

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

**FILED**

MAY 10 2010

BARBARA DUNN, CIRCUIT CLERK

BY *M. Green* D.C.

DATE STAMP

Name of Committee Committee to Elect Melvin Priester, Sr.

Address 820 North Street, Jackson, MS 39202

Telephone 601-353-2460 Fax 601-353-2074

Treasurer Charlene Priester Email ecpriester@priesterlawfirm.com

Check here if above is different from previous report

**TYPE OF REPORT**

- May 10, 2010 Periodic Report** (January 1, 2009, 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, 2009).....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	\$ 20,420 <sup>+</sup>	\$ 20,420	\$ 20,420
Total amount of disbursements	\$ 7,844.12 <sup>+</sup> \$ 450	\$ 8,294.12	\$ 8,294.12
Total amount of cash on hand		\$ 12,125.88	

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

*[Signature]*  
Signature of Director or Treasurer

5-10-2010  
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: Committee to Elect Melvin Priester, Sr.

Reporting period 1-1-2010 through 4-30-2010

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Janet Ryder</u>	<u>3 / 13 / 10</u>	\$ <u>75.00</u>
Mailing Address <u>6357 Sherwood Rd</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Philadelphia, PA 19151</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>United Way of Philadelphia</u>	___ / ___ / ___	\$
Occupation (Required) <u>Director</u>	Aggregate year-to-date	\$ <u>75.00</u>
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Samuel L. Brown</u>	<u>3 / 22 / 10</u>	\$ <u>1,000</u>
Mailing Address <u>1860 Chadwick, Dr. Ste 300</u>	<u>4 / 1 / 10</u>	\$ <u>1,000</u>
City, State, Zip Code <u>Jackson, MS 39204</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Central MS OBGYN</u>	___ / ___ / ___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>2,000</u>
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alan Walters</u>	<u>3 / 20 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>1514 Riverwood Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>First Commercial Bank</u>	___ / ___ / ___	\$
Occupation (Required) <u>CEO</u>	Aggregate year-to-date	\$ <u>200</u>
D. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reddix Medical Group PA</u>	<u>3 / 22 / 10</u>	\$ <u>500</u>
Mailing Address <u>5903 Ridewood Road Ste, 310</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Doctors Office</u>	___ / ___ / ___	\$
Occupation (Required) <u>Doctors Office</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Commit Committee to Elect Melvir  
 Reporting period 1-1-2010 through 4-30-2010

# ITEMIZED RECEIPTS

A. Source: <u>Corporation</u> PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>Health Assurances, LLC</u>	<u>3 / 22 / 10</u>	\$ 500
Mailing Address _____ <u>5903 Ridgewood Road Ste. 310</u>	___ / ___ / ___	\$
City, State, Zip Code _____ <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) _____ _____	___ / ___ / ___	\$
Occupation (Required) _____ <u>Medicine</u>	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>James D. Holland</u>	<u>3 / 22 / 10</u>	\$ 200
Mailing Address _____ <u>P.O. Box 1163</u>	___ / ___ / ___	\$
City, State, Zip Code _____ <u>Jackson, MS 39215</u>	___ / ___ / ___	\$
Name of Employer (Required) _____ <u>Page, Kruger &amp; Holland</u>	___ / ___ / ___	\$
Occupation (Required) _____ <u>Attorney</u>	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>Janes Koerber</u>	<u>3 / 22 / 10</u>	\$ 200
Mailing Address _____ <u>103 Madison Plaza</u>	___ / ___ / ___	\$
City, State, Zip Code _____ <u>Hattiesburg, MS 39402</u>	___ / ___ / ___	\$
Name of Employer (Required) _____ <u>The Koerber Co., P.A.</u>	___ / ___ / ___	\$
Occupation (Required) _____ <u>CEO/CPA</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____ Full name <u>Joshua Wiener</u>	<u>3 / 23 / 10</u>	\$ 200
Mailing Address _____ <u>1621 Devine St.</u>	___ / ___ / ___	\$
City, State, Zip Code _____ <u>Jackson, MS 39202</u>	___ / ___ / ___	\$
Name of Employer (Required) _____ <u>Buttler Snow</u>	___ / ___ / ___	\$
Occupation (Required) _____ <u>Attorney</u>	Aggregate year-to-date	\$ 200

Name of Candidate or Committee Committee to Elect Melvin Lester, Sr.

