2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 04 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Elect Tom Ross

Address P.O. Box 1388, 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	$ 19,800.00	+$ 2,250.00	$ 22,050.00	$ 25,949.00
Total amount of disbursements	$	+$	$ 6,883.68	$ 6,883.68
Total amount of cash on hand			$ 19,065.32	

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

Date 10/4/10

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 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7/1/10 through 9/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M. Lee Graves	7/6/10	$ 750.00
Mailing Address: P.O. Box 1476	__/__/__	$
City, State, Zip Code: Clarksdale, MS 38614	__/__/__	$
Name of Employer (Required): Graves Law Firm	__/__/__	$
Occupation (Required): Attorney	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: Raymond C. Wong	7/6/10	$ 250.00
Mailing Address: 202 N. Pearman Ave.	__/__/__	$
City, State, Zip Code: Cleveland, MS 38732	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): attorney	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: Steve Cox	7/7/10	$ 250.00
Mailing Address: 2084 Old Taylor Rd, St. 106	__/__/__	$
City, State, Zip Code: Oxford MS 38655	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): attorney	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: Albert & Ann Britt	7/7/10	$ 250.00
Mailing Address: 138 Byrd Cove	__/__/__	$
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): Banker / Nurse	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9.30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. William F. and Dina Wilson	7/7/10	$ 250.00
Mailing Address: 280 Westover Drive	__/__/__	$
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Dentist / Banker	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: Van R. Burnham, Jr., M.D.	7/11/10	$ 250.00
Mailing Address: 931 Carr	__/__/__	$
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: Roberta Ross Aiken	7/16/10	$ 1,000.00
Mailing Address: 3518 Knotty Ash Street	__/__/__	$
City, State, Zip Code: San Antonio, TX 78230	__/__/__	$
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: Letitia B. Gardner	7/16/10	$ 250.00
Mailing Address: 137 Ridge Road	__/__/__	$
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.B. Laney	7/19/10	$ 500.00
Mailing Address: 150 Laney Road	/ /	$
City, State, Zip Code: Lyon MS 38645	/ /	$
Name of Employer (Required): North Delta Farms	/ /	$
Occupation (Required): Farmer	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: John H. Cocke	7/19/10	$ 1,000.00
Mailing Address: P.O. Box 1388	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Merkel & Cocke, P.A.	/ /	$
Occupation (Required): Attorney	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: Cynthia I. Mitchell	7/20/10	$ 1,000
Mailing Address: 1620 Anne Cove	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Merkel & Cocke PA	/ /	$
Occupation (Required): Attorney	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: Charles M. Merkel, III	7/26/10	$ 500.00
Mailing Address: P.O. Box 1388	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Merkel & Cocke, P.A.	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W. S. Heaton, Jr.	7/26/10	$ 500.00
Mailing Address: 500 Killebrew	/ /	$
City, State, Zip Code: Lyon MS 38645	/ /	$
Name of Employer (Required): Heaton Farms	/ /	$
Occupation (Required): Farmer	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: South Group Insurance & Financial Services	8/12/10	$ 250.00
Mailing Address: 118 Third Street	/ /	$
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: Jacks, Adams & Norquist, P.A	8/5/10	$ 250.00
Mailing Address: P.O. Box 1209	/ /	$
City, State, Zip Code: Cleveland MS 38732	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Attorneys	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: Grace P. Ross	8/6/10	$ 2,000.00
Mailing Address: 1251 D Lee Drive	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Margaret F. Longo, M.D.	8/6/10	$1,000.00
Mailing Address: 231 Osprey Drive	__/__/__	$
City, State, Zip Code: Hot Springs, AR 71913	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Doctor	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: H.L. & Judy Dilworth	8/13/10	$250.00
Mailing Address: 300 South Leflore Avenue	__/__/__	$
City, State, Zip Code: Cleveland, Ms 38732	__/__/__	$
Name of Employer (Required): Wachovia	__/__/__	$
Occupation (Required): Investment Broker	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: Hal G. Fiser Agency	8/20/10	$250.00
