2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Leigh Berry

Address P.O. Box 227, Columbia, MS 39429

Telephone (601-736-3004/601-441-8913 Fax (601-736-3322

Treasurer J.T. Sanderson, III Email joni@electleighberry.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 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	$8017.74	$125.00	$8142.74	$8142.74
Total amount of disbursements	$4,240.61	$1,384.14	$5,624.75	$5,624.75
Total amount of cash on hand			$2,517.99	

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 10/26/10

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 601-576-2813.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 2

Name of Candidate or Committee Committee to Elect Leigh Berry

Reporting period 10/1/10 through 10/23/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Leigh Berry	10/8/10	$ 1,000.00
Mailing Address: 1713 Church St. / P.O. Box 783	10/8/10	$ 3,517.74
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Name of Employer (Required): Berry Law Firm, PLLC	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 4,391.95

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Renee McBride Porter	10/12/10	$ 1,000.00
Mailing Address: P.O. Box 982	__/__/__	$
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Name of Employer (Required): Porter Law Firm, PA	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rebecca Stovall	10/20/10	$ 200.00
Mailing Address: 318 ½ Second Street	__/__/__	$
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Name of Employer (Required): Rebecca's Company	__/__/__	$
Occupation (Required): Beautician	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael Webb	10/20/10	$ 300.00
Mailing Address: 1610 Rickywood Dr.	__/__/__	$
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Name of Employer (Required): Webb Forestry	__/__/__	$
Occupation (Required): Forrester	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Committee to Elect Leigh Bailey

Reporting period 10/1/10 through 10/23/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tommy Wallace	10/20/10	$ 2000.00
Mailing Address: 98 River Road	__/__/__	$
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Name of Employer (Required): TL Wallace	__/__/__	$
Occupation (Required): Owner	Aggregate year-to-date	$ 2,000.00

B. 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	$

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	$

Name of Candidate or Committee Committee to Elect Lush Berry

Reporting period 10/1/10 through 10/23/10

ITEMIZED DISBURSEMENTS

A. Full name: Picayune Item	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 580	10/22/10	$ 375.36
City, State, Zip Code: Picayune, MS 39466	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 375.36
B. Full name: Columbian Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1171	10/2/10	$ 640.50
City, State, Zip Code: Columbia, MS 39429	10/18/10	$ 630.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,270.50
C. Full name: Columbian Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1171	10/8/10	$ 225.00
City, State, Zip Code: Columbia, MS 39429	10/12/10	$ 630.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 855.00
D. Full name: Columbian Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1171	10/22/10	$ 191.75
City, State, Zip Code: Columbia, MS 39429	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 191.75
E. Full name: Hattiesburg American	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 825 N. Main St.	10/20/10	$ 1,100.00
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,100.00
F. Full name: Titan Design	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 5886 US Hwy 11	10/20/10	$ 448.00
City, State, Zip Code: Purvis, MS 39475	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 448.00