ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
# REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 07 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect David Shoemake Chancery Judge Part 1

Address PO Box [illegible] Collins MS 39428

Telephone 601-765-8244 Fax 601-765-8282

Treasurer Billy Dale Shoemake Email Shoe 6057@bellsouth.net

☐ 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

X 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 | $ 22900 +$ 2110.00 | $ 25010.00 | $ 42485.00 |
| Total amount of disbursements | $ 27962.72 +$ | $ 27962.72 | $ 40232.11 |
| Total amount of cash on hand | | $ 2252.89 | |

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

Billy D. Shoemake
Signature of Director or Treasurer

1-7-11
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 601-576-2819.*
*2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

SOS 01-10

Name of Candidate or Committee to Elect David Shoemake Page 1 of 8

Reporting period 10-1-10 through ~~10-23-10~~ 12-31-10

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)

| | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DON Williams | 10/01/10 | $ 500.00 |
| Mailing Address: | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): DON Williams Timber | __/__/__ | $ |
| Occupation (Required): Timber Appraiser | 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: Charlene May & Phillip May | 10/03/10 | $ 500.00 |
| Mailing Address: PO Bx 182 | __/__/__ | $ |
| City, State, Zip Code: Silver Creek MS 39663 | __/__/__ | $ |
| 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: B P Graves | 10/05/10 | $ 2500.00 |
| Mailing Address: 156 E Williamsburg Rd | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Farming | 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: Lynn Mayfield and Randa Mayfield | 10/06/10 | $ 500.00 |
| Mailing Address: P.O. Bx 2305 | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Retired | __/__/__ | $ |
| Occupation (Required): | Aggregate year-to-date | $ |

Name of Candidate or Committee Elect David Shoemake

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Reporting period 10-01-10 through ~~10-28-10~~ 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: John R & Sandra Lott | 10/08/10 | $ 250.00 |
| Mailing Address: Lot 8 Seminary, Williamsburg Road | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Retired Company | __/__/__ | $ |
| Occupation (Required): | 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: Covington County Bank | 10/15/10 | $ 500.00 |
| Mailing Address: PO Drawer 1599 | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): | __/__/__ | $ |
| Occupation (Required): Bank | 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: Daniel Wade | 10/15/10 | $ 500.00 |
| Mailing Address: 311 Colonial Drive NE | __/__/__ | $ |
| City, State, Zip Code: Magee MS 39111 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Attorney | 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: W. B. Todd | 10/19/10 | $ 500.00 |
| Mailing Address: P.O. Box 653 | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Retired | __/__/__ | $ |
| Occupation (Required): | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect Danzo Shoemake



Reporting period 10-01-10 through 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Danzo Shoemake | 10/01/10 | $ 1300.00 |
| Mailing Address: PO Box 1678 | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Atty | 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 | __/__/__ | $ |
| 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 | $ |



SS04-05

Name of Candidate or Committee to Elect David Shoemake

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Reporting period ~~10-25-10~~ 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☒ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DAVID Shoemake | 10 / 25 / 10 | $ 2500.00 |
| Mailing Address: PO Bx 1178 | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required): Self | / / | $ |
| Occupation (Required): Attorney | 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: Kenneth Crawford | 11 / 01 / 10 | $ 500.00 |
| Mailing Address: P O Bx 194 | / / | $ |
| City, State, Zip Code: Mt Olive MS 39119 | / / | $ |
| Name of Employer (Required): Retired | / / | $ |
| 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: Billy D Shoemake Jr | 11 / 03 / 10 | $ 500.00 |
| Mailing Address: PO Bx 785 (Farm acct) | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required): Self | / / | $ |
| Occupation (Required): Farming | 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: Billy D. Shoemake Jr | 11 / 03 / 10 | $ 500.00 |
| Mailing Address: PO Bx 785 | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required): Self | / / | $ |
| Occupation (Required): Farming | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Don William Timber | 11/03/10 | $ 500.00 |
| Mailing Address: 303 S. Fir Avenue | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Don Williams Timber Inc. | 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: Patty Everett | 11/03/10 | $ 250.00 |
| Mailing Address: 710 NW Elm Ave | __/__/__ | $ |
| City, State, Zip Code: Magee | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Napa Auto Parts | 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: Barbara K. Harris | 11/03/10 | $ 500.00 |
| Mailing Address: PO Box 1328 | __/__/__ | $ |
| City, State, Zip Code: Collins MS 39428 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Economist | 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: David M Sessums | 11/03/10 | $ 250.00 |
| Mailing Address: 1110 Jackson St. | __/__/__ | $ |
| City, State, Zip Code: Vicksburg MS 39183 | __/__/__ | $ |
| Name of Employer (Required): Self | __/__/__ | $ |
| Occupation (Required): Atty | Aggregate year-to-date | $ |

