2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
OCT 26 2010
Campaign Finance
Secretary of State

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee: Committee to Elect Lee Coleman

Address: P.O Box 1001, Columbus, MS 39703

Telephone: 662-574-1480 Fax: 662-329-4639

Treasurer: Jim McAlexander Email: jim.mcalexander@cadencebanking.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	$10800.00 + $274.00	$11,074.00	$73,031.00
Total amount of disbursements	$14477.05 + $290.90	$14,767.95	$66,105.94
Total amount of cash on hand		$6925.00	

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: [signature] Date: 10/25/10

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

Page 1 of 1

Name of Candidate or Committee Committee to Elect Lee Coleman

Reporting period October 1, 2010 through October 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: Mark Williamson	10/12/10	$ 250.00
Mailing Address: P.O Box 1545	/ /	$
City, State, Zip Code: Starkville, MS 39760	/ /	$
Name of Employer (Required): Self-employed	/ /	$
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: Charles T. Yoste	10/12/10	$ 250.00
Mailing Address: P.O Box 80288	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Attorney	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: Loan Proceeds (Bank)	10/[illegible]/10	$ 5000.00
Mailing Address	10/22/10	$ 5000.00
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 30,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chuck Easley	10/19/10	$ 300.00
Mailing Address: 215 9th Street North	/ /	$
City, State, Zip Code: Columbus, MS 39701	/ /	$
Name of Employer (Required): Self-employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 300.00

SB04-05

Name of Candidate or Committee Committee to Elect Lee Coleman

Reporting period October 1, 2010 through October 23, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Quest Group Mailing Address: 225 West Main Street City, State, Zip Code: West Point, MS 39773 Purpose of Disbursement (Optional):	10/12/10	$ 1227.25
	Aggregate Year-to-date	$ 4817.54
B. Full name: T-Shirt Shop Mailing Address: 1118 Gardner Blvd. City, State, Zip Code: Columbus, MS 39702 Purpose of Disbursement (Optional):	10/12/10	$ 2911.20
	Aggregate Year-to-date	$ 20,917.91
C. Full name: WFCA Mailing Address: Rt. 1 Box 12 City, State, Zip Code: French Camp, MS 39745 Purpose of Disbursement (Optional):	10/12/10	$ 280.00
	Aggregate Year-to-date	$ 280.00
D. Full name: Hattie Humphries Mailing Address: 1019 Taylor-Thurston Rd. City, State, Zip Code: Columbus, MS 39701 Purpose of Disbursement (Optional):	10/12/10	$ 1500.00
	Aggregate Year-to-date	$ 1500.00
E. Full name: Super Talk MS Mailing Address: 201 Academy Rd, Suite 4 City, State, Zip Code: Starkville, MS 39759 Purpose of Disbursement (Optional):	10/12/10	$ 289.50
	Aggregate Year-to-date	$ 289.50
F. Full name: Magnolia Tides Mailing Address: P.O Box 1772 City, State, Zip Code: Starkville, MS 39760 Purpose of Disbursement (Optional):	10/15/10	$ 3250.00
	10/19/10	$ 4000.00
	Aggregate Year-to-date	$ 26,115.32

SS04-06

10/26/2010 TUE 10:56 FAX 662 243 7665 Cadence Main 2nd Pl 003/004

Name of Candidate or Committee Committee to Elect Lee Coleman
Reporting period October 1, 2010 through October 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Beacon	10/22/10	$ 504.00
Mailing Address P.O Box 32		
City, State, Zip Code Macon, MS 39341	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 504.00
B. Full name Urban Broadcasting	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1108 Yellow Jacket Drive	10/22/10	$ 515.10
City, State, Zip Code Starkville, MS 39759	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 515.10
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	$

SS04-00