2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 05 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee COMMITTEE TO RE-ELECT RO ROBERTS

Address 2301 W. JACKSON AVE.

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

Treasurer R.L. Holley Email DUBCEO@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

_X_ 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	$4300.00	+$6,585.00	$10,885.00	$20,905.00
Total amount of disbursements	$13,523.16	+$960.60	$14,483.76	$15,124.39
Total amount of cash on hand			$5,780.61	

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

Date 10/5/10

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 7/1/10 through 9/30/10

F : 1 of 3

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: RALPH WHITE	7/17/10	$ 250.00
Mailing Address: 105 GLEN EAGLE RD	/ /	$
City, State, Zip Code: OXFORD, MS 38655	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ANY	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: FALLON D. MARION	7/17/10	$ 300.00
Mailing Address: 814 FILMORE	/ /	$
City, State, Zip Code: OXFORD MS 38655	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DONALD WALKER	7/17/10	$ 250.00
Mailing Address: 136 CR 313	/ /	$
City, State, Zip Code: OXFORD, MS 38655	/ /	$
Name of Employer (Required): RETIRED	/ /	$
Occupation (Required): FARMER	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: ROBERT T. ROSSON	7/17/10	$ 250.00
Mailing Address: 145 CR 313	/ /	$
City, State, Zip Code: OXFORD, MS 38655	/ /	$
Name of Employer (Required): WALKER FUNERAL HOME	/ /	$
Occupation (Required): FUNERAL DIRECTOR	Aggregate year-to-date	$ 250.00

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

Reporting period 7/1/10 through 9/30/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FARESE, FARESE & FARESE, P.A.	7/17/10	$ 1,000.00
Mailing Address: P.O. Box 98	__/__/__	$
City, State, Zip Code: ASHLAND, MS 38603	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): LAWYERS	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BOBBY MARTIN	7/19/10	$ 500.00
Mailing Address: 896 S. MAIN	__/__/__	$
City, State, Zip Code: RIPLEY, MS 38663	__/__/__	$
Name of Employer (Required): THE PEOPLES BANK	__/__/__	$
Occupation (Required): BANKER	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: HERITAGE DEVELOPMENT, LLC	7/19/10	$ 500.00
Mailing Address: P.O. BOX 1041	__/__/__	$
City, State, Zip Code: OXFORD, MS 38655	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): CONSTRUCTION CO.	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: CHARLES WALKER	8/30/10	$ 250.00
Mailing Address: 1102 VAN BUREN	__/__/__	$
City, State, Zip Code: OXFORD, MS 38655	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 250.00

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

Reporting period 7/1/10 through 9/30/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MOORE & MOORE, PA	9/8/10	$ 250.00
Mailing Address: 110 WEST TAYLOR	/ /	$
City, State, Zip Code: CALHOUN CITY, MS 38916	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): ATTORNEYS	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: RODNEY WHALEY	9/24/10	$ 250.00
Mailing Address: 1974 HWY. 349 S	/ /	$
City, State, Zip Code: Potts Camp, MS 38659	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): Attorney	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: DIANE TAYLOR	9/24/10	$ 250.00
Mailing Address: P.O. Box 14	/ /	$
City, State, Zip Code: Ashland, MS 38603	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): Atty	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: FRED WHALEY	9/24/10	$ 250.00
Mailing Address: 407 TOPPAH RIVER RD	/ /	$
City, State, Zip Code: Potts Camp, MS 38659	/ /	$
Name of Employer (Required): SELF	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

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

Reporting period 7/1/2010 through 9/30/2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
KENNY DICKENSON	9/28/10	$ 1,200.00
Mailing Address: P.O. BOX 5100		
City, State, Zip Code: HOLLY SPRINGS, MS 38635	/ /	$
Purpose of Disbursement (Optional): MARSHALL COUNTY FAIR FEE	Aggregate Year-to-date	$ 1,200.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SOUTHERN SENTINEL	9/27/10	$ 882.05
Mailing Address: 1701 CITY AVE. N		
City, State, Zip Code: RIPLEY, MS 38663	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 882.05

