2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 20 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee COMMITTEE TO ELECT RONALD DOLEGAL CHANCERY JUDGE

Address PO Box 1174

Telephone 601-606-8747 Fax

Treasurer William Browning Email bbrowning@southgroup.net

☐ 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

X 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	$ 6,147.24 +$ 3049.99	$ 9,197.23	$ 9,197.23
Total amount of disbursements	$ 6,499.58 +$ 1,285.96	$ 7,785.54	$ 7,785.54
Total amount of cash on hand		$ 1,411.69	

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

William Browning — 20 JAN 2011

Signature of Director or Treasurer — 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 601-576-2815.
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 RONALD DOLEAC CHANCERY JUDGE

Reporting period 10-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☒ Other (please specify) IN KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHN L DOLEAC	10/20/10	$ 500.00
Mailing Address PO BOX 1936	10/22/10	$ 506.00 (IN KIND)
City, State, Zip Code HATTIESBURG MS 39403	10/22/10	$ 141.24 (IN KIND)
Name of Employer (Required) DOLEAC ELECTRIC CO INC	__/__/__	$
Occupation (Required) VP	Aggregate year-to-date	$ 1147.24

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MARVIN MORRIS	10/22/2010	$ 500.00
Mailing Address 28 RIVER ROAD	__/__/__	$
City, State, Zip Code HATTIESBURG MS 39401	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
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 WILLIAM SULLIVAN	10/26/10	$ 250.00
Mailing Address PO BOX 2793	__/__/__	$
City, State, Zip Code LAUREL MS 39442	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
Occupation (Required) PHYSICIAN	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 RONALD DOLEAC	10/19/2010	$ 500.00
Mailing Address PO BOX 655	10/26/10	$ 1500.00
City, State, Zip Code HATTIESBURG MS 39403	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
Occupation (Required) ATTORNEY	Aggregate year-to-date	$ 2000.00

Name of Candidate or Committee COMMITTEE TO ELECT RONALD DOLEAC CHANCERY JUDGE

Reporting period 10-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOE GARVIN	10/15/10	$ 250.00
Mailing Address 508 SOUTHEAST CIRCLE	__/__/__	$
City, State, Zip Code HATTIESBURG MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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 I H BASS III	10/26/10	$ 250.00
Mailing Address SHADOW RIDGE COMMUNITY	__/__/__	$
City, State, Zip Code HATTIESBURG MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required) RETIRED	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 DONALD DOLEAC	10/19/10	$ 500.00
Mailing Address P.O. BOX 1936	__/__/__	$
City, State, Zip Code HATTIESBURG MS 39403	__/__/__	$
Name of Employer (Required) DOLEAC ELECTRIC CO INC	__/__/__	$
Occupation (Required) PRES	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 C.T. FINNEGAN	10/19/10	$ 1,000.00
Mailing Address 1900 VELMA ST	__/__/__	$
City, State, Zip Code HATTIESBURG MS 39402	__/__/__	$
Name of Employer (Required) FINCO CONSTRUCTION	__/__/__	$
Occupation (Required) PRES	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee COMMITTEE TO ELECT RONALD DOLEAL CHANCERY JUDGE

Reporting period 10-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MONTAGUE SIGLER & FERROLL INC	10/27/10	$ 250.00
Mailing Address: PO BOX 151	__/__/__	$
City, State, Zip Code: HATTIESBURG MS 39403	__/__/__	$
Name of Employer (Required): INSURANCE CORPORATION	__/__/__	$
Occupation (Required): INSURANCE CORPORATION	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	__/__/__	$
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 RONALD DOLEAL CHANCERY JUDGE

Reporting period 10-01-10 through 12-31-10

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: IMAGE SIGNS & NEON Mailing Address: 310 S 25TH AVE City, State, Zip Code: HATTIESBURG MS 39401 Purpose of Disbursement (Optional):	10/19/10	$ 1011.15
	Aggregate Year-to-date	$ 1,011.15
B. Full name: HATTIESBURG AMERICAN Mailing Address: 825 N MAIN STREET City, State, Zip Code: HATTIESBURG MS 39401 Purpose of Disbursement (Optional):	10/20/10	$ 210.00
	10/25/10	$ 897.75
	Aggregate Year-to-date	$ 1,107.75
C. Full name: COMMERCIAL STATIONERY CO Mailing Address: 723 SCOOBA STREET City, State, Zip Code: HATTIESBURG MS 39401 Purpose of Disbursement (Optional):	10/22/10	$ 210.79
	Aggregate Year-to-date	$ 210.79
D. Full name: HATTIESBURG PUBLISHING INC Mailing Address: 126 WESTOVER DRIVE City, State, Zip Code: HATTIESBURG MS 39402 Purpose of Disbursement (Optional):	10/25/10	$ 432.00
	Aggregate Year-to-date	$ 432.00
E. Full name: PICAYUNE ITEM Mailing Address: 17 RICHARDSON OZONE ROAD City, State, Zip Code: PICAYUNE, MS 39466 Purpose of Disbursement (Optional):	10/25/10	$ 504.39
	Aggregate Year-to-date	$ 504.39
F. Full name: COLUMBIAN PROGRESS Mailing Address: 318 SECOND STREET City, State, Zip Code: COLUMBIA MS 39429 Purpose of Disbursement (Optional):	10/25/10	$ 363.50
	Aggregate Year-to-date	$ 363.50

Name of Candidate or Committee COMMITTEE TO ELECT RONALD DOLEAC CHANCERY JUDGE

Reporting period 10-01-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WDJM		
Mailing Address PO Box 16269	10/27/10	$ 2870.00
City, State, Zip Code Hattiesburg MS	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2870.00

B. 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	$

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	$