

2010 ELECTION CYCLE

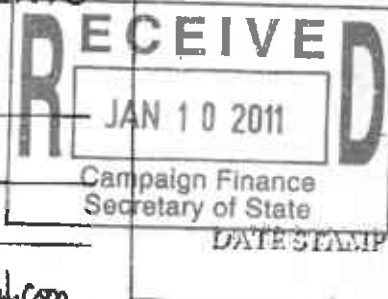
Delbert Hosemann
SECRETARY OF STATEPolitical Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Judge Eddie Bowen Circuit Court Judge

Address P.O. Box 536, Raleigh, MS 39153

Telephone 601.374.0411 Fax 601.785.6539

Treasurer James W. Bowen Email attorneyjamesbowen@gmail.com


☐ 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 8, 2010 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 Candidate

☒ 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	\$ 9,450.00 \$ 600.00	\$ 10,050.00	\$ 30,499.00
Total amount of disbursements	\$ 3,827.50	\$ 3,827.50	\$ 20,389.46
Total amount of cash on hand		\$ 9,309.54	

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

James W. Bowen
Signature of Director or Treasurer

1/08/2011
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 601-576-2319.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 3Name of Candidate or Committee Committee to Elect Judge Eddie BowenReporting period November 17, 2010 through January 10, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barnett Law Firm</u>		<u>11/22/10</u>	\$ <u>200</u>
Mailing Address <u>501 South State Street</u>		<u>11/05/10</u>	\$ <u>300</u>
City, State, Zip Code <u>Jackson, MS 39201</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Richard Lambert, PLLC</u>		<u>11/22/10</u>	\$ <u>500</u>
Mailing Address <u>119 Hardin Street</u>		___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39401</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John W. Lee, Jr.</u>		<u>11/22/10</u>	\$ <u>2,000</u>
Mailing Address <u>P.O. Box 1470</u>		___/___/___	\$
City, State, Zip Code <u>Hattiesburg, MS 39403</u>		___/___/___	\$
Name of Employer (Required) <u>Self</u>		___/___/___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2,000</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization/Political Action Committee</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Physicians Political Action Committee</u>		<u>11/22/10</u>	\$ <u>2,500</u>
Mailing Address <u>404 West Parkway Place,</u>		___/___/___	\$
City, State, Zip Code <u>Bidartland, MS 39157</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>2,500</u>

Page 2 of 3Name of Candidate or Committee Committee to Elect Judge Eddie BrownReporting period November 17, 2010 through January 10, 2011

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>James W. Nobles, Jr</u>	<u>11 / 22 / 10</u>	\$ <u>250</u>
Mailing Address	<u>201 Clinton Parkway</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Clinton, MS 39056</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>Self</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Victor J. Roberts</u>	<u>11 / 22 / 10</u>	\$ <u>1,000</u>
Mailing Address	<u>P.O. Box 608</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Hattiesburg, MS 39403</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>Self</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Michael J. Shemper</u>	<u>11 / 22 / 10</u>	\$ <u>500</u>
Mailing Address	<u>218 Tallulah Ridge</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Hattiesburg, MS 39402</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>Unknown</u>	<u> / / </u>	\$
Occupation (Required)	<u>Unknown</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>John B. Tullos</u>	<u>11 / 19 / 10</u>	\$ <u>1,000</u>
Mailing Address	<u>P.O. Box 757</u>	<u> / / </u>	\$
City, State, Zip Code	<u>Babish, MS 39153</u>	<u> / / </u>	\$
Name of Employer (Required)	<u>Tullos & Tullos</u>	<u> / / </u>	\$
Occupation (Required)	<u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000</u>

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas L. Tullis</u>		<u>11 / 19 / 10</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Drawer 567</u>		<u> / / </u>	\$
City, State, Zip Code <u>Bay Springs, MS 39422</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Daniel Ware</u>		<u>11 / 22 / 10</u>	\$ <u>500</u>
Mailing Address <u>311 Colonial Drive</u>		<u> / / </u>	\$
City, State, Zip Code <u>Maize, MS 39111</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Ware Law Firm</u>		<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Page 1 of 2Name of Candidate or Committee Committee to Elect Judge Eddie BowenReporting period November 17, 2010 through January 10, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Buckley Newspaper, Inc. (Jasper County & Smith Co. News)</u>	<u>12/02/10</u>	\$ <u>260</u>
Mailing Address <u>Hwy 15 N</u>	<u>11/16/10</u>	\$ <u>1,243</u>
City, State, Zip Code <u>Bay Springs, MS 39422</u>	Aggregate Year-to-date	\$ <u>1,503</u>
Purpose of Disbursement (Optional) <u>Political Ad - Thank You</u>		
B. Full name <u>Eddie Bowen</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 115</u>	<u>12/02/10</u>	\$ <u>1,200</u>
City, State, Zip Code <u>Raleigh, MS 39153</u>	<u>11/16/10</u>	\$ <u>1,200</u>
Purpose of Disbursement (Optional) <u>Reimbursement for Contribution</u>	Aggregate Year-to-date	\$ <u>1,200</u>
C. Full name <u>Jonas L. Bowen</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 536</u>	<u>11/22/10</u>	\$ <u>500</u>
City, State, Zip Code <u>Raleigh, MS 39153</u>	<u>12/07/10</u>	\$ <u>1,000</u>
Purpose of Disbursement (Optional) <u>Get Out the Vote (11/22/10) / Reimbursement Expenses (12/7/10)</u>	Aggregate Year-to-date	\$ <u>1,500</u>
D. Full name <u>Ruth Harps</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/22/10</u>	\$ <u>500</u>
City, State, Zip Code <u>Taylorsville, MS 39168</u>	<u>11/22/10</u>	\$ <u>500</u>
Purpose of Disbursement (Optional) <u>Get Out the Vote</u>	Aggregate Year-to-date	\$ <u>500</u>
E. Full name <u>Magee News, Com</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>126 3rd Ave SW</u>	<u>12/02/10</u>	\$ <u>50</u>
City, State, Zip Code <u>Magee, MS 39111</u>	<u>11/16/10</u>	\$ <u>400</u>
Purpose of Disbursement (Optional) <u>Political Ad - Thank You</u>	Aggregate Year-to-date	\$ <u>450</u>
F. Full name <u>News Commercial</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Drawer 1299</u>	<u>12/02/10</u>	\$ <u>60</u>
City, State, Zip Code <u>Collins, MS 39428</u>	<u>11/16/10</u>	\$ <u>360</u>
Purpose of Disbursement (Optional) <u>Political Ad - Thank You</u>	Aggregate Year-to-date	\$ <u>420</u>

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Name of Candidate or Committee Committee to Elect Judge Eddie Bowen
 Reporting period November 17, 2010 through January 10, 2011

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Simpson County News (Morgan Courier & Simpson Co. News)</u>	<u>12 / 02 / 10</u>	\$ <u>160</u>
Mailing Address <u>P.O. Box 977</u>		
City, State, Zip Code <u>Mendenhall, MS 39114</u>	<u>11 / 16 / 10</u>	\$ <u>1,058</u>
Purpose of Disbursement (Optional) <u>Political Ad - Thank you</u>	Aggregate Year-to-date	\$ <u>1,218</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Post</u>	<u>12 / 03 / 10</u>	\$ <u>97.50</u>
Mailing Address <u>P.O. Box 100</u>		
City, State, Zip Code <u>Taylorsville, MS 39168</u>	<u>11 / 16 / 10</u>	\$ <u>435.00</u>
Purpose of Disbursement (Optional) <u>Political Ad - Thank you</u>	Aggregate Year-to-date	\$ <u>532.50</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$