2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
OCT 26 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Committee R. I. (RIP) PRICHARD, III - RE-ELECTION COMMITTEE

Address ATTN: MAX HUEY, P. O. BOX 848, PICYAUNE, MS 39466

Telephone (601)749-3200 Fax (601)749-3284

Treasurer MAX HUEY Email dmhuey@hnbop.com

☑ 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 10, 2009 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 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	$11,200.00 + $7945.00	$19,145.00	$43,945.00
Total amount of disbursements	$19,335.00 + $0	$19,335.00	$42,951.08
Total amount of cash on hand		$993.92	

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

Max Huey
Signature of Director or Treasurer

10-23-2010
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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee R1(Rip) Prichard III Re Election Committee

Reporting period Oct. 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kurt Kratz	10/01/10	$ 500.00
Mailing Address: 12 Cove Lane	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Anatomic Pathology	__/__/__	$
Occupation (Required): MD	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: Anatomic Pathology Consulting Serv LLC	10/01/10	$ 500.00
Mailing Address: 95 Poplar Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Anatomic Pathology	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frederick Nora	10/01/10	$ 500.00
Mailing Address: 7417 Camale	__/__/__	$
City, State, Zip Code: Pensacola, FL 32504	__/__/__	$
Name of Employer (Required): Anatomic Pathology	__/__/__	$
Occupation (Required): MD	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: Creed + Connie D. Fox	10/01/10	$ 500.00
Mailing Address: 179 W. Canebrake Blvd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg GI Associates	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee R1 (Rip) Prichard III - Re Election Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stephen & Lynette Buckley	10/01/10	$ 500.00
Mailing Address: 359 Tatum Camp Rd	__/__/__	$
City, State, Zip Code: Purvis, MS 39475	__/__/__	$
Name of Employer (Required): Hattiesburg GI Associates	__/__/__	$
Occupation (Required): MD	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: Troy & Natalie B. Morrissette	10/01/10	$ 500.00
Mailing Address: 189 W. Canebrake Blvd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg GI Associates	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William & Courtney Farmer	10/01/10	$ 500.00
Mailing Address: 53 Fieldstone	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg GI Associates	__/__/__	$
Occupation (Required): MD	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: Dr. & Mrs. H. Allen Gersh	10/01/10	$ 250.00
Mailing Address: 117 W. Canebrake Blvd	10/01/10	$ 200.00
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic	__/__/__	$
Occupation (Required): M.D	Aggregate year-to-date	$ 450.00

Name of Candidate or Committee R1 (RIP) Prichard III Re-Elect Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. + Mrs. Arthur Fokakis	10/25/10	$ 250.00
Mailing Address: 120 Wildwood Trace	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Asthma + Allergy Clinic of Hattiesburg	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paul Talbot	10/07/10	$ 300.00
Mailing Address: 40 Franklin Rd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): MD	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: William Reno III	10/07/10	$ 300.00
Mailing Address: 40 Franklin Rd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walid Younis	10/07/10	$ 300.00
Mailing Address: 3 Regina Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 300.00

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Name of Candidate or Committee R1 (Rip) Prichard III Re-Elect Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Colette Oldmixon	10/13/10	$ 1000.00
Mailing Address: P.O. Box 393	__/__/__	$
City, State, Zip Code: Poplarville, MS 39470	__/__/__	$
Name of Employer (Required): Smith & Oldmixon	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) PLLC	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Zachary & Leggett	8/25/10	$ 200.00
Mailing Address: P.O. Box 15484	10/14/10	$ 200.00
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 400.00
C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Victor J. Roberts	10/14/10	$ 250.00
Mailing Address: P.O. Box 608	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00
D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: James K. Dukes	10/14/10	$ 250.00
Mailing Address: P.O. Box 2055	__/__/__	$
City, State, Zip Code: Hattiesburg, MS	__/__/__	$
Name of Employer (Required): Dukes, Dukes & Wood	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee R1 (RIP) Prichard III Re Elect Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James K. Dukes, Jr.	10/14/10	$ 250.00
Mailing Address: P.O. Box 1005	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Dukes, Dukes + Wood	__/__/__	$
Occupation (Required): Attorneys	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Janeil Dukes	10/14/10	$ 250.00
Mailing Address: P.O. Box 2055	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): Homemaker	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steven M. Murphey	10/14/10	$ 350.00
Mailing Address: 36 Tidewater Rd	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Hattiesburg Radiology	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 350.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank H. McWhorter, Jr.	10/14/10	$ 250.00
Mailing Address: P.O. Box 15099	__/__/__	$
City, State, Zip Code: Hattiesburg MS 39404	__/__/__	$
Name of Employer (Required): Nicholson + Co.	__/__/__	$
Occupation (Required): CPA	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee RIP(RIP) Prichard III Re-Elect Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert Hammond	10/14/10	$ 500.00
Mailing Address: 3 Queensland Dr.	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
Name of Employer (Required): Ramsay & Hammond PLLC	__/__/__	$
Occupation (Required): Attorney	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: John W. Lee Jr.	10/14/10	$ 1000.00
Mailing Address: P.O. Box 1470	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Lee Law Firm LLC	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ward Conville	10/14/10	$ 500.00
Mailing Address: 403 Sixth Ave	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required): Conville & Conville PLLC	__/__/__	$
Occupation (Required): Attorney	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: Richard H. Nierenberg	10/14/10	$ 250.00
Mailing Address: 415 South 28th Ave	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Name of Employer (Required): Hattiesburg Clinic	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee R1 (RIP) Prichard III Re-Elect Committee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dorrance Aultman	10/14/10	$500.00
Mailing Address: 705 South 34th Ave	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Aultman, Ruffin + Swetman	__/__/__	$
Occupation (Required): Attorney	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: Victor J. Roberts	10/14/10	$250.00
Mailing Address: P.O. Box 608	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Self	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$250.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William B. Sullivan	10/15/10	$250.00
Mailing Address: 4 Ransom Hollow	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Name of Employer (Required): Allergy + Immunology	__/__/__	$
Occupation (Required): MD	Aggregate year-to-date	$250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terry Martin	10/14/10	$300.00
Mailing Address: PO Box 1005	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Name of Employer (Required): Dukes, Dukes + Wood	__/__/__	$
Occupation (Required): Paralegal	Aggregate year-to-date	$300.00

Name of Candidate or Committee R1(RiP) Prichard III Re-Elect Comittee

Reporting period Oct 1, 2010 through Oct 23, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cliff Brown Advertising		
Mailing Address 1107 Oakleigh Dr.	10/14/10	$ 19,335.00
City, State, Zip Code Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional) Advertising - TV	Aggregate Year-to-date	$ 38,986.77
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	$