2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUN 10 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Committee to Elect Smith Murphey Circuit Court Judge

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

Telephone: 662-561-6970 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 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	$ 5500.00 + $ 100.00	$ 5600.00	$ 5600.00
Total amount of disbursements	$ 2089.10 + $ 147.53	$ 2236.63	$ 2,236.63
Total amount of cash on hand		$ 3,363.37	

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: Carole Murphey Date: 6-10-10

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 601-576-2019.
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 Murphey Circuit Court Judge

Reporting period May 1, 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☑ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Smith Murphey	5/10/10	$ 500.00
Mailing Address: P.O. Box 486	5/13/10	$ 500.00
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required): District Attorney's Office	__/__/__	$
Occupation (Required): attorney	Aggregate year-to-date	$ 1,000.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nickle Storage	5/20/10	$ 250.00
Mailing Address: P.O. Box 1177	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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: Alex B. Gates	5/20/10	$ 250.00
Mailing Address: PO Box 216	__/__/__	$
City, State, Zip Code: Sumner, MS 38606	__/__/__	$
Name of Employer (Required): self	__/__/__	$
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: Brent Nickle	5/20/10	$ 500.00
Mailing Address: P.O. Box 1177	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required): Dunlap + Kyle + Self-employed	__/__/__	$
Occupation (Required): business development	Aggregate year-to-date	$ 500.00

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

Reporting period May 1, 2010 through May 31, 2010

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	5/20/10	$ 1,000.00
Mailing Address: PO Box 720	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required): Dunlap + Kyle	__/__/__	$
Occupation (Required): business owner	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Physicians	5/24/10	$ 2,500.00
Mailing Address: 404 West Parkway Place	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500.00

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 Smith Murphey Circuit Court Judge

Reporting period 5-1-10 through 5-31-10

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name The Panolian		
Mailing Address P.O. Box 1616 / 363 Highway 51 North	5/13/10	$ 850.00
City, State, Zip Code Batesville, MS 38606	5/27/10	$ 39.95
Purpose of Disbursement (Optional) announcement + ads	Aggregate Year-to-date	$ 889.95
B. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 375 Lakewood Drive	5/24/10	$ 44.00
City, State, Zip Code Batesville, MS 38606	__/__/__	$
Purpose of Disbursement (Optional) stamps	Aggregate Year-to-date	$ 44.00
C. Full name The Democrat	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 369 / 219 East Main St.	5/24/10	$ 585.15
City, State, Zip Code Senatobia, MS	__/__/__	$
Purpose of Disbursement (Optional) announcement + listing	Aggregate Year-to-date	$ 585.15
D. Full name The Southern Reporter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 157	5/20/10	$ 100.00
City, State, Zip Code Sardis, MS	5/27/10	$ 23.00
Purpose of Disbursement (Optional) announcement + listing	Aggregate Year-to-date	$ 123.00
E. Full name The North Mississippi Herald	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/25/10	$ 150.00
City, State, Zip Code Water Valley, MS	5/27/10	$ 22.00
Purpose of Disbursement (Optional) announcement + listing	Aggregate Year-to-date	$ 172.00
F. Full name The Sun-Sentinel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 250	5/28/10	$ 275.00
City, State, Zip Code Charleston, MS 38606	__/__/__	$
Purpose of Disbursement (Optional) announcement + listing	Aggregate Year-to-date	$ 275.00