ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee

REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Judicial Election

RECEIVED
OCT 22 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee To Elect David Shoemake Chancery Judge Post-Oak

Address PO Box 2041 Collins MS 39428

Telephone (601-765-8284 Fax 601-765-8282

Treasurer Billy Dale Shoemake Email shoe6451@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

X 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	$1050.00	+$ 450.00	$ 1500.00	$ 19,275.00
Total amount of disbursements	$6438.24	+$ —	$ 6438.24	$ 18,572.73
Total amount of cash on hand			$ 702.27	

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

10-26-10
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

Oct.22. 2010 4:15PM SHOEMAKE & BLACKLEDGE, PLLC No.1783 P. 2

Name of Candidate or Committee to Elect David Shoemake

Reporting period 10-1-10 through 10-23-10

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 Box 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 Randy Mayfield	10/06/10	$ 500.00
Mailing Address: P.O. Box 2305	/ /	$
City, State, Zip Code: Collins MS 39428	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required)	Aggregate year-to-date	$

SS04-05

Name of Candidate or Committee Elect David Shoemake

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Reporting period 10-9-10 through 10-23-10

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: 1618 Seminary Williamsburg Road	/ /	$
City, State, Zip Code: Collins MS 39428	/ /	$
Name of Employer (Required): Chevron 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 Ware	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: PO Box 653	/ /	$
City, State, Zip Code: Collins MS 39428	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required):	Aggregate year-to-date	$

SS04-03

Name of Candidate or Committee to Elect Danzo Shoemake

Reporting period _____ through _____

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	$ 130000
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

Reporting period 10-01-10 through 10-23-10

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. Magee Courier Magee MS 39111 Advertisement	10/01/10	$ 189.00
	Aggregate Year-to-date	$
B. News Commercial Collins MS 39428 Advertisement	10/01/10	$ 120.00
	Aggregate Year-to-date	$
C. Prentiss Headlight Prentiss MS Advertisement	10/01/10	$ 150.15
	Aggregate Year-to-date	$
D. Lawrence County Press Monticello MS Advertisement	10/01/10	$ 177.50
	Aggregate Year-to-date	$
E. Smith County Reformer Raleigh MS Advertisement	10/01/10	$ 136.50
	Aggregate Year-to-date	$
F. The News Commercial Collins MS 39428 Advertisement	10/01/10	$ 140.00
	Aggregate Year-to-date	$

SS04-06

Name of Candidate or Committee to Elect David Shoemake

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Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

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

SS04-06

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through 10-23-10

ITEMIZED DISBURSEMENTS

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

SS04-06

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10.01.10 through 10.23.10

ITEMIZED DISBURSEMENTS

A. Full name: Magee Courier Mailing Address City, State, Zip Code: Magee MS 39111 Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ ~~238.00~~ $
	Aggregate Year-to-date	$
B. Full name: The News Commercial Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ ~~239.00~~ 120.00 $
	Aggregate Year-to-date	$
C. Full name: South County Reformer Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ 136.50 $
	Aggregate Year-to-date	$
D. Full name: Simpson County Impact Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ 8500 $
	Aggregate Year-to-date	$
E. Full name: Prentiss Headlight Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ 145.55 $
	Aggregate Year-to-date	$
F. Full name: Lawrence County Press Mailing Address City, State, Zip Code Purpose of Disbursement (Optional)	Date (Mo., Day, Year): 10/15/10 / /	Amount of each disbursement this period: $ 177.50 $
	Aggregate Year-to-date	$

SS04-06

Oct.22. 2010 4:19PM SHOEMAKE & BLACKLEDGE, PLLC No.1733 P. 9

Name of Candidate or Committee to Elect David Shoemake

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Reporting period 10-01-10 through 10-23-10

ITEMIZED DISBURSEMENTS

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

SS04-06