2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 27 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Committee To Elect Ronald Dolezal

Address: PO Box 1174; Hattiesburg MS 39403

Telephone: 601-606-8747 Fax:

Treasurer: William Browning Email: bbrowning@southgrop.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**

X **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	$ 5897.24 +$ 1,900.00	$ 7,797.24	$ 7,797.24
Total amount of disbursements	$ 3629.58 +$ 120.98	$ 3750.56	$ 3,750.56
Total amount of cash on hand		$ 3,144.04	

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
Signature of Director or Treasurer

26 OCT 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 601-576-2819.
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 Ronald Doleac Chancery Judge

Reporting period 10/15/2010 through 10/26/2010

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	10/20/2010	$ 500.00
Mailing Address: PO Box 1936	10/22/2010	$ 506.00 (IN KIND)
City, State, Zip Code: Hattiesburg MS 39403	10/22/2010	$ 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: 285 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	10/26/2010	$ 250.00
Mailing Address: PO Box 2793	/ /	$
City, State, Zip Code: Laurel MS 39442	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Physican	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
Mailing Address: PO Box 655	10/26/2010	$ 1500
City, State, Zip Code: Hattiesburg MS 39403	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 2000

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

Reporting period 10/15/2010 through 10/26/2010

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	10/15/2010	$ 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	10/26/2010	$ 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	10/19/2010	$ 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	10/19/2010	$ 1000.00
Mailing Address 1100 VELMA ST	__/__/__	$
City, State, Zip Code HATTIESBURG, MS 39402	__/__/__	$
Name of Employer (Required) FINCO CONST	__/__/__	$
Occupation (Required) PRES	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Committee to Elect Ronald Dolear

Reporting period 10-15-2010 through 10-26-2010

ITEMIZED DISBURSEMENTS

A. Full name: Image Signs & Neon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 310 S 25th Ave	10/19/2010	$ 1011.15
City, State, Zip Code: Hattiesburg MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1011.15
B. Full name: Hattiesburg American	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 825 N Main St	10/20/2010	$ 210.00
City, State, Zip Code: Hattiesburg MS 39401	10/25/2010	$ 897.75
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,107.75
C. Full name: Commercial Stationery Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 723 Scooba St	10/22/2010	$ 210.79
City, State, Zip Code: Hattiesburg MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 210.79
D. Full name: Hattiesburg Publishing Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 126 Westover Dr	10/25/2010	$ 432.00
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 432.00
E. Full name: Picayune Item	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 17 Richardson Ozone Rd	10/25/2010	$ 504.39
City, State, Zip Code: Picayune, MS 39466	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 504.39
F. Full name: Columbian Progress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 318 Second St	10/25/2010	$ 363.50
City, State, Zip Code: Columbia MS 39429	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 363.50