2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 12 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect Hi Shaunsid Deen

Address PO Box 919 Jackson, MS 39225

Telephone 601-906-1717 Fax

Treasurer Harvey C. Freeland, 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	$14,700	+$ 3,166	$ 17,866	$ 21,981
Total amount of disbursements	$12,883	+$ 5,492	$ 18,375	$ 21,037
Total amount of cash on hand			$ 845.71	

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

Kathy Sykes
Signature of Director or Treasurer

10/8/10
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).

ENTERED

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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Elect Ali Shawsid Deen

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leland Socrates Garrett	7/22/10	$ 500.00
Mailing Address: 2659 Livingston Road	__/__/__	$
City, State, Zip Code: Jackson, MS 39213-6926	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Contractor	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: Dr. Glenda Glover	7/18/10	$ 300.00
Mailing Address: 1031 Whitsett Walk	__/__/__	$
City, State, Zip Code: Jackson, MS 39206	__/__/__	$
Name of Employer (Required): JSU	__/__/__	$
Occupation (Required): Educator - Dean	Aggregate year-to-date	$ 300.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dennis C. Sweet, III, PA	7/8/10	$ 1000.00
Mailing Address: 158 East Pascagoula Street	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Atty.	Aggregate year-to-date	$ 1000.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: S and A Management	7/5/10	$ 500.00
Mailing Address: 101 Elgin Place	__/__/__	$
City, State, Zip Code: Clinton, MS 39056	__/__/__	$
Name of Employer (Required): Business	__/__/__	$
Occupation (Required): Business	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Alisharnord Deen

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Specialized Security, LLC	7/5/10	$ 250.00
Mailing Address: 6147 Amblewood Drive	__/__/__	$
City, State, Zip Code: Jackson, MS 39213	__/__/__	$
Name of Employer (Required): Business	__/__/__	$
Occupation (Required): Business	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: Satvinder S. Bedi / Ravinder Bedi	7/6/10	$ 1000.00
Mailing Address: 1924 Elaine Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39204-4716	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Navjot S. Thind	7/5/10	$ 500.00
Mailing Address: 108 Apache Cove	__/__/__	$
City, State, Zip Code: Clinton, MS 39056	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	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: Sanjay Kumar	7/5/10	$ 500.00
Mailing Address: 429 Church Street	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Ali Shemsid Deen

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harinder Bedi	7/6/10	$ 1000.00
Mailing Address: 1924 Elaine Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39204	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Surjit Singh	7/6/10	$ 300.00
Mailing Address: 106 Whisper Lake Blvd.	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Bustrassman	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Balbir Singh	7/6/10	$ 300.00
Mailing Address: 705 Huntington Cove	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mahant Singh	7/6/10	$ 300.00
Mailing Address: 3605 Robinson Road	__/__/__	$
City, State, Zip Code: Jackson, MS 39209	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Alisharma 2 Dean

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Deep Joshan	7/6/10	$ 200.00
Mailing Address: 127 Fairchild Cove	__/__/__	$
City, State, Zip Code: Canton, MS 39046	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dave Thind	7/6/10	$ 500.00
Mailing Address: 102 Colony Way	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	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: Bant Singh	7/6/10	$ 300.00
Mailing Address: 106 Whisper Lake Blvd	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Amritpal Singh	7/6/10	$ 250.00
Mailing Address: 106 Glen Auburn Drive	__/__/__	$
City, State, Zip Code: Clinton, MS 39056	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Ali Sharazi Dar

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nimma Reddy	7/6/10	$ 250.00
Mailing Address: 862 Avery Blvd.	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	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: Mandeep Singh	7/6/10	$ 300.00
Mailing Address: PO Box 2275	/ /	$
City, State, Zip Code: Brandon, MS 39043	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paramjit Singh	7/6/10	$ 500.00
Mailing Address: 380 E. McDowell Rd.	/ /	$
City, State, Zip Code: Jackson, MS 39209	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	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: Hardip S. Sood	7/6/10	$ 500.00
Mailing Address: 311 West Northside Drive	6/26/10	$ 200.00
City, State, Zip Code: Jackson, MS 39206	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 700.00

