2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

# Political Committee
# REPORT OF RECEIPTS AND DISBURSEMENTS
# 2010 Judicial Election

RECEIVED OCT 08 2010 Campaign Finance Secretary of State DATE STAMP

**Name of Committee** Committee to Elect Dave Rozier

**Address** Post Office Box 2665 Oxford, Ms 38655

**Telephone** 662-236-9901 **Fax** 662-236-9902

**Treasurer** Pam Meyer **Email** info@rozierforcircuitjudge.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**

X **October 10, 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** | $7350 | +$ 1875 | $ 9225 | $ 43,480 |
| **Total amount of disbursements** | $6097.39 | +$ 1977.96 | $ 8075.35 | $ 13,252.17 |
| **Total amount of cash on hand** | | | $ 30,227.83 | |

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

Pam Meyer
**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).

*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 601-576-2015.*
*2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

Name of Candidate or Committee Committee to Elect Dave Rozier, Inc

Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Connie Walters | 7/7/10 | $500.00 |
| Mailing Address: 12430 Road 610 | 8/15/10 | $500.00 |
| City, State, Zip Code: Philadelphia, Ms 39350 | 9/8/10 | $500.00 |
| Name of Employer (Required): n/a | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $1500.00 |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Charles Davis | 7/22/10 | $1000.00 |
| Mailing Address: 4085 Davis Road | / / | $ |
| City, State, Zip Code: Southaven,Ms 38671 | / / | $ |
| Name of Employer (Required): City of Southaven | / / | $ |
| Occupation (Required): Mayor | 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: Arthur Davis | 7/22/10 | $500.00 |
| Mailing Address: 4081 Davis Road | / / | $ |
| City, State, Zip Code: Southaven, MS 38671 | / / | $ |
| Name of Employer (Required): N/A | / / | $ |
| Occupation (Required): Retired | 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: Gerald Gafford | 8/2/10 | $1000.00 |
| Mailing Address: 26 County Road 160 | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): N/A | / / | $ |
| Occupation (Required): Retired | Aggregate year-to-date | $1000.00 |

Name of Candidate or Committee Committee to Elect Dave Rozier Inc

Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Walker Swaney | 8 / 2 / 10 | $ 250.00 |
| Mailing Address: 634 North Lamar | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): Oxford Dental | / / | $ |
| 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: John Webb | 8 / 19 / 10 | $ 500.00 |
| Mailing Address: 701 Faulkner Woods Place | / / | $ |
| City, State, Zip Code: Oxford, Ms 38655 | / / | $ |
| Name of Employer (Required): Gastroenterology Associates | / / | $ |
| Occupation (Required): Physician | 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: Butch Cobb | 8 / 22 / 10 | $ 500.00 |
| Mailing Address: 1945 State Highway 30 East | / / | $ |
| City, State, Zip Code: New Albany, MS 38652 | / / | $ |
| Name of Employer (Required): Amerispec | / / | $ |
| Occupation (Required): Building Inspector | 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: Cooper Terry | 9 / 3 / 10 | $ 250.00 |
| Mailing Address: 1106 South Lamar Blvd | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): Oxford Orthopedic | / / | $ |
| Occupation (Required): Physician | Aggregate year-to-date | $ 250.00 |

Name of Candidate or Committee Committee to Elect Dave Rozier, Inc

Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Vincent Malavasi | 8 / 31 / 10 | $ 250.00 |
| Mailing Address: 3342 Rhett Butler Drive | / / | $ |
| City, State, Zip Code: Hernando, MS 38632 | / / | $ |
| Name of Employer (Required): Neel Schaffer | / / | $ |
| Occupation (Required): Engineer | 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: Kin Kinney | 9 / 15 / 10 | $ 250.00 |
| Mailing Address: 109 Riverbirch Lane | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): M & F Bank | / / | $ |
| Occupation (Required): Banker | 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: William Mayo | 9 / 21 / 10 | $ 250.00 |
| Mailing Address: 413 Turnberry | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): Mayo Eye Center | / / | $ |
| Occupation (Required): Opthamologist | 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: John Meyer | 9 / 29 / 10 | $ 600.00 |
| Mailing Address: 233 Olde Castle Loop | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): Allstate | / / | $ |
| Occupation (Required): Insurance | Aggregate year-to-date | $ 1100.00 |

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Reporting period July 1, 2010 through September 30, 2010