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WQLS - WTNA	9/27/10	$ 742.50
Mailing Address: 411 HWY 6W		
City, State, Zip Code: Oxford, MS 38655	/ /	$
Purpose of Disbursement (Optional): RADIO ADS	Aggregate Year-to-date	$ 742.50

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WKRA	9/28/10	$ 450.00
Mailing Address: 1400 C HWY 4E		
City, State, Zip Code: Holly Springs, MS 38635	/ /	$
Purpose of Disbursement (Optional): Radio Ads	Aggregate Year-to-date	$ 450.00

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WWMS - WSYE	9/29/10	$ 587.00
Mailing Address: 2214 S. GLOSTER		
City, State, Zip Code: TUPELO, MS 38801	/ /	$
Purpose of Disbursement (Optional): RADIO ADS	Aggregate Year-to-date	$ 587.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AMANDA URBANEK	7/27/10	$ 134.53
Mailing Address: 604 AUDUBON LANE		
City, State, Zip Code: OXFORD, MS 38655	7/19/10	$ 798.00
Purpose of Disbursement (Optional): REIMBURSEMENT FOR FUNDRAISER EXPENSES/POSTAGE	Aggregate Year-to-date	$ 1,227.30

Name of Candidate or Committee: Committee to Re-Elect Ken Brents

Reporting period: 7/1/2010 through 9/30/2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
QUEST GROUP	8/12/10	$ 1,477.22
Mailing Address: 225 W. MAIN STREET	9/14/10	$ 1,077.57
City, State, Zip Code: WEST POINT, MS		
Purpose of Disbursement (Optional): SIGNS	Aggregate Year-to-date	$
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
OXFORD EAGLE	8/30/10	$ 150.00
Mailing Address: P.O. BOX 866	9/10/10	$ 902.49
City, State, Zip Code: OXFORD, MS 38655		
Purpose of Disbursement (Optional): NEWS PAPER ADS	Aggregate Year-to-date	$ 1052.49
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CATHAHAN'S QUICK PRINT	8/30/10	$ 2,048.06
Mailing Address: 1735 E. UNIVERSITY AVENUE	9/10/10	$ 952.49
City, State, Zip Code: OXFORD, MS 38655		
Purpose of Disbursement (Optional): PRINTING	Aggregate Year-to-date	$ 3,450.38
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
THE SOUTH REPORTER	9/17/10	$ 1,010.20
Mailing Address: P.O. BOX 278		
City, State, Zip Code: HOLLY SPRINGS, MS 38635		$
Purpose of Disbursement (Optional): NEWSPAPER ADS	Aggregate Year-to-date	$ ~~1010.20~~ 1,195.80
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
CALHOUN COUNTY JOURNAL	9/17/10	$ 685.30
Mailing Address: P.O. BOX 278		
City, State, Zip Code: BOULE, MS 38915		$
Purpose of Disbursement (Optional): NEWSPAPER ADS	Aggregate Year-to-date	$ 685.30
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
NORTHEAST DAILY JOURNAL	9/17/10	$ 325.00
Mailing Address: 2000 LEXINGTON PL.		
City, State, Zip Code: Oxford, MS 38655		$
Purpose of Disbursement (Optional): NEWS PAPER ADS	Aggregate Year-to-date	$ 325.00

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

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wal Mart		
Mailing Address: 2530 W. Jackson Ave.	7/17/10	$ 218.53
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Purpose of Disbursement (Optional): Fund Raiser Expense (Food, Beverage, Etc.)	Aggregate Year-to-date	$ 218.53
B. Full name: Sky Mart (B's BBQ)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 825 College Hill Road	7/17/10	$ 470.61
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Purpose of Disbursement (Optional): Fund Raiser Expense (Food, Beverage, Etc.)	Aggregate Year-to-date	$ 470.61
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	$