2010 ELECTION CYCLE

Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 20 0 Judicial Election

Delbert Hosemann SECRETARY OF STATE

Intact Name Doe Rogers Email Address Fogers a glocolaw. Comported	11 10	001 0 9 2010
lephone Work 601-649-4440 Home 601-765-8534 Fax 601-649-4441 Intact Name	me of Candidate 100el Kogers	
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 pariod. shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this pariod. Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-16-807 (b) (ii) and (iii). The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the first working 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 Calendar Year-To-Date	Idress On Hyng Sy E Collins MS 39438 County	Mandatory Mandatory
shall submit a report indicating a few port, annual and periodic reports must still be filed in accordance with Miss. Code Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-16-807 (b) (ii) and (iii). The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the first working 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 Calendar Year-To-Date	campaign expenditures and has no outstanding company	
REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Year-To-Date	shall submit a report indicating to (case). Until a Candidate files a Termination Report, annual and periodic reports must still be filed Ann. § 23-16-807 (b) (ii) and (iii). The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the processing authority must be in actual receipt of the required reports.	I in accordance with Miss. Code
Itemized + Non-itemized = This Period Year-To-Date	day before the deadline. Faces represent the control of the contro	MENTS
		Calendar Year-To-Date
	$\sim \sim \sim \sim \sim$	5 0

Total amount of cash on hand 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

Total amount of disbursements \$

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 \$13 (1972).

SEND TO: 1. Conditions for State-side, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or Ent to 601-359-1499 or 601-519-2819.

2. Conditions for countywide and county district offices should return forms to their county Circuit Clark.

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of	
	of

Name	of	Candidate	or	Committee	
	-				

Name of Candidate or Committee Nocl A. Roses

Reporting period July 1, 2010 through September 30, 2010

ITEMIZED DISBURSEMENTS

Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Headrick Sign Conpany		256 80
ty, State, Zip Code		s
Lavel, MS 39440 urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 25680
Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Signs On The Cheap. Com alling Address 11525 B Stonehollow Or	9 130110	s 517 88
ity, State, Zip Code Trustin, TX 78758	_'_'_	\$
urpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 517 88
Signs Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	\$
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code		\$
Purpose of Disbursement (Optional)		s
E Full name	Date (Mo., Day, Year)	
Mailing Address	_'	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year	
Mailing Address	_'_'_	\$
City, State, Zip Code		. S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S