Reporting period 1-1-2010 through 4-30-2010

# ITEMIZED RECEIPTS

A. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W.H. Jefferson Funeral Home, Inc.</u>	<u>3 / 22 / 10</u>	\$ <u>200</u>
Mailing Address <u>800 Monroe St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Vicksburg, MS 39180</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required) <u>Funeral Services</u>	Aggregate year-to-date	\$ <u>200</u>
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Theodore C. Jones</u>	<u>3 / 23 / 10</u>	\$ <u>100</u>
Mailing Address <u>4300 Robinson Road Ste. B</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39209</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>MS Orthodontic Specialist</u>	___ / ___ / ___	\$
Occupation (Required) <u>Dentist</u>	Aggregate year-to-date	\$ <u>100</u>
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jeff Good</u>	<u>3 / 22 / 10</u>	\$ <u>100</u>
Mailing Address <u>1045 Avondale St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39216</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Mangia Bene, Inc.</u>	___ / ___ / ___	\$
Occupation (Required) <u>Restaurant Management</u>	Aggregate year-to-date	\$ <u>100</u>
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Monte Barton</u>	<u>3 / 25 / 10</u>	\$ <u>100</u>
Mailing Address <u>268 North Castle Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Copeland, Cook, Taylor, &amp; Bush</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>100</u>

Name of Candidate or Commit Committee to Elect Melvin Lester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Josephy "Ray" McNamara</u>	<u>3 / 25 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>6227 Waterford Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Copeland, Cook, Taylor &amp; Bush</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Kelly, M.D.</u>	<u>3 / 20 / 10</u>	\$ <u>200</u>
Mailing Address <u>183 Reunion Blvd.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Dr. Scott M. Kelly, M.D.</u>	___ / ___ / ___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>200</u>
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Zachary Taylor III</u>	<u>3 / 24 / 10</u>	\$ <u>200</u>
Mailing Address <u>190 East Capitol Street Ste. 800</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Watkins, Ludlam, Winter &amp; Stennis</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chad Hammons</u>	___ / ___ / ___	\$
Mailing Address <u>158 Ashton Park Blvd.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Watkins, Ludlam, Winter, &amp; Stennis</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>

Name of Candidate or Commit Committee to Elect Melvin Priester, Sr.

Reporting period 1-1-2010 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keith Parson</u>	<u>3 / 24 / 10</u>	\$ 200
Mailing Address <u>212 Devander Run</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ridgeland, MS 39110</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Watkins, Ludlam, Winter, &amp; Stennis</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Randall Wall</u>	<u>3 / 24 / 10</u>	\$ 200
Mailing Address <u>190 E. Capitol Street Ste. 800</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Watkins Ludlam Winter &amp; Stennis</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alveno N. Castilla</u>	<u>3 / 24 / 10</u>	\$ 200
Mailing Address <u>P.O. Box 1732</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Watkins, Ludlan, Winter &amp; Stennis</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alvin Franklin</u>	<u>3 / 24 / 10</u>	\$ 25
Mailing Address <u>5955 Westmore Dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Franklin Insurance</u>	___ / ___ / ___	\$
Occupation (Required) <u>Insurance Sales</u>	Aggregate year-to-date	\$ 25

Name of Candidate or Committe Committee to Elect Melvin Priester, Sr.

