2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 27 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee Friends of Alex Ignatiev

Address PO Box 2076 Hattiesburg MS 39403

Telephone 601-209-[illegible] Fax 601-544-[illegible]

Treasurer William T. Adcox Email

☐ 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 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010) Mandatory

X 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 obligations) 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, actual expenditures must be reported for the period 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 deadline. 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	$ 800 + $ 600	$ 1400	$ 960
Total amount of disbursements	$ 960 + $	$ 960	$ 960
Total amount of cash on hand		$ 640.00	

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 Director or Treasurer

Date 10/26/2010

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, [illegible] 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 Circuit/Chancery/Justice/County and Municipal Judge [illegible] MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for municipal and county judge offices should [illegible]

SOS 03-10

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Name of Candidate or Committee Friends of Alex Ignatiev

Reporting period 10/1/10 through 10/23/10

ITEMIZED DISBURSEMENTS

A. Full name Superstalk MS WFMM	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5266 Old Hwy 11	10/19/10	$ 360.00
City, State, Zip Code Hattiesburg MS 39402	10/24/10	$ 600.00
Purpose of Disbursement (Optional) Radio Ad	Aggregate Year-to-date	$ 960.00
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	$

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Name of Candidate or Committee Friends of Alex Ignatiev

Reporting period 10/1/10 through 10/22/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mark Fails	10/22/10	$ 500.00
Mailing Address: 5932 N Williamsburg Rd	__/__/__	$
City, State, Zip Code: Bassfield MS 39421	__/__/__	$
Name of Employer (Required): DFI Construction, Inc.	__/__/__	$
Occupation (Required): Contractor	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: Fred Drewis	10/14/10	$ 300.00
Mailing Address: 2609 Mimosa Ln	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39401	__/__/__	$
Name of Employer (Required): First Dental, P.A.	__/__/__	$
Occupation (Required): Dentist	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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	$