2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 08 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Committee to Reelect Tyree Irving Appeals Court Judge

Address Post Office Box 24112, Jackson, MS 39225-4112

Telephone 601-906-5262 Fax

Treasurer Ethola G. Irving Email egirving@earthlink.net

☐ 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

X October 10, 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	$ 2,900	+$ 2,869	$ 5,769	$ 12,085.81
Total amount of disbursements	$ 11,997.98	+$ -0-	$ 11,997.98	$ 11,997.98
Total amount of cash on hand			$ 87.83	

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

Ethola G. Irving
Signature of Director or Treasurer

10/8/10
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 601-576-2619.
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-Relect Tyree Irving, Appeals Court Judge

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: Region Bank Mailing Address: 947 North State Street City, State, Zip Code: Jackson, MS 39202 Purpose of Disbursement (Optional):	06/04/10	$ 119.67
	__/__/__	$
	Aggregate Year-to-date	$ 119.67
B. Full name: Classic Printing Mailing Address: 418 North Farris Street City, State, Zip Code: Jackson, MS 39286-8696 Purpose of Disbursement (Optional):	08/18/10	$ 566.03
	08/27/10	$ 176.55
	Aggregate Year-to-date	$ 742.58
C. Full name: Classic Printing Mailing Address: 418 North Farris Street City, State, Zip Code: Jackson, MS 39286-8696 Purpose of Disbursement (Optional):	08/30/10	$ 222.56
	09/03/10	$ 1,522.82
	Aggregate Year-to-date	$ 2,487.96
D. Full name: U.S. Postal Service Mailing Address: City, State, Zip Code: Jackson, MS 39201 Purpose of Disbursement (Optional):	08/26/10	$ 440.00
	__/__/__	$
	Aggregate Year-to-date	$ 440.00
E. Full name: Patroit Sinage, Inc Mailing Address: 1001 Second Ave. City, State, Zip Code: Dayton, Ky 41074 Purpose of Disbursement (Optional):	09/07/10	$ 4,187.00
	__/__/__	$
	Aggregate Year-to-date	$ 4,187.00
F. Full name: R&L Carriers Mailing Address: P.O. Box 271 City, State, Zip Code: Wilmington, OH 45177-0271 Purpose of Disbursement (Optional):	09/22/10	$ 363.35
	10/04/10	$ 93.07
	Aggregate Year-to-date	$ 456.42

Name of Candidate or Committee Committee to Re-Elect Tyree Irving, Appeals Court Judge

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name RON THE SIGN MAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10016 Hwy 98	09/25/10	$ 4,400.00
City, State, Zip Code NAVARRE, FL 32566	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,400.00
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	$

Reporting period July 1, 2010 through September 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: Earl Blackmon	08/29/10	$ 200.00
Mailing Address: 312 Woodland Hills Drive	__/__/__	$
City, State, Zip Code: Lexington, MS 39095	__/__/__	$
Name of Employer (Required): Allstate Ins Co.	__/__/__	$
Occupation (Required): Ins Agent	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: Alfred Arrington	8/29/10	$ 200.00
Mailing Address: 525 Redbud Street	__/__/__	$
City, State, Zip Code: Greenwood, MS 38930	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Retired Educator	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: Michael & Annie Washington	8/29/10	$ 500.00
Mailing Address: 1004 South Blvd.	__/__/__	$
City, State, Zip Code: Greenwood, MS 38930	__/__/__	$
Name of Employer (Required): UPS	__/__/__	$
Occupation (Required): Driver	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: Bailey & Griffin	08/30/10	$ 500.00
Mailing Address: P.O. Box 189	__/__/__	$
City, State, Zip Code: Greenville, MS 38701	__/__/__	$
Name of Employer (Required): Self-employed.	__/__/__	$
Occupation (Required): Lawyers	Aggregate year-to-date	$ 500.00

Reporting period July 1, 2010 through September 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: Dorothy J. Ford-Smith	09/01/10	$ 200.00
Mailing Address: P.O. Box 849	__/__/__	$
City, State, Zip Code: Tchula, MS 39169	__/__/__	$
Name of Employer (Required): State of MS	__/__/__	$
Occupation (Required): Holmes County Chancery Clerk	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: Pieter Teeuwissen, Esq. PLLC	09/29/10	$ 300.00
Mailing Address: P.O. Box 16787	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): Lawyer	Aggregate year-to-date	$ 300.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Health Assurances, LLC	09/15/10	$ 1,000.00
Mailing Address: 5903 Ridgewood Road, Ste 310	__/__/__	$
City, State, Zip Code: Jackson, MS 39211	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

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	$