2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUL 07 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee: Committee to Re-Elect Ed Roberts

Address: P.O. Box 1704, Oxford, MS 38655

Telephone: 662-234-8725 Fax: 662-232-8940

Treasurer: R.L. Holley Email: rholley@dubol.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	$ 5,300.00 +$ 3,720.00	$ 9,020.00	$ $10,020.00
Total amount of disbursements	$ -0- +$ 499.83	$ $499.83	$ $640.63
Total amount of cash on hand		$ 9379.37	Reconciled!

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: [signature] Date: 7/6/10

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 601-576-2819.
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 Re-Elect Ed Bounds

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TANNEHILL & CARNEKAN, PLLC	6/14/10	$ 500.00
Mailing Address: 829 N LAMAR	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): LAWYERS	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PAULINE LEWIS	6/1/10	$ 250.00
Mailing Address: 905 MOIRFIELD DRIVE	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): N/A - SELF	/ /	$
Occupation (Required): LAWYER	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MICHAEL LEWIS	6/1/10	$ 250.00
Mailing Address: 905 MOIRFIELD DRIVE	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): N/A-SELF	/ /	$
Occupation (Required): LAWYER	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KENNETH WATE III	6/1/10	$ 300.00
Mailing Address: 805 PARK DRIVE	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): LAWYER	/ /	$
Occupation (Required): RETIRED	Aggregate year-to-date	$ 300.00

SS04-05

Name of Candidate or Committee Committee to Re-Elect Ed Bryant

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mayo Mallette PLLC	6/1/10	$ 250.00
Mailing Address: 2094 Old Taylor Road	/ /	$
City, State, Zip Code: Oxford, MS 38655	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): Lawyers	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Collier Carlton	6/14/10	$ 250.00
Mailing Address: 154 S. Market Street	/ /	$
City, State, Zip Code: Holly Springs, MS 38635	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reid Vandle	6/14/10	$ 250.00
Mailing Address: ~~35 Hwy 51 N~~ 115 E. Van Dorn	/ /	$
City, State, Zip Code: ~~Batesville, MS~~ Holly Springs, MS 38635	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jennifer ~~Shackleford~~ Shackleford	6/14/10	$ 250.00
Mailing Address: 40 Hogan Road	/ /	$
City, State, Zip Code: Holly Springs, MS 38635	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Atty	Aggregate year-to-date	$ 250.00

SS04-05

Name of Candidate or Committee Committee to Re-Elect Ed Roberts

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JEAN JUDY	6/14/10	$ 250.00
Mailing Address: 37 CR 417	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required): RETIRED	__/__/__	$
Occupation (Required): TELEPHONE CO. EMPLOYEE	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BILL SCHNEILER	6/14/10	$ 250.00
Mailing Address: 126 N. SPRING STREET	__/__/__	$
City, State, Zip Code: Holly Springs, MS 38635	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): CPA	Aggregate year-to-date	$ 250.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: HICKMAN GOZA & SPRAGGINS PLLC	6/14/10	$ 500.00
Mailing Address: 1305 MADISON	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): LAWYER	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ROBERT PHILLIPS	6/30/10	$ 1,000.00
Mailing Address: 204 AVENT STREET	__/__/__	$
City, State, Zip Code: Oxford, MS 38655	__/__/__	$
Name of Employer (Required): RELIABLE PAINT & GLASS	__/__/__	$
Occupation (Required): OWNER	Aggregate year-to-date	$ 1,000.00

SS04-05

Name of Candidate or Committee Committee to Re-Elect Ed Roberts

Reporting period 6/1/10 through 6/30/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name OMAR CRAIG	6/30/10	$ 250.00
Mailing Address P.O. Box 926	__/__/__	$
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
Occupation (Required) Attorney	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Davis Mondyard	6/30/10	$ 250.00
Mailing Address 470 CR 101	__/__/__	$
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHAN PATEL	6/30/10	$ 500.00
Mailing Address 5009 BLUFF COVE	__/__/__	$
City, State, Zip Code Oxford, MS 38655	__/__/__	$
Name of Employer (Required) SELF	__/__/__	$
Occupation (Required) MOTEL/HOTEL OWNER	Aggregate year-to-date	$ 500.00

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	$

Name of Candidate or Committee Committee to Re-Elect Ed Peacock

Reporting period 4/1/10 through 4/30/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
CATAPULT Quick Print, Inc	4/14/10	$ 499.83
Mailing Address 1735 E. UNIVERSITY AVE	__/__/__	$
City, State, Zip Code Oxford, MS 38655	Aggregate Year-to-date	$ 499.83
Purpose of Disbursement (Optional) PRINTING		

B. 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	$

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	$