2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 10 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect Anthony Mozingo

Address P.O. Box 244, Purvis, MS 39475

Telephone 601-606-7133 Fax 601-744-0083

Treasurer Coni Ferguson Email coni.ferguson@yahoo.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 8, 2010 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	$ 13,250.00 +$ 4,850.00	$ 18,100.00	$ 109,875.13
Total amount of disbursements	$ 12,439.02 +$ —	$ 12,439.02	$ 62,166.40
Total amount of cash on hand		$ 7,108.73	

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

Coni Ferguson
Signature of Director or Treasurer

January 10, 2011
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 601-359-1499 or 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

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Name of Candidate or Committee Committee to Elect Anthony Mazzeo

Reporting period October 1 2010 through December 31 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Randy Thomas	10/27/10	$ 500.00
Mailing Address: 11 Deer Valley	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39402	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	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: Mississippi Physicians PAC	11/16/10	$ 2,500.00
Mailing Address: 404 West Parkway Place	__/__/__	$
City, State, Zip Code: Ridgeland MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Medical	Aggregate year-to-date	$ 2,500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lawrence Warren	11/19/10	$ 500.00
Mailing Address: Post Office Box 572	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Warren Paving owner	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Committee to Elect Anthony Mozingo

Reporting period October 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hattiesburg Clinic Healthcare Policy Committee	11/24/10	$ 2,500.00
Mailing Address: Post Office Box 17739	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Victor J. Roberts	11/29/10	$ 1,000.00
Mailing Address: Post Office Box 608	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Richard Lambert, PLLC	11/29/10	$ 500.00
Mailing Address: 119 Hardy Street	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	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: Michael J. Shemper, PLLC	11/29/10	$ 500.00
Mailing Address: Post Office Box 1727	__/__/__	$
City, State, Zip Code: Hattiesburg, MS. 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Committee to Elect Anthony Mazingo

Reporting period October 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John W. Lee, Jr.	11/29/10	$ 2,000.00
Mailing Address: Post Office Box 1470	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 2,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Moak	11/30/10	$ 250.00
Mailing Address: Post Office Box 242	/ /	$
City, State, Zip Code: Bogue Chitto, MS 39629	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lindsey Carter	12/01/10	$ 500.00
Mailing Address: 404 Hemphill Street	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	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: Merrida Coxwell	12/06/10	$ 500.00
Mailing Address: 505 Heatherstone Court	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Committee to Elect Anthony Mazingo

Reporting period October 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Crymes G. Pittman	12/06/10	$ 500.00
Mailing Address: 410 S. President Street	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	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: Joe Montgomery	12/15/10	$ 1,000.00
Mailing Address: Post Office Box 413	__/__/__	$
City, State, Zip Code: Poplarville, MS 39470	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas Michael Reed	12/15/10	$ 500.00
Mailing Address: Post Office Box 0081	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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Name of Candidate or Committee Committee to Elect Anthony Mozingo
Reporting period October 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Rare Designs Mailing Address: 127 Rushman Street, Ste 10 City, State, Zip Code: Hattiesburg MS 39401 Purpose of Disbursement (Optional):	11/16/10 __/__/__ Aggregate Year-to-date	$ 1,858.62 $ $ 9,108.75
B. Full name: Ashley Mozingo Mailing Address: 5 Crest Rd City, State, Zip Code: Hattiesburg MS 39401 Purpose of Disbursement (Optional): reimbursement for fundraiser deposit	12/6/10 __/__/__ Aggregate Year-to-date	$ 600.00 $ $ 600.00
C. Full name: Anthony A Mozingo Mailing Address: 5 Crest Rd City, State, Zip Code: Hattiesburg MS 39402 Purpose of Disbursement (Optional):	11/30/10 12/17/10 Aggregate Year-to-date	$ 6,222.50 $ 2,515.00 $ 8737.50
D. Full name: Picayune Item Mailing Address: 17 Richardson Ozona Road City, State, Zip Code: Picayune MS 39466 Purpose of Disbursement (Optional):	10/25/10 __/__/__ Aggregate Year-to-date	$ 906.90 $ $ 906.90
E. Full name: WFFF Radio Mailing Address: 140 Horseshoe Drive City, State, Zip Code: Columbia MS 39429 Purpose of Disbursement (Optional):	10/25/10 __/__/__ Aggregate Year-to-date	$ 336.00 $ $ 336.00
F. Full name Mailing Address City, State, Zip Code Purpose of Disbursement (Optional):	Date (Mo., Day, Year) __/__/__ __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ $ $

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