Name of Candidate or Committee to

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Reporting period 10-04-10 through ~~11-3-10~~ 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Varner Parker & Sessums | 11/3/10 | $ 250.00 |
| Mailing Address: 1110 Jackson St | / / | $ |
| City, State, Zip Code: Vicksburg MS 39181 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | 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: T.H.E. Construction & Recreation LLC | 11/04/10 | $ 1000.00 |
| Mailing Address: P.O Bx 1127 | / / | $ |
| City, State, Zip Code: Taylorsville MS 39168 | / / | $ |
| 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: Collette Wade | 11/05/10 | $ 250.00 |
| Mailing Address | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required): self | / / | $ |
| Occupation (Required): Wade Transport | 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: June Wade | 11/05/10 | $ 250.00 |
| Mailing Address | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~11-30-10~~ 12-31-10

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Roman Wade | 11/05 | $ 250.00 |
| Mailing Address | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required): Wade Transport | 11/01 | $ |
| Occupation (Required): Trucking | 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: Rochelle Wade | 11/05/10 | $ 250.00 |
| Mailing Address | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| 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: Joe Berry | 11/04/10 | $ 500.00 |
| Mailing Address: 29 5th St | / / | $ |
| City, State, Zip Code: Gulfport MS 39507 | / / | $ |
| Name of Employer (Required): Self | / / | $ |
| Occupation (Required): Atty | 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: Sullivan Motors Inc | 11/08/10 | $ 2000.00 |
| Mailing Address | / / | $ |
| City, State, Zip Code: Collins MS 39428 | / / | $ |
| Name of Employer (Required) | / / | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| RW Farms Inc | 11/09/10 | $ 300.00 |
| PO Bx 900 | __/__/__ | $ |
| Collins MS 39428 | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate year-to-date | $ |

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Alfred Pace | 11/08/10 | $ 300.00 |
| PO Bx 277 | __/__/__ | $ |
| Magee MS 39111 | __/__/__ | $ |
| | __/__/__ | $ |
| | Aggregate year-to-date | $ |

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| JLMB | 11/15/10 | $ 1000.00 |
| PO Bx 1208 | __/__/__ | $ |
| Mt Olive MS 39119 | __/__/__ | $ |
| | __/__/__ | $ |
| Asphalt Company | Aggregate year-to-date | $ |

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name / Mailing Address / City, State, Zip Code / Name of Employer (Required) / Occupation (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Mitchell Family Farms LLC | 11/17/10 | $ 1000.00 |
| 650 Leaf River Church Road | __/__/__ | $ |
| Collins MS 39428 | __/__/__ | $ |
| | __/__/__ | $ |
| Farming | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~12-31-10~~ 12-31-10

# ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| MS Physicians PAC | 11/10/10 | $ 2500.00 |
| Mailing Address: 404 West Parkway Place | ___/___/___ | $ |
| City, State, Zip Code: Ridgeland MS 39157 | ___/___/___ | $ |
| Name of Employer (Required) | ___/___/___ | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)

| Full name | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Carl Nicholson | 12-06-10 | $ 500.00 |
| Mailing Address: PO Drawer 15099 | ___/___/___ | $ |
| City, State, Zip Code: Hattiesburg MS 39404 | ___/___/___ | $ |
| Name of Employer (Required): Self | ___/___/___ | $ |
| Occupation (Required): CPA | Aggregate year-to-date | $ |

