2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JUL 09 2010
Campaign Finance
Secretary of State

Name of Committee Committee to Re-elect Judge Donna Barnes

Address P. O. Box 4383, Tupelo, MS 38803

Telephone 662-346-1388 Fax

Treasurer Sue Golman Email

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2009, 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	$ 17,550.	+$ 875.00	$ 18,425.00	$ 46,475.00
Total amount of disbursements	$ 0	+$ 25.00	$ 25.00	$ 25,767.71
Total amount of cash on hand			$ 20,707.29	

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 7/9/10

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 Judge Donna Barnes

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Contractor's PAC/MS Assoc. Builders + Contra	6/16/10	$ 2500.00
Mailing Address: P.O. Box 16522	__/__/__	$
City, State, Zip Code: Jackson MS 39236	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Independent Ins Agents of Miss. PAC	6/16/10	$ 2000.00
Mailing Address: 124 Riverview	__/__/__	$
City, State, Zip Code: Flowood MS 39232-8908	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kathy Samson	6/16/10	$ 1,000.00
Mailing Address: 301 Suburban Road	__/__/__	$
City, State, Zip Code: Knoxville TN 37923	__/__/__	$
Name of Employer (Required): Ameresco, Inc	__/__/__	$
Occupation (Required): Financial Analyst	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Price + Krohn LLP	6/16/10	$ 200.00
Mailing Address: P.O. Box 549	__/__/__	$
City, State, Zip Code: Corinth MS 38835-0549	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 200.00

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Name of Candidate or Committee Committee to Re-elect Judge Donna Barnes

Reporting period June 1, 2010 through June 30, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas M. Coleman	6/16/10	$ 200.00
Mailing Address: 1118 Hwy. 72	__/__/__	$
City, State, Zip Code: Corinth MS 38834	__/__/__	$
Name of Employer (Required): TN Valley Regional Housing Authority (HUD)	__/__/__	$
Occupation (Required): Executive Director	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Taft F. Little	6/16/10	$ 200.00
Mailing Address: P.O. Box 1112	__/__/__	$
City, State, Zip Code: Corinth MS 38835-1112	__/__/__	$
Name of Employer (Required): Litco Petroleum	__/__/__	$
Occupation (Required): General Manager	Aggregate year-to-date	$ 200.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.M. Saenz	6/30/10	$ 1000.00
Mailing Address: 605 So. 28th Ave.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): N/A Retired	__/__/__	$
Occupation (Required): Retired	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Michael J. Chaney	6/30/10	$ 200.00
Mailing Address: 528 Inglewood Dr.	__/__/__	$
City, State, Zip Code: Vicksburg, MS 39180	__/__/__	$
Name of Employer (Required): State of Mississippi	__/__/__	$
Occupation (Required): Mississippi Insurance Commissioner	Aggregate year-to-date	$ 200.00

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Name of Candidate or Committee Committee to Reelect Judge Donna Barnes

Reporting period June 1, 2010 through June 30 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Medical PAC - State	6/30/10	$ 5000.00
Mailing Address: P.O. Box 2548	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 5000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MRBAPAC - Miss Road Builders Asso. PAC	6/30/10	$ 2500.00
Mailing Address: 601 George St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Realtors PAC Political Fund	6/30/10	$ 2500.00
Mailing Address: P.O. Box 321000	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie Baglan and Associates	6/30/10	$ 250.00
Mailing Address: 100 Public Square, P.O. Box 1289	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 250.00

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Reporting period June 1, 2010 through June 30, 2010

ITEMIZED DISBURSEMENTS

None Itemized "0"

A. 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	$
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	$