10 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
Political Committee	NETO
REPORT OF RECEIPTS AND DISBURSEME 2010 Judicial Election	ECEIVE
Name of Committee Committee to Elect Tom Levidiotis Circuit Judge T	nard Draft OCT 2 6 2010
Address Po Box 1516 Oxford MS 3865	Campaign Finance Secretary of State
Telephone <u>462-232-8621</u> Fax	DATESTAME
Tressurer Karen CHAIN Emall Karenschain@hotma	il.con
Check here if above is different from previous report	
TYPE OF REPORT May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	filandatore
June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)	
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)	
October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010)	
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)	
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 1	
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 201	,
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred shall submit a report indicating "0" (Zero) for total amount of reported contributions are	urred. In such case, the candidate ad expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be f Ann. § 23-15-807 (b) (ii) and (iii).	iled in accordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. or falls on a weekend or a holiday, the office must be in actual receipt of the required reports are acceptable.	n the reporting day. If the deadline orts by 5:00 p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURS	EMENTS
Itemized + Non-itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$66,050 9+\$ Z00 \$ 66,250 00	\$ 104.6982
Total amount of disbursements \$58,96429\$ 947.78 \$ 59,912.06	\$ 89,960,24
Total amount of cash on hand \$ 14,131.1	16
I certify that I have examined this report and to the best of my knowledge and belief	If he does an assessment and an appropriate
1 Chrend Char	10/24/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure 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, Jeckson, MS 38205 or fax to 601-358-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Cierk.

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Name of Candidate or Committ	ee Commit	ter to E	beck Tom L	evid iotis	Cercin	1 Judge	Third Du	<u>6</u>
Reporting period Octobu	1,2010	through	October	23,20	O			
_ [*	LEWI	7FD	RFC	FIPT	S			- 4

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Uname Other (please specify)	10/14/10	S
Ken Coglian Mailing Address	1 1	\$ 1,000.00
City, State, Zip Code		\$
Name of Employer (Required) Self		\$
Occupation (Required) A Horney	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation C PAC 2 Individual & Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom Leviduotis	10/14/10	\$ 45,050.00
Mailing Address 215 Vivian St.	10178110	\$ Z0,000.00
City, State, Zip Code Oxford MS 38455		\$
Name of Employer (Required)		\$
Occupation(Required)	Aggregate year-to-date	\$ 90,050,00
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		s
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		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee	Committee +	o Elect	Tom Levidiotis	Circuit Indge	Thuo Dist.
Reporting period October 1	2010	through_	October 23.	2010	7:

ITEMIZED DISBURSEMENTS

Swine hout Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Walling Address 632 Silverstone Drive	10/14/10	\$ 45,015.00
Den Sacola Fl. 32507-3845	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 65,767.30
B. Full name Description Tehicles	(Mo., Day, Year)	Amount of each disbursement this period
Deep Fried Tshirts Address 21-19 W. Dabyd Low	10/15/10	\$ 102.00
2618 W. Oxford Loop City, State, Zip Code Clasford MS 38.455		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 392.00
C. Full name PP \	Date (Mo., Day, Year)	Amount of each disbursement this period
5280 Pt. F. Gooken Rd.	10/21/10	\$ 10,150.00
City, State, Zip Gode Tuzelo US 38801	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 11,203.95
D. Full name HSBC	Date (Mo., Day, Year)	Amount of each disbursement this period
P.O.BOX 60102	10/20/10	\$ 3,697.28
City, State, Zip Code City of Industry, CA, 91716-0102		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4.042.18
E. 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	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S