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Janie Rozier | 9 / 21 / 10 | $ 500.00 |
| Mailing Address: 905 Olde Creek Lane | / / | $ |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Name of Employer (Required): N/A | / / | $ |
| Occupation (Required): Retired | 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 | / / | $ |
| 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: Committee to Elect Dave Rozier Inc

Reporting period: July 1, 2010 through September 30, 2010

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: Callahan's Quick Print<br>Mailing Address: 1735 University Avenue<br>City, State, Zip Code: Oxford, Ms 38655<br>Purpose of Disbursement (Optional): Stationery | 8/11/10<br>/ / | $ 140.97<br>$ |
| | Aggregate Year-to-date | $ 1607.85 |
| B. Full name: United States Postal Service<br>Mailing Address: 401 McElroy Drive<br>City, State, Zip Code: Oxford, MS 38655<br>Purpose of Disbursement (Optional): Postage | 7/7/10<br>7/8/10 | $ 3.12<br>$ 88.00 |
| | Aggregate Year-to-date | $ 392.16 |
| C. Full name: United States Postal Service<br>Mailing Address: 401 McElroy Drive<br>City, State, Zip Code: Oxford, MS 38655<br>Purpose of Disbursement (Optional): Postage | 8/11/10<br>8/27/10 | $ 88.00<br>$ 88.00 |
| | Aggregate Year-to-date | $ 568.16 |
| D. Full name: Ball Sign Company<br>Mailing Address: 36-A Hwy 334<br>City, State, Zip Code: Oxford, MS 38655<br>Purpose of Disbursement (Optional): Signs | 7/9/10<br>/ / | $ 214.00<br>$ |
| | Aggregate Year-to-date | $ 385.20 |
| E. Full name: Deep Fried T-Shirts<br>Mailing Address: 2618 West Oxford Loop<br>City, State, Zip Code: Oxford, MS 38655<br>Purpose of Disbursement (Optional): T-Shirts | 7/29/10<br>/ / | $ 178.80<br>$ |
| | Aggregate Year-to-date | $ 566.40 |
| F. Full name: Invitation Oxford<br>Mailing Address: P.O. Box 776<br>City, State, Zip Code: Oxford, MS 38655<br>Purpose of Disbursement (Optional): Ad | 8/6/10<br>/ / | $ 467.50<br>$ |
| | Aggregate Year-to-date | $ 467.50 |

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# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Northeast Daily Journal | | |
| Mailing Address: 1242 South Green Street | 8/11/10 | $ 325.00 |
| City, State, Zip Code: Tupelo, Ms 38804 | 9/29/10 | $ 40.00 |
| Purpose of Disbursement (Optional): ad | Aggregate Year-to-date | $ 365.00 |
| **B. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Oxford Eagle | | |
| Mailing Address: P.O. Box 866 | 8/9/10 | $ 70.00 |
| City, State, Zip Code: Oxford, MS 38655 | 8/12/10 | $ 150.00 |
| Purpose of Disbursement (Optional): Ad | Aggregate Year-to-date | $ 220.00 |
| **C. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Victory Store | | |
| Mailing Address: 5700 SW 30th Street | 8/20/10 | $ 3158.00 |
| City, State, Zip Code: Davenport, IA | / / | $ |
| Purpose of Disbursement (Optional): Signs | Aggregate Year-to-date | $ 3158.00 |
| **D. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Chickasaw Journal | | |
| Mailing Address: 225 East Madison Street | 8/20/10 | $ 205.00 |
| City, State, Zip Code: Houston, MS 38851 | / / | $ |
| Purpose of Disbursement (Optional): Ad | Aggregate Year-to-date | $ 205.00 |
| **E. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Nation's Best Catering | | |
| Mailing Address: 1308 North Lamar Blvd | 9/9/10 | $ 280.00 |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Purpose of Disbursement (Optional): Food | Aggregate Year-to-date | $ 280.00 |
| **F. Full name** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| WQLT | | |
| Mailing Address: 461 Hwy 6 W | 9/2/10 | $ 251.00 |
| City, State, Zip Code: Oxford, MS 38655 | / / | $ |
| Purpose of Disbursement (Optional): Ad | Aggregate Year-to-date | $ 251.00 |

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# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Lafayette County Circuit Clerk | | |
| Mailing Address: 1 Courthouse Square | 9 /14 / 10 | $ 350.00 |
| City, State, Zip Code: Oxford, MS 38655 | __/__/__ | $ |
| Purpose of Disbursement (Optional): Voter List | Aggregate Year-to-date | $ 350.00 |

| B. 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 | $ |

| 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 | $ |