Reporting period 1-1-2010 through 4-30-2010

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shirley Burns</u>	<u>3 / 24 / 10</u>	\$ 25
Mailing Address <u>214 Killkenny Blvd.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39209</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$
Occupation (Required) <u>Home Healthcare Services</u>	Aggregate year-to-date	\$ 25
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Janet Arnold</u>	<u>3 / 23 / 10</u>	\$ 50
Mailing Address <u>151 Fox Run Road</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Canton, MS 39046</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Copeland Cook Taylor &amp; Buah, P.A.</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 50
C. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Magnolia Realty</u>	<u>4 / 2 / 10</u>	\$ 200
Mailing Address <u>4836 N. State St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Real Estate</u>	___ / ___ / ___	\$
Occupation (Required) <u>Real Estate</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shelley C. Ennett</u>	<u>3 / 24 / 10</u>	\$ 50
Mailing Address <u>114 28 177th St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jamaica, NY 11434</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Jamaica, NY 11434</u>	___ / ___ / ___	\$
Occupation (Required) <u>Jamaica, NY 11434</u>	Aggregate year-to-date	\$ 50

Name of Candidate or Commit Committee to Elect Melvin Priester, Sr.

Reporting period 1-1-2010 through 4-30-2010

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weymoth Crowell, M.D.</u>	<u>3 / 29 / 10</u>	\$ 200
Mailing Address <u>6020 Woodlea Rd.</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>George Carmichael Family Health Center</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ 200
B. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Everett Agency</u>	<u>3 / 25 / 10</u>	\$ 200
Mailing Address <u>356 Hwy. 51 Auite G</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Insurance Sales</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Insurance Sales</u>	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Farmer</u>	<u>3 / 26 / 10</u>	\$ 200
Mailing Address <u>2525 Cannock Dr.</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Lexington, KY 40509</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>United Way of the Bluegrass</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>President/CEO</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Porter's Insurance Agency</u>	<u>3 / 25 / 10</u>	\$ 200
Mailing Address <u>P.O. Box 2773</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39207</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Insurance Sales</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Insurance Sales</u>	Aggregate year-to-date	\$ 200

Name of Candidate or Commit. Committee to Elect Melvin  
 Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frances P. Smith</u>	<u>3 / 26 / 10</u>	\$200
Mailing Address <u>184 Lorman Lane</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>Comcast</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Dir. of Gov't Affairs</u>	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Peggy Johnson</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>1412 Woodshire Drive</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>Ms Action for Progress</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Dir of Family &amp; Community Partnerships</u>	Aggregate year-to-date	\$ 100
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chokwe Lumumba</u>	<u>3 / 25 / 10</u>	\$ 200
Mailing Address <u>P.O. Box 31762</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39286</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>City of Jackson &amp; Lumumba &amp; Assocs.</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>Attorney / City Councilman</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Booker T. Jones</u>	<u>3 / 24 / 10</u>	\$500
Mailing Address <u>5229 Keele Street</u>	<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>   /   /   </u>	\$
Name of Employer (Required) <u>MINACT</u>	<u>   /   /   </u>	\$
Occupation (Required) <u>President / CEO</u>	Aggregate year-to-date	\$ 500

Name of Candidate or Committee Committee to Elect Malvin Priester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jim Barfield</u>	<u>3 / 29 / 10</u>	\$ 100
Mailing Address <u>428 Lake Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Clinton Public School District</u>	___ / ___ / ___	\$
Occupation (Required) <u>Teacher</u>	Aggregate year-to-date	\$ 100
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Percy L. Bland</u>	<u>3 / 29 / 10</u>	\$ 200
Mailing Address <u>P.O. Box 10076</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39286</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Prudential Financial</u>	___ / ___ / ___	\$
Occupation (Required) <u>Financial Advisor</u>	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jo Lynn Polk Bridges</u>	<u>3 / 26 / 10</u>	\$ 200
Mailing Address <u>224 Sunbury Way</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39110</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Polk Rehabilitation Services</u>	___ / ___ / ___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Josette Barton</u>	<u>3 / 30 / 10</u>	\$ 300
Mailing Address <u>715 Hawthorn Green dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Barton &amp; Assoc. Real Estate</u>	___ / ___ / ___	\$
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ 300