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)

| Full name | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| 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)

| Full name | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Mailing Address | ___/___/___ | $ |
| City, State, Zip Code | ___/___/___ | $ |
| Name of Employer (Required) | ___/___/___ | $ |
| Occupation (Required) | Aggregate year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~10-23-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Magee Courier<br>Magee MS 39111<br>Advertisement | 10/01/10 | $ 189.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| News Commercial<br>Collins MS 39428<br>Advertisement | 10/01/10 | $ 120.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Prentiss Headlight<br>Prentiss MS<br>Advertisement | 10/01/10 | $ 150.15 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Lawrence County Press<br>Monticello MS<br>Advertisement | 10/01/10 | $ 177.50 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Smith County Reformer<br>Raleigh MS<br>Advertisement | 10/01/10 | $ 136.50 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| The News Commercial<br>Collins MS 39428<br>Advertisement | 10/01/10 | $ 140.00 |
| | 10/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period _____ through _____

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Winning Edge Communication | 10/06/10 | $ 582.53 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| Campaign Push Cards | | |
| B. Full name / Mailing Address | Aggregate Year-to-date | $ |
| Robert Lee Williams | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 10/06/10 | $ 50.00 |
| Collins MS 39428 | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| Work on Signs | | |
| C. Full name / Mailing Address | Aggregate Year-to-date | $ |
| Maple Cannon | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 10/08/10 | $ 239.00 |
| Mayer MS 39111 | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| Advertisement | | |
| D. Full name / Mailing Address | Aggregate Year-to-date | $ |
| The News Commercial | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 10/08/10 | $ 120.00 |
| Collins | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | | |
| E. Full name / Mailing Address | Aggregate Year-to-date | $ |
| Prentiss Headlight | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 10/08/10 | $ 150.15 |
| Prentiss MS | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | | |
| F. Full name / Mailing Address | Aggregate Year-to-date | $ |
| South County Reformer | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | 10/08/10 | $ 136.50 |
| Raleigh MS | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | | |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

Page 3 of ~~5~~

Reporting period 10-01-10 through ~~10-31-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name<br>Lawrence County Press<br>Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code<br>Monticello MS | 10/08/10 | $ 177.50 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| B. Full name<br>Warning Edge Communications<br>Mailing Address | Aggregate Year-to-date | $ |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | 10/08/10 | $ 667.32 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| C. Full name<br>Mid South<br>Mailing Address | Aggregate Year-to-date | $ |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Collins MS | 10/08/10 | $ 226.26 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| D. Full name<br>S & G Signs<br>Mailing Address | Aggregate Year-to-date | $ |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | 10/12/10 | $ 1680.00 |
| Purpose of Disbursement (Optional)<br>Political Yard Signs | __/__/__ | $ |
| E. Full name<br>Robert Wallace<br>Mailing Address | Aggregate Year-to-date | $ |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Collins MS 39428 | 10/12/10 | $ 180.00 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| F. Full name<br>Jackie Sizer<br>Mailing Address | Aggregate Year-to-date | $ |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each disbursement this period |
| | 10/15/10 | $ 211.88 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect Davis Shoemake

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Reporting period 10.01.10 through ~~10-23-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Magee Courier / Magee MS 39111 | 10/15/10 | $ 238.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| The News Commercial | 10/15/10 | $ ~~239.00~~ 120.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Smith County Reformer | 10/15/10 | $ 136.50 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Simpson County Impact | 10/15/10 | $ 8500 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Prentiss Headlight | 10/15/10 | $ 145.95 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Lawrence County Press | 10/15/10 | $ 177.50 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Jan. 7. 2011 3:43PM SHOEMAKE & BLACKLEDGE, PLLC No.1960 P. 15