Page 6 of 9

Name of Candidate or Committee Ali Shanavi Dee

Reporting period July 1 through July 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harvey Freelon, Esq.	7/21/10	$ 700.00
Mailing Address: 440 Mill Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39203	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman / Atty.	Aggregate year-to-date	$ 700.00

B. 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	$

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: Alvin Ramsiddan

Reporting period: August 1 through August 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mike Espy, PLLC	8/10/10	$ 500.00
Mailing Address: 317 East Capitol Street Ste 101	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty.	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: Omar Nelson	8/31/10	$ 350.00
Mailing Address: 100 Yvonne Nelson Street	/ /	$
City, State, Zip Code: Vicksburg, MS 39180	/ /	$
Name of Employer (Required): Morgan + Morgan Law	/ /	$
Occupation (Required): Atty.	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: Warnock and Associates	8/2/10	$ 500.00
Mailing Address: PO Box 1623	/ /	$
City, State, Zip Code: Canton, MS 39046	/ /	$
Name of Employer (Required): Self / Business	/ /	$
Occupation (Required): Engineer	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: Paramjit Khinda	8/10/10	$ 500.00
Mailing Address: 102 Stonewalk Court	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Ali Shams I Deen

Reporting period August 1 through August 31

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Surpreet Singh	8/10/10	$ 500.00
Mailing Address: 102 Stonewalk Court	__/__/__	$
City, State, Zip Code: Clinton, MS 39056	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Businessman	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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 Ali Shamsul Deen

Reporting period Sept 1 through Sept 30

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Moore's Used Auto Sales, LLC	9/13/10	$ 400.00
Mailing Address: 304 S. Gallatin Street	/ /	$
City, State, Zip Code: Jackson, MS 39203	/ /	$
Name of Employer (Required): Mr. T. Moore	/ /	$
Occupation (Required): Business	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abdul Bahro	9/26/10	$ 300.00
Mailing Address: 26 Chatham Place	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mohammad Arain	9/26/10	$ 500.00
Mailing Address: 540 Twin Cedars Dr.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	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: Harvey Freelon	/ /	$ 700.00
Mailing Address: 440 Mill Street	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Businessman	Aggregate year-to-date	$ 1,400

Name of Candidate or Committee Elect Ali Shamsid Deen

Reporting period July 1 through July 31

ITEMIZED DISBURSEMENTS

A. Full name: Classic Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 418 N. Farish Street	7/24/10	$ 500.00
City, State, Zip Code: Jackson, MS 39202	6/24/10	$ 555.64
Purpose of Disbursement (Optional): Printing	Aggregate Year-to-date	$ 1055.64
B. Full name: Ali Shamsid Deen	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 440 Mill Street	7/27/10	$ 400.00
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Purpose of Disbursement (Optional): Reimbursement	Aggregate Year-to-date	$ 400.00
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	$

Name of Candidate or Committee Elect Ali Shamsid Deen

Reporting period Aug 1 through Aug 31

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Election Impact		
Mailing Address PO Box 2078	8/18/10	$ 368.29
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$ 368.29
B. Full name Classic Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 418 Farish Street	8/23/10	$ 1,359.70
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$
C. Full name Vista print	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	8/24/10	$ 264.37
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$
D. Full name WKXI-WOAD	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 731 Pear Orchard, Ste. 27	8/27/10	$ 240.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional) Radio Spots	Aggregate Year-to-date	$
E. Full name Jackson Advocate Newspaper	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 100 N. Hamilton Street	8/23/10	$ 600.00
City, State, Zip Code Jackson MS 39202	8/4/10	$ 250.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 850.00
F. Full name MS Link Newspaper	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2659 Livingston Rd	8/24/10	$ 300.00
City, State, Zip Code Jackson MS 39213	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee Elect Ali Shamsid Deen

