2010 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: Committee to Re-Elect Ed Roberts

Address: 2301 W. Jackson Ave., Oxford, MS 38655

Telephone: 662-234-0622 Fax: 662-234-0722

Treasurer: R.L. Holley Email: DUBLED@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

____ 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	$ 4,300.00 +$ 1,140.00	$ 5,440.00	$ $25,645.00
Total amount of disbursements	$ 2,800.27 +$ 63.07	$ 2,863.34	$ $17,987.73
Total amount of cash on hand		$ $7,707.27	

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

Signature of Director or Treasurer: [signature] Date: 10/22/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee COMMITTEE to RE-ELECT ED ROBERTS

Reporting period 10/1/2010 through 11/23/2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHNNY MORGAN	10/5/10	$ 500.00
Mailing Address P.O. Box 304	__/__/__	$
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
Occupation (Required) REAL ESTATE & INSURANCE	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RICHARD MOONEYHAM	10/5/10	$ 1,000.00
Mailing Address P.O. Box 63	__/__/__	$
City, State, Zip Code ABBEVILLE, MS 38951	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ROGER FLYNT	10/16/10	$ 500.00
Mailing Address 1006 HAYES	__/__/__	$
City, State, Zip Code OXFORD, MS 38655	__/__/__	$
Name of Employer (Required) RETIRED	__/__/__	$
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 KENNETH HILL	10/16/10	$ 1,000.00
Mailing Address 2831 Hwy 15 N	__/__/__	$
City, State, Zip Code FALKNER, MS 38629	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Ed Robertson

Reporting period 10/1/2010 through 10/23/2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CHARLES HODUM	10/10/10	$300.00
Mailing Address: 249 S. CENTER ST.	/ /	$
City, State, Zip Code: Collierville, TN 38017	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTY	Aggregate year-to-date	$300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAYNE CHILDERS	10/12/10	$250.00
Mailing Address: 103 MARY ELLEN	/ /	$
City, State, Zip Code: Ripley, MS 38663	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William McElwee	10/22/10	$500.00
Mailing Address: 1206 BEAULAND	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): PHARMACIST	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: GEORGE WALMANS	10/22/10	$250.00
Mailing Address: 208 Colonial	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTY	Aggregate year-to-date	$250.00

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Name of Candidate or Committee Committee to Re-Elect Ed Roberts

Reporting period 10/1/2010 through 10/23/2010

ITEMIZED DISBURSEMENTS

A. Full name: Quest Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 225 W. Main Street	10/15/10	$ 1,077.57
City, State, Zip Code: West Point, MS	__/__/__	$
Purpose of Disbursement (Optional): Yard Signs	Aggregate Year-to-date	$ 1,077.57
B. Full name: Callahan's Quick Print	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: E. University Ave.	10/5/10	$ 805.00
City, State, Zip Code: Oxford, MS 38655	10/12/10	$ 917.70
Purpose of Disbursement (Optional): Signs	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	$