2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 07 2011
Campaign Finance
Secretary of State

Name of Committee Committee to Elect Lee Coleman

Address P.O Box 1001, Columbus, MS 39703

Telephone 662-574-1480 Fax 662-328-4639

Treasurer Jim McAlexander Email jim.mcalexander@cadenceranking.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, 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	$ 33,450.00 + $ 1,300.00	$ 34,750.00	$ 113,016.00
Total amount of disbursements	$ 25,639.82 + $ 267.88	$ 25,797.70	$ 101,666.77
Total amount of cash on hand		$ 11,359.23	

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 _____ Date 1/7/11

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 601-576-3678.
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 Lee Coleman

Reporting period: October 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name: Magnolia Tide	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O Box 1772	11/15/10	$ 3171.00
City, State, Zip Code: Starkville, MS 39760	11/15/10	$ 5000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 37,016.32
B. Full name: Daily Times Leader	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 227 Court Street	11/14/10	$ 210.00
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 210.00
C. Full name: Starkville Daily News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 304 East Lampkin St.	11/14/10	$ 384.00
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 384.00
D. Full name: Magnolia Tides	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O Box 1772	11/14/10	$ 3171.00
City, State, Zip Code: Starkville, MS 39760	11/14/10	$ 1000.00
Purpose of Disbursement (Optional): Direct mail. consulting	Aggregate Year-to-date	$ 41,187.32
E. Full name: Magnolia Tides	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O Box 1772	11/14/10	$ 2000.00
City, State, Zip Code: Starkville, MS 39760	__/__/__	$
Purpose of Disbursement (Optional): grass Roots	Aggregate Year-to-date	$ 43,187.32
F. Full name: Peggy Coleman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O Box 224	11/22/10	$ 229.13
City, State, Zip Code: West Point, MS 39773	12/17/10	$ 1,414.42
Purpose of Disbursement (Optional): Reimbursement	Aggregate Year-to-date	$ 2588.74

SS04-05

Name of Candidate or Committee Committee to Elect Lee Coleman
Reporting period October 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name Quest Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 225 West Main Street	11/24/10	$ 1746.42
City, State, Zip Code West Point, MS 39773	11/30/10	$ 1282.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 11,084.59
B. Full name Sallie Davidson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 710 Smith Street	12/2/10	$ 2100.00
City, State, Zip Code West Point, MS 39773	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2100.00
C. Full name WCBI	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 201 6th St. S	12/10/10	$ 412.00
City, State, Zip Code Columbus, MS 39701	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 412.00
D. Full name The Beacon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O Box 32	12/14/10	$ 576.00
City, State, Zip Code Macon, MS 39341	__/__/__	$
Purpose of Disbursement (Optional) Ads in Beacon + Shopper	Aggregate Year-to-date	$ 1080.00
E. Full name Peggy Coleman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O Box 226	12/22/10	$ 349.80
City, State, Zip Code West Point, MS 39773	12/29/10	$ 214.20
Purpose of Disbursement (Optional) Reimbursement	Aggregate Year-to-date	$ 3162.74
F. Full name Packet Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 Main Street	12/29/10	$ 1104.00
City, State, Zip Code Columbus, MS 39703	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2104.00

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Name of Candidate or Committee Committee to Elect Lee Coleman

Reporting period October 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name French Camp (WFCA)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 40 Meckin Ave	12/4/10	$ 5.00
City, State, Zip Code French Camp, MS 39745	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 285.00
B. Full name The T-Shirt Shop	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1118 Gardner Blvd.	12/4/10	$ 770.40
City, State, Zip Code Columbus, MS 39702	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 21,688.31
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	$

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Name of Candidate or Committee Committee to Elect Lee Coleman

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Reporting period October 1, 2010 through December 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: Loan Proceeds (Bank)	11/15/10	$ 25,000.00
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 55,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: North Atlantic Extradition Service, Inc	11/17/10	$ 500.00
Mailing Address: 1056 Alabama St.	__/__/__	$
City, State, Zip Code: Columbus, MS 39702	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	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: Mississippi Physicians PAC	11/18/10	$ 2500.00
Mailing Address: 404 West Parkway Place	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jack Hayes	11/15/10	$ 200.00
Mailing Address: P.O Box 100	__/__/__	$
City, State, Zip Code: Columbus, MS 39703	__/__/__	$
Name of Employer (Required): Self-employed	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 399.00

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Name of Candidate or Committee Committee to Elect Lee Coleman

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Reporting period October 1, 2010 through December 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: Ray Chilaress	11/21/10	$ 200.00
Mailing Address: 2831 Curtis Orman Rd	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	Aggregate year-to-date	$ 350.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rick Garner	11/21/10	$ 200.00
Mailing Address: 213 Conway Drive	/ /	$
City, State, Zip Code: Columbus, MS 39702	/ /	$
Name of Employer (Required): Hollis Roofing	/ /	$
Occupation (Required): Co-owner	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: Kenneth Dill	11/21/10	$ 300.00
Mailing Address: P.O Box 741	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): Retired	/ /	$
Occupation (Required): Retired	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: Thad Buck	11/21/10	$ 250.00
Mailing Address: P.O Box 143	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Committee to Elect Lee Coleman

Reporting period October 1, 2010 through December 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: Danny Cupit	11/30/10	$ 1000.00
Mailing Address: P.O Box 22929	__/__/__	$
City, State, Zip Code: Jackson, MS 39225	__/__/__	$
Name of Employer (Required): Self-employed	__/__/__	$
Occupation (Required): Attorney	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: Keefe Supply Company	11/30/10	$ 300.00
Mailing Address: 10880 Linpage Place	__/__/__	$
City, State, Zip Code: St. Louis MO 63132	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carol A. Carver	11/30/10	$ 500.00
Mailing Address: 411 D West Main St	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Paradise Isle Internet Cafe	__/__/__	$
Occupation (Required): Manager	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: Prestage Farms MS, Inc	11/30/10	$ 500.00
Mailing Address: P.O Box 1425	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Committee to Elect Lee Coleman

Reporting period October 1, 2010 through December 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: Southern Ionics	11/30/10	$ 1000.00
Mailing Address: P.O Drawer 1217	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W H Listin	11/30/10	$ 1000.00
Mailing Address: P.O Box 445	__/__/__	$
City, State, Zip Code: Winona, MS 38967	__/__/__	$
Name of Employer (Required): Listin/Lancaster PLLC	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00

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

01/07/2011 FRI 15:52 FAX 662 243 7665 Cadence Main 2nd Fl 008/008