2014 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 29 2014
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2014 Judicial Election

Name of Committee Committee to Elect Glenn Alderson

Address P.O. Box 68, Oxford, MS 38655 **County** Lafayette

Telephone 662-236-0232 **(Fax)** 662-234-8057

Treasurer Ann Locke **Email** _____

☐ **Check here if above is different from previous report**

TYPE OF REPORT

_____ **May 9, 2014 Periodic Report** (January 1, 2014, through April 30, 2014) ..... **Mandatory**

_____ **June 10, 2014 Periodic Report** (May 1, 2014, through May 31, 2014) ..... **Mandatory**

_____ **July 10, 2014 Periodic Report** (June 1, 2014, through June 30, 2014) ..... **Mandatory**

_____ **October 10, 2014 Periodic Report** (July 1, 2014, through September 30, 2014) ..... **Mandatory**

X **October 28, 2014 Pre-Election Report** (October 1, 2014, through October 25, 2014) ..... **Mandatory**

_____ **November 18, 2014 Pre-Runoff Report** (October 26, 2014, through November 15, 2014) ..... **Runoff Candidates**

_____ **January 9, 2015 Periodic Report** (October 1, 2014, through December 31, 2014) ..... **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	1,400.00	$ 1,400.00	$ 13,775.00
Total amount of disbursements		$ 1,864.40	$ 7,286.58
Total amount of cash on hand		$ 6,488.42	

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** 10-29-14

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: Committee to Elect Glenn Alderson

Reporting period: 10-1-14 through 10-25-14

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William G. Willard	10 / 20 / 14	$ 500.00
Mailing Address: P.O. Box 22	/ /	$
City, State, Zip Code: Clarksdale, MS 38614	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Attorney - Self-employed	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roberts Wilson	10 / 21 / 14	$ 350.00
Mailing Address: P.O. Box 2428	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 350.00

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name:	/ /	$
Mailing Address:	/ /	$
City, State, Zip Code:	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee Committee to Elect Glenn Alderson

Reporting period 10-1-14 through 10-25-14

ITEMIZED DISBURSEMENTS

A. Full name: Southern Sentinel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1701 City Ave North	10/8/14	$ 304.96
City, State, Zip Code: Ripley MS 38663	__/__/__	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 588.16
B. Full name: South Reporter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 157 S. Center	10/9/14	$ 283.20
City, State, Zip Code: Holly Springs 38635	10/15/14	$ 546.40
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 1,154.52
C. Full name: Calhoun Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 207 N. Newberger	10/10/14	$ 184.29
City, State, Zip Code: Bruce MS 38915	10/16/14	$ 368.52
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 737.12
D. Full name: Oxford Eagle	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 916 E Jackson	10/16/14	$ 171.90
City, State, Zip Code: Oxford MS 38655	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 343.80
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	$