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 Anthony A. Mozingo

Address P.O. Box 244

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

Treasurer Coni Ferguson Email conikemp@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 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	$6,900.00 +$ 3,875.00	$ 10,775.00	$ 10,775.00
Total amount of disbursements	$1,021.00 +$ 0	$ 1,021.00	$ 1,021.00
Total amount of cash on hand		$ 9,754.00	

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 7.7.10

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

SOS 01-10

Name of Candidate or Committee Committee to Elect Anthony Mozingo

Reporting period 6/1/10 through 6/30/10

ITEMIZED DISBURSEMENTS

A. Full name Floyd Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Lakewood Dr.	6/22/10	$ 700.00
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional) Catering/Food	Aggregate Year-to-date	$ 700.00
B. Full name Sign-A-Rama	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 7712 U.S. Hwy. 49	~~6/24/10~~	$ 321.00
City, State, Zip Code Hattiesburg, MS 39402	6/24/10	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 321.00
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	$

SS04-06

Name of Candidate or Committee Committee to elect Anthony A. Mozingo

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ben Hudson	6/15/10	$ 500.00
Mailing Address: # 3 Turkey Trot Rd.	/ /	$
City, State, Zip Code: Purvis, MS 39475	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): consultant	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: Fred L. Hatten	6/22/10	$ 500.00
Mailing Address: 118 Woodstone Dr.	/ /	$
City, State, Zip Code: Hattiesburg, MS	/ /	$
Name of Employer (Required): Lamar County	/ /	$
Occupation (Required): Supervisor	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: Lonnie R. Mozingo, Jr.	6/22/10	$ 500.00
Mailing Address: # 124 Beaver Rd.	/ /	$
City, State, Zip Code: Hattiesburg	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): minister	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: Hank Lott	6/2/10	$ 250.00
Mailing Address: 535 Poplar	/ /	$
City, State, Zip Code: Sumrall, MS	/ /	$
Name of Employer (Required): Magnolia Const Supply	/ /	$
Occupation (Required): owner	Aggregate year-to-date	$ 250.00

SS04-05

Name of Candidate or Committee Committee to elect Anthony A. Mozingo

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carol K. Simpson	6/22/10	$ 300.00
Mailing Address: 268 Morrell Cr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Mother	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Shoub Sumrall	6/22/10	$ 250.00
Mailing Address: 111 Christina Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): MVM Pharmaceutical	__/__/__	$
Occupation (Required): Sales	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: Kevin Cooksey	__/__/__	$ 250.00
Mailing Address: 11 Cobblestone Dr.	__/__/__	$
City, State, Zip Code: Sumrall, MS	__/__/__	$
Name of Employer (Required): Magnolia Ins.	__/__/__	$
Occupation (Required): Co-owner	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Billy C. Hudson	6/22/10	$ 500.00
Mailing Address: 27 Troon Cir.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): State of Miss.	__/__/__	$
Occupation (Required): State Senator	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee committee to elect Anthony A. Mozingo

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chip Wall	__/__/__	$ 500.00
Mailing Address: 11 Avery Knoll	__/__/__	$
City, State, Zip Code: Hattiesburg, MS	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic	__/__/__	$
Occupation (Required): Physician	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: Mark Sledge	6/20/10	$ 500.00
Mailing Address: P.O. Box 16570	__/__/__	$
City, State, Zip Code: Jackson, MS	__/__/__	$
Name of Employer (Required): Grenfell, Sledge, Stevens, P.A.	__/__/__	$
Occupation (Required): Attorney	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: John L. Pendergrass	__/__/__	$ 250.00
Mailing Address: P.O. Box 15729	__/__/__	$
City, State, Zip Code: Hattiesburg MS	__/__/__	$
Name of Employer (Required): Green Eye Clinic	__/__/__	$
Occupation (Required): Physician	Aggregate year-to-date	$ 250.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Ockmand Enterprises	__/__/__	$ 300.00
Mailing Address: 314 W. Main Ave.	__/__/__	$
City, State, Zip Code: Lumberton, MS	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): Real Estate	Aggregate year-to-date	$ 300.00

SS04-05

Name of Candidate or Committee Committee to elect Anthony A. Mozingo

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hudson's Dirt Cheap, LLC	6/22/10	$ 1,800.00
Mailing Address: P.O. Box 1857	__/__/__	$
City, State, Zip Code: Hattiesburg, MS	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Retail Sales	Aggregate year-to-date	$ 1,800.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John R. Karnes	6/22/10	$ 500.00
Mailing Address: 170 Hickory Hills	__/__/__	$
City, State, Zip Code: ~~Hatt~~ Purvis, MS	__/__/__	$
Name of Employer (Required): Self-employed	__/__/__	$
Occupation (Required): construction/contractor	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	$

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