2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Campaign Finance
Secretary of State
DATE STAMP

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Tom Ross Chancellor

Address P.O. Box 1326, Clarksdale, MS 38614

Telephone 662-627-9641 Fax 662-627-3592

Treasurer John H. Cocke Email jcocke@merkel-cocke.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	$ 2,250.00	+$ 100.00	$ 2,350.00	$ 2,350.00
Total amount of disbursements	$	+$	$	$
Total amount of cash on hand			$ 2,350.00	

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

John H Cocke 6/14/10

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 601-576-2819.
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 Tom Ross Chancellor

Reporting period 5/1/10 through 5/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Alex B. Gates	5/18/10	$ 250.00
Mailing Address: P.O. Box 216	/ /	$
City, State, Zip Code: Summer MS 38957	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hugh Jack Stubbs	5/26/10	$ 1,000.00
Mailing Address: P.O. Box 675	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
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: First Valley National	5/26/10	$ 1,000.00
Mailing Address: P.O. Box 320	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
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	$

SS04-05