Mailing Address: P.O. Box 700	__/__/__	$
City, State, Zip Code: Clarksdale Ms 38614	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Insurance	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: Greenbough, Inc.	8/20/10	$250.00
Mailing Address: P.O. Box 700	__/__/__	$
City, State, Zip Code: Clarksdale Ms 38614	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Nursing Home	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sylvia P. Ross	8/23/10	$ 1,000.00
Mailing Address: P.O. Box 22602	__/__/__	$
City, State, Zip Code: Hot Springs National Park, AR 71903	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): retired	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: Terry Dulaney	8/26/10	$ 500.00
Mailing Address: 6933 Sunflower School Road	__/__/__	$
City, State, Zip Code: Clarksdale MS 38614	__/__/__	$
Name of Employer (Required): Dulaney Seed, Inc	__/__/__	$
Occupation (Required): farmer	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: Ralph E. Chapman	8/30/10	$ 500.00
Mailing Address: Chapman, Lewis & Swan	__/__/__	$
City, State, Zip Code: P.O. Box 428	__/__/__	$
Name of Employer (Required): Clarksdale MS 38614	__/__/__	$
Occupation (Required): Attorneys	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: Riverbend Farms	9/2/10	$ 500.00
Mailing Address: P.O. Box 897	__/__/__	$
City, State, Zip Code: Clarksdale, MS 38614	__/__/__	$
Name of Employer (Required): Mark Crumpton	__/__/__	$
Occupation (Required): farmer	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Oasis Sod Farm	9/2/10	$ 500.00
Mailing Address: P.O. Box 2020	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Dan Crumpton, Sr. & Dan Crumpton, Jr.	/ /	$
Occupation (Required): farmers	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: CTM, Inc.	9/7/10	$ 250.00
Mailing Address: 320 W. Lee Drive	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Chris Morley & Pete Dunn	/ /	$
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: Billy Hopkins	9/7/10	$ 500.00
Mailing Address: 1640 Mary Beth Lane	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required): Farm Bureau Ins.	/ /	$
Occupation (Required): insurance adjuster	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: Wayne & Marjone Orr	9/8/10	$ 250.00
Mailing Address: 936 West Second Street	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ellendale Farms	9/15/10	$ 500.00
Mailing Address: 5060 Old Hwy 49 South	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Farming	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: Pete Johnson	9/15/10	$ 250.00
Mailing Address: 405 Court Street	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Business	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: James P. Graeber, Jr.	9/15/10	$ 250.00
Mailing Address: 240 Westover Drive	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): retired	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: Hamp & Freeland Bass	9/20/10	$ 500.00
Mailing Address: 7 Cypress Ridge Drive	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Farms	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jerrol & Barbara Hamilton	9/21/10	$ 250.00
Mailing Address: 1005 Park Lane	/ /	$
City, State, Zip Code: Clarksdale MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): businessman	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: Hunt Law Offices, P.C.	9/23/10	$ 1,000.00
Mailing Address: 213 Lucy Lane	/ /	$
City, State, Zip Code: Starkville MS 39759	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Attorney	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: Wright Surgical Center	9/24/10	$ 500.00
Mailing Address: P.O. Box 26	/ /	$
City, State, Zip Code: Cleveland MS 38732	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): medical practice	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: Mattson Farms	9/29/10	$ 300.00
Mailing Address: P.O. Box 69	/ /	$
City, State, Zip Code: Dublin Ms 38739	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Farming	Aggregate year-to-date	$

Name of Candidate or Committee to Elect Tom Ross

Reporting period 7-1-10 through 9-30-10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bramlett Farms	9/30/10	$ 250.00
Mailing Address: 1207 St. George Cove	/ /	$
City, State, Zip Code: Clarksdale, MS 38614	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Farming	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	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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	/ /	$
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	$

SS04-05