Name of Candidate or Committee Committee to Elect Melv Priestler, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brad Pigott</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>1217 Pinehurst St.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Piggott Reeves Johnson</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 100
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deborah Sanders</u>	<u>3 / 31 / 10</u>	\$ 200
Mailing Address <u>209 Henry Road</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39183</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>N/A</u>	___ / ___ / ___	\$
Occupation (Required) <u>Housewife / Volunteer</u>	Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mavis James</u>	<u>3 / 29 / 10</u>	\$ 200
Mailing Address <u>830 Camden Road</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Mavis James Realty</u>	___ / ___ / ___	\$
Occupation (Required) <u>Realtor</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karen Quay</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>704 Windward Rd.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Lutheran Episcopal Services</u>	___ / ___ / ___	\$
Occupation (Required) <u>Chief Policy Officer</u>	Aggregate year-to-date	\$ 100

Name of Candidate or Committee Committee to Elect Melvin Lester, Sr.Reporting period 1-1-10 through 4-30-2010

## ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nathan Slater</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>3246 Wynndale Road</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Terry, MS 39170</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Cisco</u>	___ / ___ / ___	\$
Occupation (Required) <u>Sales Mgr.</u>	Aggregate year-to-date	\$ 100
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dr. Vona Reeves-Darby</u>	<u>3-30-10</u>	\$ 200
Mailing Address <u>3866 Forest Hill Road</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39212</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>GI Associates</u>	___ / ___ / ___	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ 200
C. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Specialized Security, LLC</u>	<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>6147 Amblewood Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39213</u>	___ / ___ / ___	\$
Name of Employer (Required)	___ / ___ / ___	\$
Occupation (Required) <u>Security Consulting</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Douglas Anderson</u>	<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>1340 Rockdale Drive</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39213</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Hinds County</u>	___ / ___ / ___	\$
Occupation (Required) <u>Supervisor</u>	Aggregate year-to-date	\$ 200

Name of Candidate or Committee Committee to Elect Malvin Lester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Victor Mason</u>	<u>3 / 30 / 10</u>	\$ 50
Mailing Address <u>P.O. Box 345</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	__ / __ / __	\$
Name of Employer (Required) <u>Hinds County</u>	__ / __ / __	\$
Occupation (Required) <u>Law Enforcement</u>	Aggregate year-to-date	\$ 50
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Rice</u>	<u>3 / 22 / 10</u>	\$ 500
Mailing Address <u>1860 Chadwick Dr. Ste. 300</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39204</u>	__ / __ / __	\$
Name of Employer (Required) <u>Central MS OBGYN</u>	__ / __ / __	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ 500
C. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Central MS OBGYN</u>	<u>3 / 22 / 10</u>	\$ 500
Mailing Address <u>1860 Chadwick Dr. Ste. 300</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39204</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) <u>OBGYN Services</u>	Aggregate year-to-date	\$ 500
D. Source: <u>Corporation</u> PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Odon Investment Properties LLC</u>	<u>3 / 30 / 10</u>	\$ 500
Mailing Address <u>6128 Hanging Moss Road</u>	__ / __ / __	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required) <u>Real Estate</u>	Aggregate year-to-date	\$ 500

Name of Candidate or Committee ~~Committee to Elect Melvin Priester, Sr.~~  
 Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pieter Teeuwissen, Esq.</u>	<u>3 / 30 / 10</u>	\$ 500
Mailing Address <u>P.O. Box 16787</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39236</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>City of Jackson</u>	___ / ___ / ___	\$
Occupation (Required) <u>City Attorney</u>	Aggregate year-to-date	\$ 500
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Aafram Sellers</u>	<u>3 / 30 / 10</u>	\$ 250
Mailing Address <u>P.O. Box 1062</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>39215</u>	___ / ___ / ___	\$
Occupation (Required) <u>Law Office of Aafram Sellers / Attorney</u>	Aggregate year-to-date	\$ 250
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Wright</u>	<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>1062 Highland Colony Parkway</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Wright Law Firm</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dale Danks</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>213 South st.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Danks Miller &amp; Cory</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 100

