

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

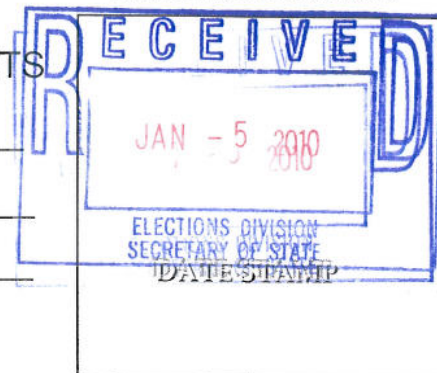
Candidate's Name Frank Vollar

Full Address PO Box 821355; Vicksburg, MS 39182

Telephone 601 638 8686 (Fax) 601 638 8681

E-mail law@fvollar.com

Office Sought Circuit Judge 9th District Post 2  
Political Party n/a



☒ Check here if above is different from previous report

**TYPE OF REPORT**

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

X **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 municipal clerk 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	0	\$ 0	\$ 0
Total amount of disbursements	\$1,493.02	\$ \$1,493.02	\$ \$1,493.02
Total amount of cash on hand		\$ 0	

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

Frank Vollar  
Signature of Candidate

01-04-2010

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 Frank VollorReporting period January 9 2007 through January 5 2010**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>None</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>none</u>
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$



Name of Candidate or Committee Frank VollarReporting period January 9 2007 through January 5 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Carmelite Book Store	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2155 Terry Road	3 / 9 / 2007	\$ 681.50
City, State, Zip Code	Jackson, MS 39204	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Contribution of 500 Bibles for Beyond Walls Ministry	Aggregate Year-to-date	\$ 681.50
B. Full name	Culkin Athletic Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5446 Mt. Alban Road	4 / 12 / 07	\$ 220.00
City, State, Zip Code	Vicksburg, MS 39183	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Contribution to Youth Baseball	Aggregate Year-to-date	\$ 220.00
C. Full name	Red Cross	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	908 Cherry Street	5 / 9 / 07	\$ 220.00
City, State, Zip Code	Vicksburg, MS 39183	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Contribution to Fund Raiser	Aggregate Year-to-date	\$ 220.00
D. Full name	Vicksburg Historical Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1008 Cherry Street	5 / 23 / 07	\$ 175.00
City, State, Zip Code	Vicksburg, MS 39183	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Contribution	Aggregate Year-to-date	\$ 175.00
E. Full name	Haven House (family shelter)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 57	6 / 25 / 07	\$ 175.00
City, State, Zip Code	Vicksburg, MS 39181	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Contribution	Aggregate Year-to-date	\$ 175.00
F. Full name	St. Michael's Catholic Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	100 St. Michael Place	7 / 1 / 07	\$ 21.52
City, State, Zip Code	Vicksburg, MS 39180	__ / __ / __	\$
Purpose of Disbursement (Optional)	Charitable Cash Contribution	Aggregate Year-to-date	\$ 21.52