2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUL 09 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Committee to Elect Ali Shams-Deen

Address: PO Box 919 Jackson, MS 39225

Telephone: 601-906-1717 Fax:

Treasurer: Harvey C. Fraelon, Esq Email: electalijudge@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010)..... **Mandatory**

_____ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010)..... **Mandatory**

✓ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010)..... **Mandatory**

_____ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010)..... **Mandatory**

_____ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010)..... **Mandatory**

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010)..... **Runoff Candidates**

_____ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010)..... **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	$ 2,450 +	$ 700.00	$ 3,150.00	$ 4,115.00
Total amount of disbursements	$ 1891 +	$ 256.69	$ 2,147.69	$ 2662.69
Total amount of cash on hand			$ 1,453.69	

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

Kathy Sylla
Signature of Director or Treasurer

Date 7/9/10

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 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Alishemond Deen

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reuben V. Anderson, Esq.	6/14/10	$ 250.00
Mailing Address: PO Box 290	__/__/__	$
City, State, Zip Code: Jackson, MS 39205	__/__/__	$
Name of Employer (Required): Phelps Dunbar	__/__/__	$
Occupation (Required): Atty.	Aggregate year-to-date	$ 250.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Redding Medical Group	6/23/10	$ 500.00
Mailing Address: 5903 Ridgewood Rd. Ste 310	__/__/__	$
City, State, Zip Code: Jackson, MS 39211	__/__/__	$
Name of Employer (Required): ~~Self~~ Business	__/__/__	$
Occupation (Required): M.D.	Aggregate year-to-date	$ 500.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Intergrated Management Services	6/21/10	$ 500.00
Mailing Address: 126 Amite Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required): IMS	__/__/__	$
Occupation (Required): Engineers	Aggregate year-to-date	$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AAA Distributing	6/28/10	$ 200.00
Mailing Address: 311 W. Northside Dr.	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Name of Employer (Required): Business	__/__/__	$
Occupation (Required): Distributors	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee Committee to Elect Ali Shamsid Deen

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ridgeland Diagnostic Center	6/19/10	$ 500.00
Mailing Address: PO Box 2588	__/__/__	$
City, State, Zip Code: Madison, MS 39130	__/__/__	$
Name of Employer (Required): Business	__/__/__	$
Occupation (Required): Diagnostic Center	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: Corporate Properties	6/19/10	$ 500.00
Mailing Address: 730 Ridgewood Rd	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required): Business	__/__/__	$
Occupation (Required): Real Estate	Aggregate year-to-date	$ 500.00

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 Ali Shamsid Deen

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Jermaine Hatten	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 5430 Executive Place	6/22/10	$ 470.98
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional): Technology	Aggregate Year-to-date	$ 470.98
B. Full name: Maggie Harper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 318 Cox Crossing Rd	6/17/10	$ 314.38
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Purpose of Disbursement (Optional): Reimbursement	Aggregate Year-to-date	$ 314.38
C. Full name: Classic Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 418 N. Farish St.	6/15/10	$ 55.64
City, State, Zip Code: Jackson, MS 39202	6/24/10	$ 500.00
Purpose of Disbursement (Optional): Printing	Aggregate Year-to-date	$
D. Full name: Kathy Sykes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 108 Horseshoe Circle	6/24/10	$ 300.00
City, State, Zip Code: Jackson, MS 39203	__/__/__	$
Purpose of Disbursement (Optional): Campaign Manager	Aggregate Year-to-date	$ 300.00
E. Full name: Floyd Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 165 Camaro Drive	6/4/10	$ 250.00
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional): Canvassing	Aggregate Year-to-date	$ 250.00
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	$