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Delbert Hosemann
SECRETARY OF STATE

2010 ELECTION CYCLE

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Campaign Finance
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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee COMMITTEE TO ELECT JIMMY L. MILLER

Address P. O. Box 209 Marks, MS 38646 (330 Pecan--Not for US Postal Delivery.)

Telephone 662-326-7654 or 662-326-4223 Fax 662-326-3299

Treasurer Larry O. Lewis Email Larrylewislaw@bellsouth.net

☐ Check here if above is different from previous report

** = Not applicable because Committee was not formed until 10/7/10 & no receipts until 10/4/10.

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 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010) ..... Mandatory

X October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010) ..... Runoff Candidates

___ 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) ..... 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	$ 800.00	+$ 1,775.00	$ 2,575.00	$ 2,575.00
Total amount of disbursements	$1,892.50	+$ -0-	$ 1,892.50	$ 1,892.50
Total amount of cash on hand			$ 682.50	

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

October 26. 2010
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

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Name of [redacted] Committee COMMITTE TO ELECT JIMMY L. MILLER

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: Harry Flowers	10 / 7 / 10	$ 300.00
Mailing Address: P. O. Box 159	__/__/__	$
City, State, Zip Code: Dublin, MS 38739	__/__/__	$
Name of Employer (Required): Self Employed	__/__/__	$
Occupation (Required): Farmer	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) P.C.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: David R. Hunt	10 / 15 / 10	$ 500.00
Mailing Address: 2713 Lucy's Lane	__/__/__	$
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Name of Employer (Required): Hunt Law Offices, P.C.	__/__/__	$
Occupation (Required): Attorney	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	$

Name of Committee The Committee to Elect Jimmy L. Miller

Reporting period October 2, 2010 through October 23, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: The Tunica Times	10 / 21 / 10	$ 330.00
Mailing Address: P. O. Box 308	__/__/__	$
City, State, Zip Code: Tunica, MS 38676	Aggregate Year-to-date	$ 330.00
Purpose of Disbursement (Optional): Political Ad		
B. Full name: The Greenwood Commonwealth	10 / 22 / 10	$ 1,562.50
Mailing Address: P. O. Box 8050	__/__/__	$
City, State, Zip Code: Greenwood, MS 38935-8050	Aggregate Year-to-date	$ 1,562.50
Purpose of Disbursement (Optional): Political Flyers		
C. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		
D. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		
E. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		
F. Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	Aggregate Year-to-date	$
Purpose of Disbursement (Optional)		