2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
MAY 04 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect Jimmy Maxwell

Address 1739 University Avenue PMB #314

Telephone 662-587-1965 Fax 662-815-5040

Treasurer Wes Davis Email wes@bigmtransport.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

____ 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	$21,600	+$ 7,270.00	$ 28,870.00	$ 28,870.00
Total amount of disbursements	$1,263.97	+$ 344.64	$ 1,608.61	$ 1,608.61
Total amount of cash on hand			$ 27,261.39	

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

Wes Davis
Signature of Director or Treasurer

5-4-10
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 601-576-2019.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period Jan 1, 2004 through April 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bill Buchanan	3/8/10	$ 500.**
Mailing Address: 2245 Edgemont Drive	__/__/__	$
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
Name of Employer (Required): IBM	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.**

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keith Heard	3/17/10	$ 1,000.**
Mailing Address: 21600 Zion Road	__/__/__	$
City, State, Zip Code: Brookeville, MD 20833	__/__/__	$
Name of Employer (Required): TCH Group	__/__/__	$
Occupation (Required): Partner	Aggregate year-to-date	$ 1,000.**

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobby Martin	3/8/10	$ 500.00
Mailing Address: P.O. Drawer 419	__/__/__	$
City, State, Zip Code: Ripley, MS 38663	__/__/__	$
Name of Employer (Required): Peoples Bank	__/__/__	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500.**

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gordon Flowers	3/11/10	$ 250.**
Mailing Address: 817 Greenbrier Drive	__/__/__	$
City, State, Zip Code: Columbus, MS 39705	__/__/__	$
Name of Employer (Required): Brunini Grantham Grower & Hewes	__/__/__	$
Occupation (Required): attorney	Aggregate year-to-date	$ 250.**

Name of Candidate or Committee Committee to Elect Jimmy Morrell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Citizens for Cochran	3/9/10	$ 1,000.00
Mailing Address: P.O. Box 7183	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Donna Roberts	3/15/10	$ 500.00
Mailing Address: 503 North Lamar	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Homemaker	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: Virginia Mabry	3/8/10	$ 250.00
Mailing Address: 4389 Meadville Road	__/__/__	$
City, State, Zip Code: Liberty, MS 39645	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Homemaker	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: Terry Fales	3/8/10	$ 250.00
Mailing Address: P.O. Box 162	__/__/__	$
City, State, Zip Code: Calhoun City, MS 38916	__/__/__	$
Name of Employer (Required): Shell Oil	__/__/__	$
Occupation (Required): retired	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Day Group, LLC	3/8/10	$ 500.00
Mailing Address: P.O. Box 648	/ /	$
City, State, Zip Code: McComb, MS 39649	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Renasant Bank Employees Voluntary Political Com.	3/12/10	$ 1,000.00
Mailing Address: P.O. Box 709	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
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: Virginia Wright Lovner	3/22/10	$ 300.00
Mailing Address: P.O. Box 1506	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): home maker	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Buck Buchanan	3/22/10	$ 500.00
Mailing Address: 120 Lone Wolf Dr.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): Gulf Atlantic Floor Systems	/ /	$
Occupation (Required): President	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: McCraney Montagnet & Quin, PLLC	3/23/10	$ 1,000.00
Mailing Address: 602 Steed Road Suite 200	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Thomas Gresham	3/23/10	$ 500.00
Mailing Address: 105 E Gresham St.	__/__/__	$
City, State, Zip Code: Indianola, MS 38751	__/__/__	$
Name of Employer (Required): Double Quick	__/__/__	$
Occupation (Required): CEO	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: Mayo Mallette PLLC	3/25/10	$ 350.00
Mailing Address: P.O. Box 1456	4/21/10	$ 200.00
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 550.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eugene Dauphin, Jr.	4/14/10	$ 250.00
Mailing Address: P.O. Box 1246	__/__/__	$
City, State, Zip Code: Natchez, MS 39121	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Larry Homan	3/25/10	$ 500.00
Mailing Address: P.O. Box 39	/ /	$
City, State, Zip Code: Fulton, MS 38843	/ /	$
Name of Employer (Required): Homan Industries	/ /	$
Occupation (Required): President	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: Johnny Crane	3/26/10	$ 500.00
Mailing Address: P.O. Box 428	/ /	$
City, State, Zip Code: Fulton, MS 38843	/ /	$
Name of Employer (Required): F.L. Crane and Sons, Inc.	/ /	$
Occupation (Required): CEO	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: Hickman, Goza & Spragins, PLLC	4/5/10	$ 500.00
Mailing Address: 115 Homestead Dr.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: Dr. Julian B. Hill, Jr.	4/15/10	$ 250.00
Mailing Address: 3162 N Hill Dr.	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required): North MS Hem/ONC	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

