2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUN 09 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to re-elect "Jim" Seth Pounds

Address 101 Foster Park Booneville, Ms 38829

Telephone 662-728-1418 Fax 662-728-2006

Treasurer Susan Pounds Email poundssusan@yahoo.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory

_X_ 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, 2009).....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	$650.00	$300.00	$950.00	$5800.00
Total amount of disbursements	$4,000.00	$-0-	$4,000.00	$4,181.35
Total amount of cash on hand			$1,858.65	

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

Susan Pounds
Signature of Director or Treasurer

6/9/10
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 districts, 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 601-576-3510.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

06/09/2010 WED 13:36 FAX 662 369 3684 MONROE CO. CIRCUIT CLERK 002/006

Name of Candidate or Committee Committee to re-elect "Jim" Seth Pounds

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name "Jim" Seth Pounds	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 101 Foster Park	5/21/10	$ 4,000.00
City, State, Zip Code Booneville MS 38829	__/__/__	$
Purpose of Disbursement (Optional) Repay loan to candidate - bal. due candidate $38,074.50	Aggregate Year-to-date	$ 4,000.00
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	$

6S04-08

06/09/2010 WED 13:37 FAX 662 369 3684 MONROE CO. CIRCUIT CLERK 003/006

Name of Candidate or Committee Committee to re-elect "Jim" Seth Pounds

Reporting period May 1 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Russell	5/25/10	$250.00
Mailing Address: 1834 Woodside Circle	__/__/__	$
City, State, Zip Code: Tupelo, Ms 38801	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Attorney	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: John Wheeler	5/24/10	$400.00
Mailing Address: P.O. Box 7120	__/__/__	$
City, State, Zip Code: Tupelo, Ms 38802	__/__/__	$
Name of Employer (Required): Self employed-Mitchell McNutt Law Firm	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$400.00

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

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