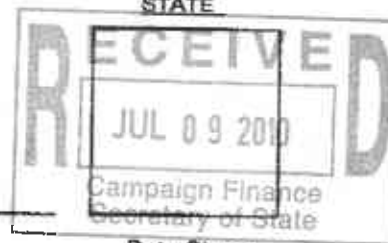


**Judicial Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election**

Delbert Hosemann  
SECRETARY OF  
STATE



Name of Candidate Douglas MacArthur Magee  
 Address 145 E. Maud Avenue Mendenhall, MS 39114 County Simpson  
 Telephone Work 601-847-2446 Home 601-847-2446 Fax 601-847-7388  
 Contact Name Douglas M. Magee Email Address gmagee61@yahoo.com

Office Sought Chancery Court Judge, Post One, 13<sup>th</sup> Judicial District MS

Check here if above is different from previous 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 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	\$0.00 +\$0.00	\$0.00	\$0.00
Total amount of disbursements	\$0.00 +\$0.00	\$0.00	\$0.00
Total amount of cash on hand		\$0.00	

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 Candidate

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, non-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-354-1499 or 601-576-2418.

# ITEMIZED DISBURSEMENTS

A. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
B. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
C. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
D. Full name N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1 /	\$ 0.00
City, State, Zip Code	1 /	\$ 0.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 0.00

*Douglas MacArthur Magee*

*July 8, 2010*