2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
20 Judicial Election

RECEIVED
JUL 09 2010
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate STAN LITTLE

Address 2525 CAFFEY ST., HERNANDO County DESOTO

Telephone Work (662) 429-8405 Home _____ Fax (662) 429-8407

Contact Name STAN LITTLE Email Address slittle@stanlittle.com

Office Sought CIRCUIT COURT JUDGE, DIST. 17, POS. 4

☐ 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 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	$ Ø	+$ Ø	$	$ Ø	$ Ø
Total amount of disbursements	$	+$	$		$
Total amount of cash on hand			$ N/A		

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 [signature] Date July 9, 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, 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 ROBERT STAN LITTLE, JR. (CANDIDATE)

Reporting period JUNE 1. 2010 through JUNE 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SPIKNER, INC.		
Mailing Address 1210 MADISON AVE.	06/22/10	$ 1770.41
City, State, Zip Code MEMPHIS, TENN 38103	__/__/__	$
Purpose of Disbursement (Optional) PROMOTIONAL PARAPHERNALIA	Aggregate Year-to-date	$ 1,770.41
B. Full name LOWE'S INC.	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 178 GOODMAN RD. W.	06/30/10	$ 151.59
City, State, Zip Code SOUTHAVEN, MISS. 38671	__/__/__	$
Purpose of Disbursement (Optional) SUPPLIES	Aggregate Year-to-date	$ 151.59
C. Full name BEAMAN INSURANCE	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address POBOX 815	06/16/10	$ 530.75
City, State, Zip Code TUNICA, MISS. 38632	__/__/__	$
Purpose of Disbursement (Optional) INSURANCE ON CAMPAIGN BUS	Aggregate Year-to-date	$ 530.75
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	$