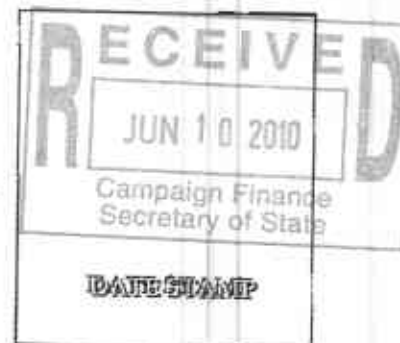


## 2010 ELECTION CYCLE

Political Committee  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2010 Judicial Election

Delbert Hosemann  
 SECRETARY OF STATE



Name of Committee Committee to Re-elect Judge Dama  
 Address P.O. Box 4383, Tupelo, MS 38803 Barnes  
 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	\$ 7600. +\$ 0	\$ 7600.00	\$ 28,050.00
Total amount of disbursements	\$ 13,263. +\$ 177.02	\$ 13,440.91	\$ 25,742.71
Total amount of cash on hand		\$ 2307.29	

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

Authority: Refer to Miss. Code Ann. §23-15-301 (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 130, Jackson, MS 39205 or fax to 601-353-1438 or 601-578-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Re-elect Judge Donna Barnes Page 1 of 3  
 Reporting period May 1, 2010 through May 31, 2010

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Manufacturers Assn. PAC	5/17/10	\$ 5,000.00
Mailing Address		
720 N. President St.	1/1/	\$
City, State, Zip Code		
Jackson MS 39202	1/1/	\$
Name of Employer (Required)		
NIA	1/1/	\$
Occupation (Required)		
NIA	Aggregate year-to-date	\$ 5,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Becky P. Martin	5/17/10	\$ 500.00
Mailing Address		
896 S. Main St.	1/1/	\$
City, State, Zip Code		
Ripley MS 38663	1/1/	\$
Name of Employer (Required)		
The Peoples Bank	1/1/	\$
Occupation (Required)		
Banker	Aggregate year-to-date	\$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Gray W. Mitchell III	5/17/10	\$ 500.00
Mailing Address		
P.O. Box 7120	1/1/	\$
City, State, Zip Code		
Tupelo MS 38802	1/1/	\$
Name of Employer (Required)		
Mitchell, McNutt & Sams, P.A.	1/1/	\$
Occupation (Required)		
Attorney	Aggregate year-to-date	\$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
The Pace Group	5/17/10	\$ 250.00
Mailing Address		
P.O. Box 1502	1/1/	\$
City, State, Zip Code		
Tupelo MS 38802	1/1/	\$
Name of Employer (Required)		
NIA	1/1/	\$
Occupation (Required)		
NIA	Aggregate year-to-date	\$ 250.00

Page 2 of 3Name of Candidate or Committee Committee to Re-elect Judge Denna Barnes  
Reporting period May 1, 2010 through May 31, 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 Beatner Calhoun</u>		<u>5/17/10</u>	\$ <u>250.00</u>
Mailing Address <u>1468 Whitmoore Ln.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>Cardiology Assoc.</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>Doctor</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. 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>Tom Wicker</u>		<u>5/17/10</u>	\$ <u>200.00</u>
Mailing Address <u>128 Road 1836</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>Holland Ray, Upchurch + Hillen</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. 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>Robert Upchurch</u>		<u>5/17/10</u>	\$ <u>200.00</u>
Mailing Address <u>1428 Mitts Drive</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>Holland Ray, Upchurch + Hillen</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" 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>Miss. Poultry Asso. PAC</u>		<u>5/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>110 Airport Rd. Suite C</u>		<u>   </u> <u>   </u> <u>   </u>	\$
City, State, Zip Code <u>Pearl MS 39208</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>   </u> <u>   </u> <u>   </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>

Page 3 of 3Name of Candidate or Committee Committee to Re-elect Judge Denna Barnes  
Reporting period May 1, 2010 through May 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>The Koerber Co., P.A.</u>		<u>5/28/10</u>	\$ <u>200.00</u>
Mailing Address <u>103 Madison Plaza</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>200.00</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	\$

Page 1 of 1

Name of Candidate or Committee Committee to Re-elect Judge Donna Barnes  
 Reporting period May 1, 2010 through May 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Frontier Strategies, LLC		5/17/10	\$ 13,263.89
Mailing Address			
P.O. Box 13292			
City, State, Zip Code			
Jackson MS 39236-3292			
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	\$