Name of Candidate or Committee Committee to Elect Melvin Lester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Cory</u>	<u>3/30/10</u>	\$ 200
Mailing Address <u>P.O. Box 1759</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	___/___/___	\$
Name of Employer (Required) <u>Danks, Miller, &amp; Cory</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 200
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George Swaggard</u>	<u>3/30/10</u>	\$ 50
Mailing Address <u>370 Fairfield Drive</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___/___/___	\$
Name of Employer (Required) <u>Peoples Assured Life Insurance</u>	___/___/___	\$
Occupation (Required) <u>Insurance Sales</u>	Aggregate year-to-date	\$ 50
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melvin Miller</u>	<u>3/30/10</u>	\$ 50
Mailing Address <u>500 Heatherstone Ct.</u>	___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	___/___/___	\$
Name of Employer (Required) <u>New Hope Baptist Church</u>	___/___/___	\$
Occupation (Required) <u>Business Manager</u>	Aggregate year-to-date	\$ 50
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Walker</u>	<u>3/30/10</u>	\$ 100
Mailing Address <u>P. O. BOX 22849</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, Ms 39225</u>	___/___/___	\$
Name of Employer (Required) <u>Walker &amp; Associates</u>	___/___/___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 100

Name of Candidate or Commit. Committee to Elect Malvin Lester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robert Gibbs</u>		<u>3 / 24 / 10</u>	\$ 200
Mailing Address <u>1223 Hallmark Dr.</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Brunnini PLLC</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 200
B. Source: Corporation PAC <u>Individual</u> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Gerald Mumford</u>		<u>3 / 30 / 10</u>	\$ 25
Mailing Address <u>223 Waverly Place</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Ridgeland, MS</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Precious Martin &amp; Associates</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 25
C. Source: Corporation PAC <u>Individual</u> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Betty Mallet</u>		<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>746 Windward Rd</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Betty Mallet PLLC</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <u>Individual</u> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Stephanie Jefferson</u>		<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>603 Ladner Lanes</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Crossroads Counselling Center</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Counselling</u>		Aggregate year-to-date	\$ 200

Name of Candidate or Committee Committee to Elect Malvin Priester Sr.

Reporting period 1-1-30 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reuben Anderson</u>	<u>3 / 30 / 10</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 290</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Phelps Dunbar</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>250</u>
B. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melanie Norwood</u>	<u>3 / 30 / 10</u>	\$ <u>50</u>
Mailing Address <u>3715 Westchester, Dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39213</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>MS Dept of Mental Health</u>	___ / ___ / ___	\$
Occupation (Required) <u>Admin &amp; Policy Supporter</u>	Aggregate year-to-date	\$ <u>50</u>
C. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Maxey</u>	<u>3 / 30 / 10</u>	\$ <u>200</u>
Mailing Address <u>2201 Eastover Dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>
D. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bill Lockett</u>	<u>3 / 30 / 10</u>	\$ <u>150</u>
Mailing Address <u>PO Box 1000</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Progress for Mississippi</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>150</u>

Name of Candidate or Committee Committee to Elect Melvin Priester, Sr.  
 Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Michelle Gibson, M.D.</u>	<u>3 / 30 / 10</u>	\$ <u>250</u>
Mailing Address <u>5440 Watkins Dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39213</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Kidz Care Clinic</u>	___ / ___ / ___	\$
Occupation (Required) <u>Dr.</u>	Aggregate year-to-date	\$ <u>250</u>
B. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Rosemary Maxey</u>	<u>4 / 2 / 10</u>	\$ <u>50</u>
Mailing Address <u>296 Park Lane Ct.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Capital City Convention Center</u>	___ / ___ / ___	\$
Occupation (Required) <u>Commission Staff</u>	Aggregate year-to-date	\$ <u>50</u>
C. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Lisa Ross</u>	<u>3 / 30 / 10</u>	\$ <u>200</u>
Mailing Address <u>P.O. Box 11264</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39283</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>
D. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>John Walker</u>	<u>3 / 30 / 10</u>	\$ <u>300</u>
Mailing Address <u>450 Fairfield Dr.</u>	___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39206</u>	___ / ___ / ___	\$
Name of Employer (Required) <u>Walker Group</u>	___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>300</u>

