110 ELECTION CYCLE		ALL VALLE	S	700		Delbert Hosemann CRETARY OF STATE
		Judicial Care		- 10		
REPOR				URSEMENTS	OCT.	0.3.2010
1		20 to Judicial	Electio	n - 1	100	on Finance
Name of Candidate / AW	REWLE 1	LI MORG	1200	DRUGEN, VA	Egonsia Egonsia	ary of State
Address 3317) 4	Hewast	Circle m	3957	nunty Harris	2	TOWN THE STOWN OF
/ / - / - / - / - / - / - / - / - /	1/2/2	· long	452-01	14 Fax /228	5) 86	5-1636
Telephone Work	TABEL	_Home (AAA/_	70	1 hours	- il	1 /hear 1 WK
Contact Name	EURGEON	Ema	Addres	5 LGWRY	:015@	Co. HARRISON-115
Office Sought Crart Ct.	Judge	, 8 Circ	urt C	DUTT DISTRI	4	Place 5
Check here if above is d	/ Ifferent from prev	vious report			3	
May 10, 2010 Periodic Re						
June 10, 2010 Periodic R						
July 9, 2010 Periodic Rej						
October 10, 2009 Periodi						
October 26, 2010 Pre-Ele						
November 16, 2010 Pre-f						
January 10, 2011 Periodi	ndidate will no	longer accept con	tributions	or make Requ	aired to to	erminate reporting
campaign expenditures a	nd has no outs	tanding campaign	debt obli	gation) oblig	gations	
		IMPORTA	NT			
(1) Pre-Election reports are mand shall submit a report indicatin	atory, even if n g "0" (Zero) for	o contributions or r total amount of re	expenditu ported co	res have occurred. I ntributions and expe	in such ca enditures	ise, the candidate during this period.
(2) Until a Candidate files a Termi Ann. § 23-15-807 (b) (ii) and (ii		annual and period	ic reports	must still be filed in	accordan	ice with Miss. Code
The receiving authority must be	e in actual rec	eipt of the required	i reports b	y 5:00 p.m. on the n	eporting d	Jay. If the deadline
falls on a weekend or a holida day before the deadline. Faxe	y, the office mu	ust be in actual rec	eipt of the	required reports by	5:00 p,m.	on the first working
			NC ANT	DISBURSEME	NTC	
·	, , , , ,	Non-itemized =		This Period		Calendar
	TEIRIZEG *	^	- 7776	A .		ear-To-Date
Total amount of contributions	\$ 0	+\$ U	\$	0	\$	<i>U</i>
Total amount of disbursements	\$ 0	+\$ D	\$	0	\$	D
Total amount of cash on hand	01		\$			
I certify that have examined t	report and	to the sest of my	knowledg	e and belief it is tr	le, acquir	ate, and complete.
//www.	surgion	7ph.		_/0/	8/10	1
Signature of Candidate Authority: Refer to Mics. Code Anni 523-1	//	1	om o niko	Date'/	,	
Penalties: Pailure to autmit required reportesult in fines of \$50 per day and/or prose	orts, or failure to s	ubmit reports in accor	dance with s		allure to sul	omit valid reports shall

SEND TO: 1. Conditions for Statewisis. State district, multi-county and all logislative offices should return form to Socretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or tax to 601-358-1499 or 801-576-2818.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.