2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

# Political Committee
# REPORT OF RECEIPTS AND DISBURSEMENTS
## 2010 Judicial Election

RECEIVED
OCT 26 2010
Campaign Finance
Secretary of State

Name of Committee to Elect Smith Murphey Circuit Court Judge

Address P.O. Box 481, Batesville, MS 38606

Telephone 662-561-0970 Fax n/a

Treasurer Carole Murphey Email info@smithmurpheyforjudge.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 | $ 1700.00 + | $ 350.00 | $ 2050.00 | $ 20,090.26 |
| Total amount of disbursements | $ 2398.04 + | $ 429.60 | $ 2827.64 | $ 17,860.36 |
| Total amount of cash on hand | | | $ 2229.90 | |

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

Carole Murphey — Signature of Director or Treasurer

10-26-10 — 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 601-576-2512.*
*2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.*

SOS 01-10

Name of Candidate or Committee to Elect Smith Murphy Circuit Court Judge

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: R.H. Dunlap | 10/12/10 | $ 1000.00 |
| Mailing Address: PO Box 720 | __/__/__ | $ |
| City, State, Zip Code: Batesville, MS 38606 | __/__/__ | $ |
| Name of Employer (Required): self / Dunlap + Kyle | __/__/__ | $ |
| Occupation (Required): business owner | Aggregate year-to-date | $ 2000.00 |

| B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Brent Nickle | 10/12/10 | $ 200.00 |
| Mailing Address: P.O. Box 1177 | __/__/__ | $ |
| City, State, Zip Code: Batesville, MS 38606 | __/__/__ | $ |
| Name of Employer (Required): Dunlap + Kyle / self | __/__/__ | $ |
| Occupation (Required): business development | Aggregate year-to-date | $ 400.00 |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) P.A. | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Internal Medicine | __/__/__ | $ 500.00 |
| Mailing Address: 551 Azalea Drive | __/__/__ | $ |
| City, State, Zip Code: Oxford, MS 38655 | __/__/__ | $ |
| Name of Employer (Required): Professional Association | __/__/__ | $ |
| Occupation (Required): medical doctors | Aggregate year-to-date | $ 500.00 |

| D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☑ Other (please specify) in kind | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Woody Loden | 10/1/10 | $ 2500.00 |
| Mailing Address: 5916 Highway 51 South | __/__/__ | $ |
| City, State, Zip Code: Batesville, MS 38606 | __/__/__ | $ |
| Name of Employer (Required): self | __/__/__ | $ |
| Occupation (Required): business owner | Aggregate year-to-date | $ 1000.00 |

Name of Candidate or Committee Hylect Smith Murphey Circuit Court Judge

Reporting period 10-1-10 through 10-23-10

# ITEMIZED DISBURSEMENTS

| | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| A. Full name Coldwater High school | 10/4/10 | $ 50.00 |
| Mailing Address P.O. Box 1050 | / / | $ |
| City, State, Zip Code Coldwater, MS 38618 | Aggregate Year-to-date | $ 50.00 |
| Purpose of Disbursement (Optional) | | |
| B. Full name United States Post Office (132.00) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 375 Lakewood Drive | 10/5/10 | $ 420.00 |
| City, State, Zip Code Batesville, MS 38606 | 10/18/10 | $ 280.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ X |
| C. Full name United States Post Office | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address 375 Lakewood Drive | 10/18/10 | $ 96.04 |
| City, State, Zip Code Batesville, MS 38606 | / / | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 928.04 |
| D. Full name Tallahatchie County Fair Ass'n | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address Highway 32 West | 10/1/10 | $ 200.00 |
| City, State, Zip Code Charleston, MS 38921 | / / | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 200.00 |
| E. Full name Parrolian (1088.95) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P.O. Box 1616 | 10/8/10 | $ 423.00 |
| City, State, Zip Code Batesville, MS 38606 | / / | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 1511.95 |
| F. Full name Sardis Chamber of Commerce (759) | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address P.O. Box 377 | 10/9/10 | $ 200.00 |
| City, State, Zip Code Sardis, MS 38666 | 10/9/10 | $ 25.00 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 300.00 |

50

796.04

200.00

423.00

225.00

1694.00

SS04-06

Name of Candidate or Committee to Elect Smith Murphey Circuit Court Judge

Reporting period 10-1-10 through 10-23-10

# ITEMIZED DISBURSEMENTS

| A. Full name KBUD - Annointed FM | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| Mailing Address 627 East Lee St. | 10/20/10 | $ 704.00 |
| City, State, Zip Code Sardis, MS 38666 | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 704.00 |
| **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 | $ |