2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 08 2010
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Name of Committee Committee to Elect F. Bergman Circuit Judge.

Address Box 644 Clinton MS 39060

Telephone (601) 373-5000 Fax (601) 372-9405

Treasurer Dick Withers Email DWithers@Withers-Jones.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	$ 41,200.00 + $ 8,429	$ 49,629	$ 59,979.00
Total amount of disbursements	$ 12,571.44 + $ —	$ 12,571.44	$ 15,668.51
Total amount of cash on hand		$ 44,310.49	

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 10/5/10

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.

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

DATE STAMP

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate Committee to Elect Bill Gowan Circuit Judge

Address Box 644 Clinton, MS 39060 County Hinds

Telephone Work 373-5000 Home — Fax 601 372 9405

Contact Name Dick Withers Email Address DWithers@WithersFlorent.com

Office Sought Cir Judge 7th Dist 4th Subdistrict

☐ Check here if above is different from previous report

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Total amount of disbursements	$ 12,571.44 + $ —	$ 12,571.44	$ 15,668.51
Total amount of cash on hand		$ 44,310.49	

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

William B Gowan
Signature of Candidate

10/5/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
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Name of Candidate or Committee William "Bill" Crowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lauren Dupre'	7/14/10	$ 2,500.00
Mailing Address: 507 Princeton Woods Loop	/ /	$
City, State, Zip Code: Lafayette La 70508	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Oil exploration consultant.	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: Lauren (Gwen) Dupre'	7/14/10	$ 2,500.00
Mailing Address: 507 Princeton Woods Loop.	/ /	$
City, State, Zip Code: Lafayette La 70508	/ /	$
Name of Employer (Required): Homemaker.	/ /	$
Occupation (Required): Homemaker.	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: Rosemary Dupre'	7/14/10	$ 2,500.00
Mailing Address: 507 Princeton Wood Loop.	/ /	$
City, State, Zip Code: Lafayette, La 70508	/ /	$
Name of Employer (Required): Student	/ /	$
Occupation (Required): Student	Aggregate year-to-date	$ 2,500.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alexander Dupre'	7/14/10	$ 2,500.00
Mailing Address: 507 Princeton Woods Loop.	/ /	$
City, State, Zip Code: Lafayette La.	/ /	$
Name of Employer (Required): Student	/ /	$
Occupation (Required): Student.	Aggregate year-to-date	$ 2,500.00

Name of Candidate or Committee William "Bill" Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cornelia Dupree	7/14/10	$ 2,500.00
Mailing Address: 507 Princeton Woods Loop	/ /	$
City, State, Zip Code: Hattiesburg MS 70508	/ /	$
Name of Employer (Required): Student.	/ /	$
Occupation (Required): Student.	Aggregate year-to-date	$ 2500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John H Thames, Jr.	7/15/10	$ 2,500 -
Mailing Address: Box 741	/ /	$
City, State, Zip Code: Jackson, Ms. 39205	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Industrial instruments	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: Pam Skiver Financial Services LLC	7/15/10	$ 1,000.00
Mailing Address: Box 16468	/ /	$
City, State, Zip Code: Jackson, Ms. 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Scott, Sullivan, Streetman & Fox PC	7/21/	$ 1,000.00
Mailing Address: P.O. Box 3847	/ /	$
City, State, Zip Code: Jackson, Ms. 39236-3847	/ /	$
Name of Employer (Required): Corp.	/ /	$
Occupation (Required): attorneys.	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marjorie Ann Garrison	7/24/10	$ 2,500.00
Mailing Address: 806 Richland Ave.	__/__/__	$
City, State, Zip Code: Lafayette, La 70508	__/__/__	$
Name of Employer (Required): Self.	__/__/__	$
Occupation (Required): Homewife.	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: John S. Montgomery Jr.	7/30/10	$ 500.00
Mailing Address: 242 Fox Hollow Pl.	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39157	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Retired.	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: Dr. Sampat Shivangi	8/4/10	$ 250.00
Mailing Address: 104 Summer lake Dr.	__/__/__	$
City, State, Zip Code: Ridgeland, Ms 39157	__/__/__	$
Name of Employer (Required): Self.	__/__/__	$
Occupation (Required): Dr.	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: Mrs. Robbie Hughes.	8/4/10	$ 500.00
Mailing Address: 4050 Orchard Blvd.	__/__/__	$
City, State, Zip Code: Jackson, Ms 39216	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Homewife.	Aggregate year-to-date	$ 500.00

