2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
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Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Robert G. Harenski

Address P.O. Box 736, Biloxi, MS 39533

Telephone 228-669-9700 Fax 228-388-4439

Treasurer Cliff Kirkland Email harenskibw@yahoo.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 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, 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	$ 2,250 +$ 4,450	$ 6,700.00	$ 11,050.00
Total amount of disbursements	$ 4,194.45 +$ Ø	$ 4,194.45	$ 6,298.98
Total amount of cash on hand		$ 6,855.50	↳ $2,104.53 Paid Pers.

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Cliff Kirkland
Signature of Director or Treasurer

July, 9, 2010
Date

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 601-576-2818.
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 Robert G. Harenski

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Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Business	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Venues	6/10/2010	$ 1,500
Mailing Address: will supplement	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Rest.	Aggregate year-to-date	$ 1,500

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JESCO	6/10/2010	$ 500.00
Mailing Address: will supplement	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Construction Co.	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: Wilson Law Firm	6/10/2010	$ 250.00
Mailing Address: 1007 Howard Av	__/__/__	$
City, State, Zip Code: Biloxi MS 39530	__/__/__	$
Name of Employer (Required): Charles Wilson	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

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	$

Name of Candidate or Committee Committee to Elect Robert G. Harenski

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Cliff Kirkland / Will Supplement / / Campaign Manager	6/3/2010	$ 3,500
	__/__/__	$
	Aggregate Year-to-date	$ 3,500
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Business Printing / On-Line / / Print Checks + Dep. Book	6/3/2010	$ 111.12
	__/__/__	$
	Aggregate Year-to-date	$ 111.12
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Shaughnessy Printing Co / 220 Cailavet Street / Biloxi, MS 39533 / Printing	6/7/2010	$ 148.00
	__/__/__	$
	Aggregate Year-to-date	$ 493.61
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Will Supp. / / /	6/7/2010	$ 100.00
	__/__/__	$
	Aggregate Year-to-date	$
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Will Supp / / /	6/9/2010	$ 100.00
	__/__/__	$
	Aggregate Year-to-date	$
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Will Supp / / /	6/10/2010	$ 144.45
	__/__/__	$
	Aggregate Year-to-date	$

Name of Candidate or Committee _____ Page 2 of 2

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Will Supp.		
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	6/15/2010	$ 90.55
Purpose of Disbursement (Optional)	__/__/__	$
B. Full name	Aggregate Year-to-date	$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	__/__/__	$
C. Full name	Aggregate Year-to-date	$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	__/__/__	$
D. Full name	Aggregate Year-to-date	$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	__/__/__	$
E. Full name	Aggregate Year-to-date	$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	__/__/__	$
F. Full name	Aggregate Year-to-date	$
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	__/__/__	$
	Aggregate Year-to-date	$