2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUL 09 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: The Committee To Elect Lee Coleman

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

Telephone: 662-574-1480 Fax: 662-329-6574

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	$ 19,750.00	+$ 7,249.00	$ 26,999.00	$ 26,999.00
Total amount of disbursements	$ 6,998.28	+$ 276.50	$ 7,274.78	$ 7,274.78
Total amount of cash on hand			$ 19,724.22	

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: 7/8/10

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 The Committe To Elect Lee Coleman

Reporting period JUNE 1, 2010 through JUNE 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SIGN DESIGN		
Mailing Address P. O. Box 682	6/2/10	$ 535.00
City, State, Zip Code COLUMBUS, MS 39703	__/__/__	$
Purpose of Disbursement (Optional) CAMPAIGN SIGNS	Aggregate Year-to-date	$ 535.00
B. Full name QUEST GROUP	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 225 WEST MAIN STREET	6/12/10	$ 2,813.28
City, State, Zip Code WEST POINT, MS 39773	__/__/__	$
Purpose of Disbursement (Optional) CAMPAIGN DESIGN, MARKETING MATERIALS	Aggregate Year-to-date	$ 2,813.28
C. Full name T-SHIRT SHOP	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1118 GARDNER BLVD	6/23/10	$ 3,650.00
City, State, Zip Code COLUMBUS MS 39702	__/__/__	$
Purpose of Disbursement (Optional) SHIRTS, MARKETING MATERIAL	Aggregate Year-to-date	$ 3,650.00
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	$

Name of Candidate or Committee The Committee To Elect Lee Coleman

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) P.A.	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EDWARD A. WILLIAMSON, P.A.	6/2/10	$ 500.00
Mailing Address: P.O. BOX 588	__/__/__	$
City, State, Zip Code: PHILADELPHIA, MS 39350	__/__/__	$
Name of Employer (Required): SELF EMPLOYED	__/__/__	$
Occupation (Required): ATTORNEY	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROWE ~~[illegible]~~ GREEN	6/2/10	$ 2500.00
Mailing Address: 2539 RUE PALAFOX	__/__/__	$
City, State, Zip Code: BILOXI, MS 39531	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 2,500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LEE S. & PEGGY J. COLEMAN	6/2/10	$ 10,000.00
Mailing Address: P.O. BOX 226	__/__/__	$
City, State, Zip Code: WEST POINT, MS 39773	__/__/__	$
Name of Employer (Required): SELF EMPLOYED	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 10,000.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Randy Weimer	6/28/10	$ 500.00
Mailing Address: 201 Commerce St.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Southern Ionics	__/__/__	$
Occupation (Required): Business Development	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee The committee to Elect Lee Coleman

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DR. Gordon Castleberry	6/28/10	$ 300.00
Mailing Address: 2204 Rosewood Circle	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): INTERNAL MEDICINE	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Portera	6/28/10	$ 500.00
Mailing Address: 204 West Main Street	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): Franks Package Store	/ /	$
Occupation (Required): owner	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: Bobby + Maria Wooten	6/28/10	$ 300.00
Mailing Address: P.O Drawer 733	/ /	$
City, State, Zip Code: West Point, MS 39773	/ /	$
Name of Employer (Required): WOOTEN MACHINE SHOP	/ /	$
Occupation (Required): OWNER	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: Bobby Hooks	6/28/10	$ 500.00
Mailing Address: 514 Greensboro St.	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Graham Roofing	/ /	$
Occupation (Required): owner	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee The Committee To Elect Lee Coleman

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bonner Coleman	6/28/10	$ 500.00
Mailing Address: P.O Box 226	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Davis International	__/__/__	$
Occupation (Required): Vice President	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Clark Coleman	6/28/10	$ 500.00
Mailing Address: 1121 Mapleview Rd.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired	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: Maxine Bryan	6/28/10	$ 500.00
Mailing Address: 757 Dix St.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired	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: Neil + Cindy Smith	6/28/10	$ 300.00
Mailing Address: 8573 Hwy. 50 W.	__/__/__	$
City, State, Zip Code: Cedar Bluff, MS 39741	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee The Committee To Elect Lee Coleman

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MR. + MRS. Tommy Davis, JR.	6/28/10	$ 500.00
Mailing Address: 132 County Rd. 124	__/__/__	$
City, State, Zip Code: Houlka, MS 38850	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charles Yoste	6/28/10	$ 250.00
Mailing Address: P.O Box 80288	__/__/__	$
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Name of Employer (Required): SEIF EMPLOYED	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hunter Davis	6/28/10	$ 500.00
Mailing Address: 151 Cedar Lane	__/__/__	$
City, State, Zip Code: Starkville, MS 39759	__/__/__	$
Name of Employer (Required): Davis International	__/__/__	$
Occupation (Required): Furniture Executive	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: Steve Mitchner	6/28/10	$ 500.00
Mailing Address: 2137 Oak Ridge Dr.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Southern Ionics	__/__/__	$
Occupation (Required): VP Finance	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee The Committee To Elect Lee Coleman

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Martin + Sandra Happoe	6/28/10	$ 300.00
Mailing Address: 1210 Dr. Sears Rd.	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired Professor	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. + Mrs. Lynn Davis	6/28/10	$ 500.00
Mailing Address: P.O Box 186	__/__/__	$
City, State, Zip Code: Houlka, MS 38850	__/__/__	$
Name of Employer (Required): Davis International	__/__/__	$
Occupation (Required): President	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ross Kelley + Hosford PLLC	6/28/10	$ 300.00
Mailing Address: P.O Box 332	__/__/__	$
City, State, Zip Code: West Point, MS 39773	__/__/__	$
Name of Employer (Required): Ross Kelley + Hosford PLLC	__/__/__	$
Occupation (Required): Attorney - Scott Ross	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$