2010 ELECTION CYCLE

REPORT OF RE BURSEMENTS

Delbert Hosemann SECRETARY OF STATE



Name of Committee Committee to Elect Tom Gevidiotis, Circuit Judge, Third Dist.	JUN 0 9 2010
Address P.O. Box 1516, Oxford, MS 38655	Campaign Finance Secretary of State
Telephone 662-232-8621 Fax	DATESTAND
Treasurer Email karenschain@hotmail.com	
Check here if above is different from previous report	
TYPE OF REPORT May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010)	Mandatory
June 0, 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) Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required obligation	to terminate reporting

IMPORTANT

- 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.
- 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).
- 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 4	- No	n-item	ized =	This Period		Calendar Year-To-Date
Total amour	t of contributions	\$ 750.00	+\$	150	. 0 0	\$ 900.00	\$	9,948.00
Total amour	t of disbursements	\$ 3,525.93	+\$	77.	.24	\$ 3,603.17	\$	4,957.23
Total amour	t of cash on hand					\$ 4,990.77		
	1	 			7		_	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. May 9, 2010

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 \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-16-811 and \$13 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices aboutd return form to Secretary of State, Elections Division, P. O. Bow 136, Jackson, MS 39206 or fax to 4601-369-1499 or 601-676-2819.

2. Candidates for countywide and county district offices aboutd return forms to their county Circuit Clark.

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	Candidate or Committee Committee to Elect Tom Levidiotis,	Circuit Judge,	Chird Circuit Pist
Reportin	period_May 1, 2010 through May 31, 2010 ITEMIZED RECEIP	TS	
. Source:	U Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name Reagar	Levidiotis	5 / 5 / 2010	\$ 500.00
tailing Add	ress d Maple Drive	11	\$
ity, State, Black:	Zip Code burg, VA 24060		\$
lame of En	ployer (Required) ana Administration	_''_	\$
ocupation Nurse	(Required)	Aggregate year-to-date	\$ 500.00
3. Source	☐ Corporation ☐ PAC № Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name Lewis	Metts	5 / 18/ 2010	\$ 250.00
Mailing Add	Total		\$
ity, State,	With the second	_1_1_	\$
	ployer (Required)	_1_1_	\$
Occupation Ret	(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
ull name			\$
Mailing Add	Iress		\$
ity, State,	Zip Code		\$
Name of Er	nployer (Required)		\$
Occupation	(Required)	Aggregate year-to-date	\$
). Source:	☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name			\$
Mailing Ad	irass		\$
City, State,	Zip Code		\$
Name of E	nployer (Required)		\$
Occupation	(Required)	Aggregate year-to-date	\$

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Name of Car	didate (or Comm	nittee	Committee	to	Elect	Tom	Levidiotis	Circuit	Judge,	Third	Circuit	District
Reporting pe								May 3					

ITEMIZED DISBURSEMENTS

A. Full name Swinehart Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 632 Silverstone Drive	5 / 27 / 2010	\$ 3,525.93
City, State, Zip Code Pensacola, PL 32507-3345	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3,525.93
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
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	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Gode		S
Purpose of Distursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_	S
City, State, Zip Code	_'_'_	S
Purpose of Distursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code	_1_1_	5
Purpose of Distursement (Optional)	Aggregate Year-to-date	s