2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 26 2010
Campaign Finance
Secretary of State

Name of Committee Committee to Elect John Emfinger

Address PO Box 56, Brandon, MS 39043

Telephone 601-942-0122 Fax

Treasurer MaryAnn Hood Email hoodma@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	$5700.00 $2255.00	$7955.00	$41,839.00
Total amount of disbursements	$13,856.46 $75.00	$13931.46	$32,620.86
Total amount of cash on hand		$21,886.46	

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

MaryAnn Hood
Signature of Director or Treasurer

10-26-10
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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to elect John Enfinger

Reporting period Oct 1, 2010 through Oct. 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: Sheila Maulding	10/14/10	$ 900
Mailing Address: 671 Country Place Dr.	__/__/__	$
City, State, Zip Code: Pearl, MS 39208	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baxter Burns	10/13/10	$ 250
Mailing Address: 212 Arthur's Court	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
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: George Malouf	10/22/10	$ 1000
Mailing Address: 507 Giles Ln	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
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: Pinebelt Ventures, LLC	10/22/10	$ 1000
Mailing Address: PO Box 616	__/__/__	$
City, State, Zip Code: Pearl, MS 39288	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Oct. 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 Carley Page	10/22/10	$ 250
Mailing Address 103 Woodlands Green Cove	__/__/__	$
City, State, Zip Code Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DAVID BLACK	10/22/10	$ 500
Mailing Address 304 London Cove	__/__/__	$
City, State, Zip Code Brandon, MS 39047	__/__/__	$
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 Percy Stanfield	10/22/10	$ 500
Mailing Address 405 Tombigbee St.	__/__/__	$
City, State, Zip Code JACKSON, MS 39201	__/__/__	$
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 Don Magee	10/22/10	$ 500
Mailing Address 107 Springtree	__/__/__	$
City, State, Zip Code Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) In Kind	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Pete Mills	10/8/10	$ 250.00
Mailing Address 109 Longwood Dr	__/__/__	$
City, State, Zip Code Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nucor Steel Recyclers of Miss	10/21/10	$ 250.00
Mailing Address 3630 Fourth St.	__/__/__	$
City, State, Zip Code Flowood, MS 39232	__/__/__	$
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 LATTY Auto Sales	10/23/10	$ 300.00
Mailing Address 1692 Hwy 80	__/__/__	$
City, State, Zip Code PEARL, MS 39208	__/__/__	$
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 to Elect John Emfinger

Reporting period Oct 1, 2010 through Oct. 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name: Supertalk MS / WFMS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 6311 Ridgewood Rd	10/23/10	$ 1680.
City, State, Zip Code: JACKSON, MS 39211	__/__/__	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$
B. Full name: WMGO Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 107 W. Peach St	10/23/10	$ 421.52
City, State, Zip Code: Canton, MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name: Laura Johnson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 277	10/7/10	$ 1000.
City, State, Zip Code: Brandon, MS 39043	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name: Hederman Brothers Printers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 500 Steed Rd	10/23/10	$ 9200.
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name: The Rankin Record	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: PO Box 5507	10/23/10	$ 321.75
City, State, Zip Code: Brandon MS 39047	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name: Northside Sun	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 246 Briarwood Dr	10/22/10	$ 454.96
City, State, Zip Code: JACKSON, MS 39206	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Oct. 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name Rankin County News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 207 E. Government St	10/22/10	$ 374.25
City, State, Zip Code Brandon MS 39047	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Madison County Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 298 Commerce Park Dr	10/23/10	$ 408.98
City, State, Zip Code Madison MS 39110	__/__/__	$
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	$