2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
NOV 16 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: 662-328-4639

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 6:00 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	$4710.00 +	$525.00	$5235.00	$78266.00
Total amount of disbursements	$8519.38 +	$1233.75	$9753.13	$75859.07
Total amount of cash on hand			$2406.93	

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 11/15/10

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 601-576-2819.
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

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Reporting period Oct. 24, 2010 through Nov. 13, 2010

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)		
Full name: Howard Clark Coleman	10/28/10	$ 2000.00
Mailing Address: 1121 Mapleview Rd.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Retired	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 2500.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bonner Coleman	10/28/10	$ 2000.00
Mailing Address: P.O Box 220	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Davis Furniture Industry	__/__/__	$
Occupation (Required): V.P of Quality control	Aggregate year-to-date	$ 2500.00
C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Vicki R. Slater	10/28/10	$ 500.00
Mailing Address: 121 Fenwick Circle	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required): Self-employed	__/__/__	$
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: Bennie L. Turner	11/1/10	$ 210.00
Mailing Address: P.O Box 312	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Turner & Assoc.	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 210.00

SS04-05

Name of Candidate or Committee Committee to Elect Lee Coleman
Reporting period Oct. 24, 2010 through NOV. 13, 2010

ITEMIZED DISBURSEMENTS

A. Full name Magnolia Tides	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O Box 1772	10/24/10	$ 1455.00
City, State, Zip Code Starkville, MS 39760	11/9/10	$ 1275.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 28,845.32
B. Full name Quest Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 225 West Main St	10/20/10	$ 1238.38
City, State, Zip Code West Point, MS 39773	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 8055.92
C. Full name James Andrew Harris	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Lone Oak Drive	10/24/10	$ 350.00
City, State, Zip Code West Point, MS 39773	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 350.00
D. Full name James Albert Harris	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 932 Calvert St.	10/24/10	$ 350.00
City, State, Zip Code West Point, MS 39773	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 350.00
E. Full name Curtis Bush	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O Box 129	10/20/10	$ 250.00
City, State, Zip Code Brooksville, MS 39739	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00
F. Full name Urban Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O Box 930767	11/2/10	$ 606.00
City, State, Zip Code Atlanta, GA 31193	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1121.10

SS04-06

Name of Candidate or Committee Committee to Elect Lee Coleman

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Reporting period Oct. 24, 2010 through Nov. 13, 2010

ITEMIZED DISBURSEMENTS

A. Full name: Packet Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 301 Main Street	11/2/10	$ 1000.00
City, State, Zip Code: Columbus, MS 39703	__/__/__	$
Purpose of Disbursement (Optional): Ad	Aggregate Year-to-date	$ 1000.00
B. Full name: Lamar Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 1538 Gardner Blvd.	11/9/10	$ 1200.00
City, State, Zip Code: Columbus, MS 39702	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 1200.00
C. Full name: Super Talk Radio	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 201 Academy Rd, Suite 4	11/12/10	$ 795.00
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Purpose of Disbursement (Optional):	Aggregate Year-to-date	$ 1084.50
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	$

SS04-06