3150

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anderson Asset Mgt. LLC	8/4/10	$ 500.00
Mailing Address: P.O. Box 8205	/ /	$
City, State, Zip Code: Jackson, Ms. 39298	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Equipment Rental & Sales	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: Picard & Picard	8/6/10	$ 1000.00
Mailing Address: 807 Richland Ave.	/ /	$
City, State, Zip Code: Lafayette La 70508	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorneys	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: A. & W Painting and Construction	8/10/10	$ 500.00
Mailing Address: 6015 Fernbrook Dr.	/ /	$
City, State, Zip Code: Jackson, Ms. 39212	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Painting and Construction	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: Ron Gunns	8/11/10	$ 2,400
Mailing Address: 133 Pine St.	/ /	$
City, State, Zip Code: Flowood, Ms 39083	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): DDS & Cosmetics	Aggregate year-to-date	$ 2400.00

4400

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr & Mrs. A. D Wall	8/11/10	$ 500.00
Mailing Address: 1142 Speeks Rd.	/ /	$
City, State, Zip Code: Terry, Ms. 39170	/ /	$
Name of Employer (Required): Fountain Const. Co.	/ /	$
Occupation (Required): Supervisor	Aggregate year-to-date	$ 580.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr & Mrs. Brad Fountain	8/15/10	$ 250.00
Mailing Address: 1655 Club House Rd	/ /	$
City, State, Zip Code: Utica, Ms. 39175	/ /	$
Name of Employer (Required): Fountain Construction Co.	/ /	$
Occupation (Required): Co-owner	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: Cal-Maine Foods.	8/18/10	$ 580.00
Mailing Address: Box 2960	/ /	$
City, State, Zip Code: Jackson, Ms. 39207	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Food Products - (egg)	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: Harry & Edith Miller	8/18/10	$ 250.00
Mailing Address: 114 Sunnycrest Dr.	/ /	$
City, State, Zip Code: Ridgeland, Ms. 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael T. McRee	8/18/10	$ 500.00
Mailing Address: Box 1006	/ /	$
City, State, Zip Code: Jackson, Ms. 39215	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Investments	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: Claude Maley	9/18/10	$ 300
Mailing Address: 1500 Sherman Ave.	/ /	$
City, State, Zip Code: Jackson, Ms. 39211	/ /	$
Name of Employer (Required): Retiree Etc.	/ /	$
Occupation (Required): Sales Person	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: Thomas Maley	9/18/10	$ 300
Mailing Address: 3815 Dogwood Dr.	/ /	$
City, State, Zip Code: Jackson, Ms 39211-6702	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Investments	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: Murphy, Williams, Maley PLLC	8/18/10	$ 250.00
Mailing Address: P.O. Box 23785	/ /	$
City, State, Zip Code: Jackson Ms. 39225	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 250.00

1350

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Jerome Smith DDS	8/25/10	$ 250.00
Mailing Address: 200 Beaullieu Dr. #2	/ /	$
City, State, Zip Code: Lafayette, La 70508	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dentist	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: Bobby Dupre'	8/26/10	$ 250
Mailing Address: Box 1298	/ /	$
City, State, Zip Code: Opelousas, La 70571-1298	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Retired	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: Coty Dupre'	8/26/10	$ 250.00
Mailing Address: Box 1298	/ /	$
City, State, Zip Code: Opelousas, La 70571	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Retired.	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: Howard Basford	8/28/10	$ 500.00
Mailing Address: 3329 Moncure Markle Rd.	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

1250

Name of Candidate or Committee Bill Gowen

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cornelius Dupre'	9/2/10	$ 1000.00
Mailing Address: 5021 Longmont	/ /	$
City, State, Zip Code: Houston, Tx 77056	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Investments	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: J. Peyton Randolph III	9/2/10	$ 500.00
Mailing Address: 613 Steed Rd.	/ /	$
City, State, Zip Code: Ridgeland, Ms. 39157	/ /	$
Name of Employer (Required): Self.	/ /	$
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: GALLOWAY Johnson, Tompkins, Burr & Smith	9/7/10	$ 500.00
Mailing Address: 701 Poydras - Suite 4040	/ /	$
City, State, Zip Code: New Orleans, La 70139	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorneys	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: MARK R & ALLISON Pharr	9/7/10	$ 500.00
Mailing Address: 101 Bonner	/ /	$
City, State, Zip Code: Lafayette, La 70508	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 500.00

 2500

Name of Candidate or Committee Pain Gordon

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: American National Bail Bonding Agency	9/17/10	$ 250.00
Mailing Address: 4670 Kimbell Rd	/ /	$
City, State, Zip Code: Terry Ms. 39170	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Bail Bonds.	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: IBEW (International Brotherhood of Electrical Workers)	9/17/10	$ 1500.00
Mailing Address: 900 Seventh St. N.W.	/ /	$
City, State, Zip Code: Washington, DC. 20001	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Union	Aggregate year-to-date	$ 1500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Evans	9/21/10	$ 600.00
Mailing Address: 500 E. Capitol St. Suite 2	/ /	$
City, State, Zip Code: Jackson, MS. 39201	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 600.00