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~10-23-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name<br>Magee News. Com | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address<br>City, State, Zip Code<br>Magee MS 39111 | 10/19/10 | $ 200.00 |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| B. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| C. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| D. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| E. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| F. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-04-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: Simpson Co. Impact | | |
| Mailing Address | 10/22/10 | $ 8500 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| B. Full name: Lawrence Co. Press | | |
| Mailing Address | 10/22/10 | $ 572.50 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| C. Full name: Magee Courier | | |
| Mailing Address | 10/22/10 | $ 536.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| D. Full name: Prentiss Headlight | | |
| Mailing Address | 10/22/10 | $ 480.50 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| E. Full name: Smith Co. Reformer | | |
| Mailing Address | 10/22/10 | $ 598.50 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| F. Full name: Taylorsville Post | | |
| Mailing Address | 10/22/10 | $ 239.50 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~11-13-10~~ 12-3-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: News Commercial | | |
| Mailing Address | 10/25/10 | $ 240.00 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| B. Full name: Winning Edge Communications | | |
| Mailing Address | 10/25/10 | $ 410.03 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| C. Full name: Simpson County Yucca | | |
| Mailing Address | 10/29/10 | $ 35.00 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| D. Full name: Kinkos | | |
| Mailing Address | 10/31/10 | $ 545.11 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | 11/__/__ | $ |
| | Aggregate Year-to-date | $ |
| E. Full name: ~~[illegible]~~ Cafe Galleria | | |
| Mailing Address | 11/02/10 | $ 170.00 |
| City, State, Zip Code | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| F. Full name | | |
| Mailing Address | 11/02/10 | $ 200.00 |
| City, State, Zip Code: Cafeteria | | |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect Davis Shoemake Page 8 of

Reporting period ~~10-24-10~~ 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: Mann Enterprises | | |
| Mailing Address | 11/05/10 | $ 257.87 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| B. Full name: Lamar Companies | | |
| Mailing Address | 11/05/10 | $ 737.52 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| C. Full name: News Commercial | | |
| Mailing Address | 11/05/10 | $ 90.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| D. Full name: Magee Courier | | |
| Mailing Address | 11/05/10 | $ 162.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| E. Full name: Prentiss Headlight | | |
| Mailing Address | 11/05/10 | $ 128.70 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| F. Full name: Smith County Reformer | | |
| Mailing Address | 11/05/10 | $ 117.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Taylorsville Post | 11/05/10 | $ 117.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Simpson County Tribune | 11/05/10 | $ ~~200.00~~ 85.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Walmart | 11/05/10 | $ 26.03 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Kinkos | 11/05/10 | $ 638.14 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Lonnie Edge Communications | 11/09/10 | $ 776.92 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

| F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| US Post Office | 11/10/10 | $ 2.75 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect Dawn Shoemake

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Reporting period 10-01-10 through ~~11-13-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: Magee Courier | | |
| Mailing Address | 11/12/10 | $ 347.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| B. Full name: News Communications | | |
| Mailing Address | 11/12/10 | $ 102.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| C. Full name: Lawrence Co. Press | | |
| Mailing Address | 11/12/10 | $ 336.25 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| D. Full name: Smith Co. Reformer | | |
| Mailing Address | 11/12/10 | $ 299.25 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| E. Full name: B-95 Radio | | |
| Mailing Address | 11/12/10 | $ 600.00 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |
| F. Full name: Winning Edge Communications | | |
| Mailing Address | 11/12/10 | $ 488.32 |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ |

Name of Candidate or Committee to Elect David Shoemake Page 10/11 of

Reporting period ~~10-24-10~~ 10-01-10 through ~~11-27-10~~ 12-31-10

# ITEMIZED DISBURSEMENTS

| A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Lonnie Edge Communications | 11/12/10 | $ 3265.69 |
| Mail out Piece | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Magee Courier | 11/16/10 | $ 347.00 |
| Magee MS 39111 | __/__/__ | $ |
| Advertisement | Aggregate Year-to-date | $ |
| C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Regina McQueen | 11/16/10 | $ 847.17 |
| | __/__/__ | $ |
| Reimburse for Signs | Aggregate Year-to-date | $ |
| D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| News Commercial | 11/16/10 | $ 120.00 |
| Collins MS 39428 | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Smith Co Reform | 11/16/10 | $ 299.25 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Lawrence Co Press | 11/17/10 | $ 236.25 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee David Shoemake

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Reporting period 10-01-10 through 12-31-10

# ITEMIZED DISBURSEMENTS

| Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional) | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Fearless Headlight | 11/16/10 | $ 228.10 |
| | __/__/__ | $ |
| Ad | Aggregate Year-to-date | $ |
| B. Taylorsville Post | 11/16/10 | $ 78.00 |
| | __/__/__ | $ |
| AD | Aggregate Year-to-date | $ |
| C. Lamar Advertising | 11/17/10 | $ 250.00 |
| | __/__/__ | $ |
| Billboard | Aggregate Year-to-date | $ |
| D. Bob's Athletic | 11/17/10 | $ 54.30 |
| Magee MS | __/__/__ | $ |
| T-Shirts | Aggregate Year-to-date | $ |
| E. Bob's Athletic | 11/17/10 | $ 82.02 |
| Magee MS | __/__/__ | $ |
| T-Shirts | Aggregate Year-to-date | $ |
| F. Game Stats Here | 11/17/10 | $ 64.20 |
| Columbus MS | __/__/__ | $ |
| TShirts | Aggregate Year-to-date | $ |