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.	4/15/10	$ 1,000.00
Mailing Address: P.O. Box 98	/ /	$
City, State, Zip Code: Ashland, MS 38603	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Clayton O'Donnell, PLLC	4/13/10	$ 250.00
Mailing Address: P.O. Box 755	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
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: Dr. Kelly Segars	4/9/10	$ 500.00
Mailing Address: 52 CR 150	/ /	$
City, State, Zip Code: Iuka, MS 38852	/ /	$
Name of Employer (Required): First American National Bank	/ /	$
Occupation (Required): President	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: Daniel Coker Horton & Bell	4/14/10	$ 500.00
Mailing Address: P.O. Box 1084	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie Baglan & Associates	4/14/10	$ 250.00
Mailing Address: P.O. Box 1289	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: James D. Minor	4/19/10	$ 250.00
Mailing Address: 2 Beacon Hill Rd.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): self-employed	/ /	$
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: Flynt Stone Properties	4/17/10	$ 500.00
Mailing Address: 1006 Hayes Ave.	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Karen J. Elam	4/20/10	$ 250.00
Mailing Address: 3805 Majestic Oaks Dr.	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): Elam Consulting	/ /	$
Occupation (Required): self-employed	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Briggs Smith	4/21/10	$ 250.00
Mailing Address: P.O. Drawer 1586	/ /	$
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required): Smith Phillips Mitchell Scott Nowak	/ /	$
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: Deaton & Deaton, P.A.	4/14/10	$ 500.00
Mailing Address: 84 Clark Blvd.	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: Glenn L. McCullough, Jr.	4/6/10	$ 500.00
Mailing Address: 2012 Nancy Dr.	/ /	$
City, State, Zip Code: Tupelo, MS 38804	/ /	$
Name of Employer (Required): GLM Associates, LLC	/ /	$
Occupation (Required): CEO	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: Guy W. Mitchell, III	3/19/10	$ 500.00
Mailing Address: P.O. Box 7120	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
Name of Employer (Required): Mitchell McNutt & Sams	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grant M Fox	4/13/10	$ 500.00
Mailing Address: P.O. Box 310	__/__/__	$
City, State, Zip Code: Brandon, MS 39043	__/__/__	$
Name of Employer (Required): Fox Law Group, P.A.	__/__/__	$
Occupation (Required): Attorney	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: L. F. Sams, Jr.	4/7/10	$ 250.00
Mailing Address: P.O. Box 466	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Name of Employer (Required): Mitchell McNutt & Sams	__/__/__	$
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: Douglas M. Wright, Jr.	4/19/10	$ 250.00
Mailing Address: 265 CR 263	__/__/__	$
City, State, Zip Code: Saltillo, MS 38866	__/__/__	$
Name of Employer (Required): Community Eldercare Services, LLC	__/__/__	$
Occupation (Required): Owner	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: John M. Green	4/24/10	$ 500.00
Mailing Address: 431 Turnberry Circle	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required): Cross Road Strategies	__/__/__	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Edward P Connell, Jr.	4/26/10	$ 250.00
Mailing Address: P.O. Box 1388	/ /	$
City, State, Zip Code: Clarksdale, MS 38614	/ /	$
Name of Employer (Required): Merkel and Cocke, P.A.	/ /	$
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: Merkel and Cocke, P.A.	4/26/10	$ 500.00
Mailing Address: P.O. Box 1388	/ /	$
City, State, Zip Code: Clarksdale, MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: BancorpSouth	4/2/10	$ 500.00
Mailing Address: P.O. Box 789	/ /	$
City, State, Zip Code: Tupelo, MS 38802	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: Eason Leake	4/27/10	$ 250.00
Mailing Address: 2469 Meadowbrook Rd.	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required): Ross and Yerger Insurance Service	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Committee to Elect Sonny Merrill

Reporting period 1-1-09 through 4-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Larry Todd	4/29/10	$ 500.00
Mailing Address: 2206 Country Club Road	__/__/__	$
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
Name of Employer (Required): Southern Motion	__/__/__	$
Occupation (Required): Owner	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: R H Dunlap	4/28/10	$ 1,000.00
Mailing Address: P.O. Box 720	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required): Dunlap & Kyle	__/__/__	$
Occupation (Required): CEO	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 K. Chhabra	4/26/10	$ 500.00
Mailing Address: 120 N Congress Street Suite #200	__/__/__	$
City, State, Zip Code: Jackson, MS 39201	__/__/__	$
Name of Employer (Required): Chhabra & Gibbs, P.A.	__/__/__	$
Occupation (Required): attorney	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: Darryl Gibbs	4/27/10	$ 500.00
Mailing Address: 128 Livingston Dr.	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Chhabra & Gibbs, P.A.	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4/30/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walls Law Firm, PLLC	4/27/10	$ 250.00
Mailing Address: 530 Desoto Ave.	__/__/__	$
City, State, Zip Code: Clarksdale, MS 38614	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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	__/__/__	$
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	$

Name of Candidate or Committee Committee to Elect Jimmy Maxwell

Reporting period 1-1-09 through 4-30-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WYNCOR		
Mailing Address: 2084 Old Taylor Rd Suite #106	3/9/10	$ 262.00
City, State, Zip Code: Oxford, MS 38655	4/1/10	$ 600.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 862.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Winning Edge		
Mailing Address: P.O. Box 269	3/12/10	$ 401.97
City, State, Zip Code: Alexandria, AL 36250	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 401.97
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	$