Reporting period Aug. 1 through Aug 31

ITEMIZED DISBURSEMENTS

A. Full name WMPR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Pecan Park Circle	8/23/10	$ 600.00
City, State, Zip Code Jackson, MS 39209	8/12/10	$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name Landon Stokes	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 425 Maple Street	8/9/10	$ 210.00
City, State, Zip Code Jackson, MS 39203	8/16/10	$ 150.00
Purpose of Disbursement (Optional) Consultant	Aggregate Year-to-date	$ 360.00

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	$

Name of Candidate or Committee Elect Ali Shawsid Deen

Reporting period Sept 1 through Sept 30

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WRBJ		
Mailing Address 745 N. State Street	9/3/10	$ 300.00
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WOAD/WKXI		
Mailing Address 731 Pear Orchard, Ste 27	9/9/10	$ 240.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chris Gray		
Mailing Address 1339 Howell Street	9/10/10	$ 749.00
City, State, Zip Code Jackson, MS 39213	__/__/__	$
Purpose of Disbursement (Optional) Consultant	Aggregate Year-to-date	$ 749.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Coach Joe Griffin		
Mailing Address 1610 Pleasant Ave	9/10/10	$ 200.00
City, State, Zip Code Jackson, MS 39203	9/16/10	$ 100.00
Purpose of Disbursement (Optional) Consultant	Aggregate Year-to-date	$ 300.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Clear Channel		
Mailing Address 1375 Beasley Rd	9/10/10	$ 350.00
City, State, Zip Code Jackson, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WMPR		
Mailing Address 1018 Pecan Park Circle	9/10/10	$ 300.00
City, State, Zip Code Jackson, MS 39209	__/__/__	$
Purpose of Disbursement (Optional) Radio Spots	Aggregate Year-to-date	$

Name of Candidate or Committee Elect Ali Shansad Deen

Reporting period August 1 through August 31

ITEMIZED DISBURSEMENTS

A. Full name WRBJ - Roberts Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 N. State Street	8/3/10	$ 300.00
City, State, Zip Code Jackson MS 39202	8/20/10	$ 300.00
Purpose of Disbursement (Optional) Radio	Aggregate Year-to-date	$ -
B. Full name WKXI/WOAD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 S. Pear Orchard Ste 27	8/21/10	$ 300.00
City, State, Zip Code Ridgeland, MS 39157	8/22/10	$ 120.00
Purpose of Disbursement (Optional) Radio	Aggregate Year-to-date	$ 420.00
C. Full name Pickett Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 337	8/26/10	$ 267.50
City, State, Zip Code Raymond, MS 39154	/ /	$
Purpose of Disbursement (Optional) Sign Stands	Aggregate Year-to-date	$ 267.50
D. Full name Clearchannel Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1375 Beasley Rd	8/19/10	$ 350.00
City, State, Zip Code Jackson MS 39206	/ /	$
Purpose of Disbursement (Optional) Radio	Aggregate Year-to-date	$
E. Full name Classic Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 418 N. Farish Street	8/17/10	$ 2,106.83
City, State, Zip Code Jackson MS 39202	8/13/10	$ 700.00
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	$
F. Full name WRBJ - Roberts Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 N. State Street	8/13/10	$ 300.00
City, State, Zip Code Jackson, MS 39202	/ /	$
Purpose of Disbursement (Optional) Radio	Aggregate Year-to-date	$

Name of Candidate or Committee Elect Ali Shamsi-Deen

Reporting period Sept. 1 through Sept. 30

ITEMIZED DISBURSEMENTS

A. Full name WKXI - WOAD	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 731 Pear Orchard, Ste 27	9/27/10	$ 560.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name WRBJ	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 745 N. State Street	9/25/10	$ 300.00
City, State, Zip Code Jackson, MS 39202	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
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	$