

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 Judge
 Address P.O. Box 416 Charleston, MS 38921
 Telephone 662-647-3656 Fax 662-647-0218
 Treasurer Mary Alice SANDERS Email bslegals@gmail.com

RECEIVED
JUL 09 2010
Campaign Finance
Secretary of State
DATESTAMP

☐ 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	\$ 100.00 +\$ 0	\$ 100.00	\$ 10,600.00
Total amount of disbursements	\$ 133.87 +\$	\$ 133.87	\$ 7,114.68
Total amount of cash on hand		\$ 3485.32	

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

7-9-10
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 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-678-2819.
 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 Committee to Elect William R. Sanders

Reporting period 6-1-2010 through 6-30-2010

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>Theodore T. Lewis M.D.</u>	<u>6/1/10</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Box 525</u>	<u> / / </u>	\$
City, State, Zip Code <u>Charleston, MS 38921</u>	<u> / / </u>	\$
Name of Employer (Required) <u>R/E</u>	<u> / / </u>	\$
Occupation (Required) <u>Retired Doctor</u>	Aggregate year-to-date	\$ <u>300.00</u>
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 Committee to Elect William R SANDERS
 Reporting period 6-1-2010 through 6-30-2010

ITEMIZED DISBURSEMENTS

A. Full name <u>WAL MART</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/1/10</u>	\$ <u>108.87</u>
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional) <u>TENT AND Supplies for Tractor Pull Booth</u>	Aggregate Year-to-date	\$ <u>108.87</u>
B. Full name <u>C.A.R.E.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6/5/10</u>	\$ <u>25.00</u>
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional) <u>Booth Fee for TRACTOR PULL</u>	Aggregate Year-to-date	\$ <u>25.00</u>
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	\$
D. 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	\$
E. 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	\$
F. 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	\$