2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
NOV 16 2010
Campaign Finance
Secretary of State
DATE STAMP

Political Committee

REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Judicial Election

Name of Committee: Committee to Elect David Shoemake Chancery Judge Post One

Address: PO Box 2041 Collins MS 39428

Telephone: 601-765-8284 Fax: 601-765-8282

Treasurer: Billy Dale Shoemake Email: Shoe6651@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

X November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010) ..... Mandatory

____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) ..... Runoff Candidates

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Mandatory — 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	$ 10850.00 + $ 5250.00	$ 16,100.00	$ 35,375.00
Total amount of disbursements	$ 12,284.58 + $	$ 12824.58	$ 31,397.31
Total amount of cash on hand		$ 3977.69	

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

Billy Dale Shoemake
Signature of Director or Treasurer

11-16-10
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 601-576-2819.
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

Reporting period 10-25-10 through 11-13-10

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 1678	__/__/__	$
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 rent)	__/__/__	$
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

Page 2 of

Reporting period 10-24-10 through 11-13-10

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 William 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 Bx 1328	__/__/__	$
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: 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

Page 3 of

Reporting period 10-24-10 through 11-13-10

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 Page 4 of

Reporting period 10-24-10 through 11-13-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barron 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 Gerwin	11/06/10	$ 500.00
Mailing Address: 29 56th 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 Page 5 of

Reporting period 10-24-10 through 11-13-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan

☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
RW Farms Inc	11/09/10	$ 300.00
Mailing Address: PO Box 900	__/__/__	$
City, State, Zip Code: Collins MS 39428	__/__/__	$
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
Alfred Pace	11/08/10	$ 300.00
Mailing Address: PO Box 277	__/__/__	$
City, State, Zip Code: Magee MS 39111	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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

Page 1 of 4

Reporting period 10-24-10 through 11-13-10

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Simpson Co. Impact Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 85.00
	__/__/__	$
	Aggregate Year-to-date	$
B. Full name: Lawrence Co. Press Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 572.50
	__/__/__	$
	Aggregate Year-to-date	$
C. Full name: Magee Courier Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 536.00
	__/__/__	$
	Aggregate Year-to-date	$
D. Full name: Prentiss Headlight Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 480.50
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name: Smith Co. Reformer Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 598.50
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name: Taylorsville Post Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	10/22/10	$ 239.50
	__/__/__	$
	Aggregate Year-to-date	$

Name of Candidate or Committee to Elect David Shoemake

Page 2 of

Reporting period 10-27-10 through 11-13-10

ITEMIZED DISBURSEMENTS

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

Name of Candidate or Committee to Elect David Shoemake Page 5 of

Reporting period 10-24-10 through 11-13-10

ITEMIZED DISBURSEMENTS

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

Name of Candidate or Committee to Elect David Shoemake

Page 4 of

Reporting period 10-24-10 through 11-13-10

ITEMIZED DISBURSEMENTS

A. Full name: Taylorsville Post Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/05/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 117.00 $
B. Full name: Simpson County Tribune Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/05/10 Aggregate Year-to-date	Amount of each disbursement this period: $ ~~200.00~~ 85.00 $
C. Full name: Walmart Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/05/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 26.03 $
D. Full name: Kinkos Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/05/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 638.14 $
E. Full name: Winning Edge Communications Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/09/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 776.92 $
F. Full name: US Post Office Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 11/10/10 Aggregate Year-to-date	Amount of each disbursement this period: $ 2.75 $

Page 5 of

Name of Candidate or Committee to Elect David Shoemake

Reporting period 10-24-10 through 11-13-10

ITEMIZED DISBURSEMENTS

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

SS04-06

Name of Candidate or Committee to Elect DAVID Shoemake

Page 6 of

Reporting period 10-24-10 through 11-13-10

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
Winnsedge Communications	11/12/10	$ 3265.65
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**
	__/__/__	$
	__/__/__	$
	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**
	__/__/__	$
	__/__/__	$
	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**
	__/__/__	$
	__/__/__	$
	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**
	__/__/__	$
	__/__/__	$
	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**
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$