

2010 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Committee to Elect William R Sanders Circuit Court JudgeAddress P.O. Drawer 416, Charleston, MS. 38421Telephone 662.647-3656 Fax 662.647.0218Treasurer MARY ALICE SANDERS Email \_\_\_\_\_☐ 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 8, 2010 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	\$ 1,000.00 + \$ 0	\$ 1,000.00	\$ 20,450.00
Total amount of disbursements	\$ 920.00 + \$ 1,543.91	\$ 2,463.91	\$ 16,462.40
Total amount of cash on hand		\$ 3,987.60	

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

Mary Alice Sanders  
Signature of Director or Treasurer

10-26-10  
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 138, Jackson, MS 39206 or fax to 601-359-1499 or 601-875-2818.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee William R SANDERS  
 Reporting period 10-1-2010 through 10-23-2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William H. Liston</u>		<u>10/15/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 645</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Winona, MS. 38967 0645</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  /  /  </u>	\$
Mailing Address		<u>  /  /  </u>	\$
City, State, Zip Code		<u>  /  /  </u>	\$
Name of Employer (Required)		<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

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Name of Candidate or Committee William R SANDERS  
 Reporting period 10-1-2010 through 10-23-2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Mary Russell</u>	<u>10/4/10</u>	\$ <u>400.00</u>
Mailing Address		
<u>109 E. GAY ST</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>Charleston MS 38921</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
<u>Campaign work PANOLA COUNTY</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SARA MARTIN</u>	<u>10/6/10</u>	\$ <u>300.00</u>
Mailing Address		
<u>9872 Hwy 51 N</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>COURTLAND MS 38620</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Campaign work PANOLA COUNTY</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Panolian</u>	<u>10/14/10</u>	\$ <u>220.00</u>
Mailing Address		
<u>363 Hwy 51 N</u>		
City, State, Zip Code	<u>   /   /   </u>	\$
<u>Batesville MS 38606</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1259.95</u>
<u>Advertising</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>   /   /   </u>	\$
Mailing Address		
	<u>   /   /   </u>	\$
City, State, Zip Code		
	<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$