Name of Candidate or Committe Committee to Elect Melvin  
 Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jim Koperneck</u>	<u>3 / 30 / 10</u>	\$ 250
Mailing Address <u>968 Bellevue Place</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 250
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Fred Banks</u>	<u>3 / 30 / 10</u>	\$ 250
Mailing Address <u>976 Metarie Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39209</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Phelps Dunbar</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 250
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Lynda Bullet</u>	<u>3 / 30 / 10</u>	\$ 25
Mailing Address <u>424 Hampton Ct.</u>	<u> / / </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>	<u> / / </u>	\$
Name of Employer (Required) <u>U.S. Trustee</u>	<u> / / </u>	\$
Occupation (Required) <u>Clerk</u>	Aggregate year-to-date	\$ 25
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Sherri Flowers</u>	<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>P.O. Box 483</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>	<u> / / </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ 100

Name of Candidate or Committee Committee to Elect Melvin Lester, Sr.

Reporting period 1-1-10 through 4-30-10

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="radio"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Gerilynn Thomas</u>		<u>3 / 30 / 10</u>	\$ 100
Mailing Address <u>PO Box 11804</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39283</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>New Hope Baptist Church</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Principal</u>		Aggregate year-to-date	\$ 100
B. Source: Corporation PAC <input checked="" type="radio"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jane Grenfell</u>		<u>3 / 31 / 10</u>	\$ 200
Mailing Address <u>1535 Lelia Drive</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Grenfell, Sledge &amp; Stevens</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 200
C. Source: Corporation PAC <input checked="" type="radio"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Royal Walker</u>		<u>3 / 30 / 10</u>	\$ 200
Mailing Address <u>203 Bellweather Pass</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>University of Southern MS</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <input checked="" type="radio"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Rosemary Cargin</u>		<u>3 / 30 / 10</u>	\$ 25
Mailing Address <u>921 Shannon Hills Dr</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS 39212</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>Bancorpsouth</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>Vice President</u>		Aggregate year-to-date	\$ 25

Name of Candidate or Commit Committee to Elect Melvi. Priester, Sr.

Reporting period 1-1-10 through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dr. Rosie Calvin</u>	<u>4 / 1 / 10</u>	\$ <u>100.00</u>
Mailing Address <u>5105 Kaywood Circle</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, Ms 39211</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <del>XXXXXXXXXXXXXX</del> <u>Retired</u>	<u>4 / 3 / 10</u>	\$
Occupation (Required) <u>Nurse</u>	Aggregate year-to-date	\$ <u>100.00</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mrs Ruth Shirley</u>	<u>4 / 3 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>1409 Boekdale</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, Ms 39213</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Retired</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>teacher</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dr. Leslie McEmore</u>	<u>3 / 29 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>746 Winward Rd</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson, MS</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Jackson State Univ</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Educator</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mr Steve Rogers</u>	<u>3 / 30 / 10</u>	\$ <u>200.00</u>
Mailing Address <u>2659 Lake Circle Drive</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Jackson MS 39211</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>Parkway Properties</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>Developer</u>	Aggregate year-to-date	\$ <u>200.00</u>

