] | \$ [] |
| Occupation (Required) <u>UNKNOWN</u> | Aggregate year-to-date | \$ <u>2,500</u> |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>CYNTHIA PITTMAN</u> | <u>6/20/12</u> | \$ <u>2,500</u> |
| Mailing Address <u>410 S. President St</u> | []/[]/[] | \$ [] |
| City, State, Zip Code <u>JACKSON, MS. 39201</u> | []/[]/[] | \$ [] |
| Name of Employer (Required) <u>UNKNOWN</u> | []/[]/[] | \$ [] |
| Occupation (Required) <u>UNKNOWN</u> | Aggregate year-to-date | \$ <u>2,500</u> |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name <u>REBECCA LANGSTON</u> | <u>6/20/12</u> | \$ <u>2,500</u> |
| Mailing Address <u>2214 Heritage Drive</u> | []/[]/[] | \$ [] |
| City, State, Zip Code <u>JACKSON, MS. 39211</u> | []/[]/[] | \$ [] |
| Name of Employer (Required) <u>UNKNOWN</u> | []/[]/[] | \$ [] |
| Occupation (Required) <u>UNKNOWN</u> | Aggregate year-to-date | \$ <u>2,500</u> |

MEMORANDUM

| TO : | FROM : | SUBJECT : |
|------------|------------|-----------|
| Mr. Tolson | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |
| Mr. [Name] | Mr. [Name] | [Subject] |

Name of Candidate or Committee Earl Banks Supreme Court Judge
 Reporting period 6/1/12 through 6/30/12

ITEMIZED DISBURSEMENTS

| A. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
|------------------------------------|--|------------------------|-----------------------------------------|
| Stewart Fleming | | 6/6/12 | \$ 75.00 |
| Mailing Address | | | |
| City, State, Zip Code | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ 75.00 |
| Contract Labor | | | |
| B. Full name | | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Alpha Graphics | | 6/28/12 | \$ 185.65 |
| Mailing Address | | | |
| 115 Metroplex Blvd | | | |
| City, State, Zip Code | | | |
| Pearl, Ms. 39202 | | | |
| Purpose of Disbursement (Optional) | | Aggregate Year-to-date | \$ 185.65 |
| 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 | \$ |