D. Source: ☒ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Polk Dental Center (Jason Polk. DDS)	9/21/10	$ 500.00
Mailing Address: 5590 Parsons Rd.	/ /	$
City, State, Zip Code: Terry, MS 39170	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Dentist	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Bill Howard

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: B & I Investments, LTD	9/21/10	$ 500.00
Mailing Address: 652 Bellevue D.	/ /	$
City, State, Zip Code: Madison, Ms. 39110	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Investments	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: Wayne Parker Investments.	9/21/10	$ 500.00
Mailing Address: 449 Greenwood Ln.	/ /	$
City, State, Zip Code: Ridgland, Ms. 39157	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Investments	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: Parker Enterprises, LP.	9/21/10	$ 500.00
Mailing Address: 449 Green Wood Ln.	/ /	$
City, State, Zip Code: Ridgland, Ms 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Investments	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: Jones, Funderburg, Sessums Peterson & Alec PLLC	7/23/10	$ 500.00
Mailing Address: Box 13960	/ /	$
City, State, Zip Code: Jackson, Ms. 39236-3960	/ /	$
Name of Employer (Required): Self.	/ /	$
Occupation (Required): Attorneys.	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Jeffrey Hartsog & Glenna	7/23/10	$ 500.00
Mailing Address 1437 Old Sq. Rd. Ste. 105	__/__/__	$
City, State, Zip Code Jackson, MS. 39211	__/__/__	$
Name of Employer (Required) Self.	__/__/__	$
Occupation (Required) Dentist	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. Victor Applewhite, Jr (& Meena wife)	7/23/10	$ 500.00
Mailing Address 913 La Roche ct.	__/__/__	$
City, State, Zip Code Ridgeland, MS. 39157	__/__/__	$
Name of Employer (Required) Self	__/__/__	$
Occupation (Required) Dentist	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 Larry & Katie Godfrey	7/23/10	$ 250.00
Mailing Address 224 Chestnut	__/__/__	$
City, State, Zip Code Clinton, MS 39056	__/__/__	$
Name of Employer (Required) Self.	__/__/__	$
Occupation (Required) Real Estate	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 DONNA. B. GOWAN	7/25/10	$ 2,500.00
Mailing Address 12488 Montego Playa	__/__/__	$
City, State, Zip Code Dallas, TX 75230-1724	__/__/__	$
Name of Employer (Required) Self.	__/__/__	$
Occupation (Required) Medical Sales.	Aggregate year-to-date	$ 2,500.00

3150

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joseph L Spard	9/25/10	$ 250.00
Mailing Address: 1220 Luse Rd.	__/__/__	$
City, State, Zip Code: Benton, Ms 39039	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Retired	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: Stephanie Gray	9/26/10	$ 250
Mailing Address: 108 S. Glen Pl	__/__/__	$
City, State, Zip Code: Madison, Ms 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Steve Rochelle	9/28/__	$ 250.00
Mailing Address: 3620 Neal Collins Rd.	__/__/__	$
City, State, Zip Code: Raymond, Ms. 39154	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

750.00

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi Bar Assn	7/1/10	$ 186.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 186.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Artist	7/26/44	$ 33.44
Mailing Address: 203 Terry Brook Dr.		
City, State, Zip Code: Terry, Ms. 39170	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 33.44

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Star 93.5 Radio	7/30/10	$ 600.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 600.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Arrow Touchdown Club	8/5/10	$ 235.00
Mailing Address: Arrow Drive		
City, State, Zip Code: Clinton, Ms 39056	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 235.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pickett Printing	8/6/10	$ 4,328.15
Mailing Address: P.O.B 357		
City, State, Zip Code: Raymond, Ms 39154	9/30/10	$ 500.—
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,828.15

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Byram Banner	8/9/10	$ 135.00
Mailing Address: 5632 Terry Rd		
City, State, Zip Code: Byram, Ms 39272	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 135.00

Name of Candidate or Committee Bill Gowan

Reporting period 7-1-10 through 9-30-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hal & Hal's Restaurant		
Mailing Address 200 Commerce St.	8/17/10	$ 542.85
City, State, Zip Code Jackson, Ms. 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 542.85

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kamas Outdoor Companies		
Mailing Address 405 Country Place Parkway	9/3/10	$ 2947.00
City, State, Zip Code Pearl, Ms 39208	9/14/10	$ 1800.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4747.00

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
United States Postal Service		
Mailing Address Rankin Street	9/10/10	$ 132.00
City, State, Zip Code Jackson, Ms. 39201	9/27/10	$ 132.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 264.00

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stacy Pittland Catering		
Mailing Address 252 Austin Cir.	9/15/10	$ 1000.00
City, State, Zip Code Byram, Ms. 39272	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

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	$