Name of Candidate or Committee DAVID Shoemake

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Reporting period 10-1-10 through 12-31-10

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name: Office Depot<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): ~~Steve Wade~~ | Date (Mo., Day, Year): 11/18/10<br>/ / | Amount of each disbursement this period: $ 36.35<br>$ |
| | Aggregate Year-to-date | $ |
| B. Full name: Steve Wade<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Cash for gas | Date (Mo., Day, Year): 11/18/10<br>/ / | Amount of each disbursement this period: $ 160.00<br>$ |
| | Aggregate Year-to-date | $ |
| C. Full name: Game Stop Here<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional) | Date (Mo., Day, Year): 11/19/10<br>/ / | Amount of each disbursement this period: $ 53.50<br>$ |
| | Aggregate Year-to-date | $ |
| D. Full name: Sam's<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Supplies | Date (Mo., Day, Year): 11/24/10<br>/ / | Amount of each disbursement this period: $ 136.32<br>$ |
| | Aggregate Year-to-date | $ |
| E. Full name: Walmart<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Supplies | Date (Mo., Day, Year): 11/24/10<br>/ / | Amount of each disbursement this period: $ 10.70<br>$ |
| | Aggregate Year-to-date | $ |
| F. Full name: Magee Courier<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | Date (Mo., Day, Year): 11/22/10<br>/ / | Amount of each disbursement this period: $ 50.00<br>$ |
| | Aggregate Year-to-date | $ |

Name of Candidate or Committee David Shoemake

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Reporting period 10-01-10 through 12-31-10

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name: Signs First<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Advertisement | Date (Mo., Day, Year): 11/22/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 683.18<br>$<br>$ |
| B. Full name: The Merchantile<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Supplies | Date (Mo., Day, Year): 11/23/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 171.10<br>$<br>$ |
| C. Full name: Mark Shoemake<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Reimburse for T-Shirts | Date (Mo., Day, Year): 11/26/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 120.38<br>$<br>$ |
| D. Full name: News Commercial<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | Date (Mo., Day, Year): 11/29/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 120.00<br>$<br>$ |
| E. Full name: Magee Courier<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional) | Date (Mo., Day, Year): 11/29/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 347.00<br>$<br>$ |
| F. Full name: South Co Reformer<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional) | Date (Mo., Day, Year): 11/29/10<br>__/__/__<br>Aggregate Year-to-date | Amount of each disbursement this period: $ 299.25<br>$<br>$ |

Name of Candidate or Committee David Shoemake

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Reporting period 10-01-10 through 12-31-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name: Taylorsville Post<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | 11/29/10 | $ 214.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| B. Full name: Prentiss Headlight<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | 11/29/10 | $ 224.10 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| C. Full name: Jeffersonville County Press<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | 11/29/10 | $ 236.25 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| D. Full name: Magee News.com<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Ad | 11/30/10 | $ 50.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| E. Full name: American Express<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): Advertisement Materials | 12/03/10 | $ 2828.94 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |
| F. Full name: Game Starts Here<br>Mailing Address<br>City, State, Zip Code<br>Purpose of Disbursement (Optional): T-Shirts | 12/08/10 | $ 64.00 |
| | __/__/__ | $ |
| | Aggregate Year-to-date | $ |

SS04-06

Name of Candidate or Committee David Shoemake

Reporting period 10-01-10 through 12-31-10



# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name<br>The Game Stop Here | | |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code<br>Colleyville | __/__/__ | $ 419.44 |
| Purpose of Disbursement (Optional)<br>T Shirts | __/__/__ | $ |
| B. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| C. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| D. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| E. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| F. Full name | Aggregate Year-to-date | $ |
| Mailing Address | Date (Mo., Day, Year) | Amount of each disbursement this period |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | __/__/__ | $ |
| | Aggregate Year-to-date | $ |