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>William Thompson</u>	<u>4/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>1452 Hallmark Dr</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>Jackson, Mo</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>Student</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Matthew Thompson</u>	<u>4/10/10</u>	\$ <u>250.00</u>
Mailing Address <u>1452 Hallmark Dr</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>Jackson, Mo</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>Student</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mr Volney Mitchell</u>	<u>4/15/10</u>	\$ <u>100</u>
Mailing Address _____	<u>__-__-__</u>	\$
City, State, Zip Code <u>Madison, Mo</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>Self-employed</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>Plumber</u>	Aggregate year-to-date	\$ <u>100.00</u>
D. Source: Corporation PAC <u>Individual</u> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ms Jennifer Neal</u>	<u>3/25/10</u>	\$ <u>50.00</u>
Mailing Address <u>22 Pulaski St Apt C4</u>	<u>__-__-__</u>	\$
City, State, Zip Code <u>Perth Amboy MA 01850</u>	<u>__-__-__</u>	\$
Name of Employer (Required) <u>IBM</u>	<u>__-__-__</u>	\$
Occupation (Required) <u>Analyst</u>	Aggregate year-to-date	\$ <u>50.00</u>

Name of Candidate or Commit. \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	MR Godwin Doye	4/3/10	\$ 200
Mailing Address	P.O. Box 11655	__-__-__	\$
City, State, Zip Code	Jackson, Mo 64502	__-__-__	\$
Name of Employer (Required)	State Farm Inc	__-__-__	\$
Occupation (Required)	Agent	Aggregate year-to-date	\$ 200.00
B. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Mr Berry Walker	4/3/10	\$ 200
Mailing Address	5956 Holbrook Dr	__-__-__	\$
City, State, Zip Code	Jackson, Mo 64502	__-__-__	\$
Name of Employer (Required)	McDonald's	__-__-__	\$
Occupation (Required)	Restaurant Owner	Aggregate year-to-date	\$ 200.00
C. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	John Brown	4/15/10	\$ 320.00
Mailing Address	407 E Princesa Ln	__-__-__	\$
City, State, Zip Code	Jackson, Mo 64505	__-__-__	\$
Name of Employer (Required)	Hinds County	__-__-__	\$
Occupation (Required)	Contractor	Aggregate year-to-date	\$ 320.00
D. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Dr Lydia A. Reed	4/16/10	\$ 200.00
Mailing Address	5936 Kedview Dr	__-__-__	\$
City, State, Zip Code	Jackson, Mo	__-__-__	\$
Name of Employer (Required)	Jackson Hinds	__-__-__	\$
Occupation (Required)	Physician	Aggregate year-to-date	\$ 200.00

Name of Candidate or Committ. \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Felicia Adams	4/7/10	\$ 200.00
Mailing Address	P.O. Box 1852	__-__-__	\$
City, State, Zip Code	Jackson, Ms 38657	__-__-__	\$
Name of Employer (Required)	U.S. Atty Office	__-__-__	\$
Occupation (Required)	Attorney	Aggregate year-to-date	\$ 100
B. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Dr Rev Terry Youngblood Young	4/16/10	\$ 500.00
Mailing Address	622 E Berrywood Dr	__-__-__	\$
City, State, Zip Code	Jackson, Ms 39213	__-__-__	\$
Name of Employer (Required)	New Hope Baptist Church	__-__-__	\$
Occupation (Required)	Pastor	Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Mr Robert Anderson	4/9/10	\$ 200
Mailing Address	223 W Porter St	__-__-__	\$
City, State, Zip Code	Jackson, Ms	__-__-__	\$
Name of Employer (Required)	Self Employed	__-__-__	\$
Occupation (Required)	Att	Aggregate year-to-date	\$ 200
D. Source: Corporation PAC <input checked="" type="checkbox"/> Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name	Dr George Terry	4/13/10	\$ 200
Mailing Address	1127 Ason Way	__-__-__	\$
City, State, Zip Code	Jackson, Ms	__-__-__	\$
Name of Employer (Required)	Retired	__-__-__	\$
Occupation (Required)	Retired	Aggregate year-to-date	\$ 200

Name of Candidate or Committ. \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: Corporation PAC <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Dr Malcolm Taylor</u>	<u>4/2/10</u>	\$ <u>150.00</u>
Mailing Address: <u>159 Southard Dr</u>	_ _ _	\$
City, State, Zip Code: <u>Madison, Mo 39110</u>	_ _ _	\$
Name of Employer (Required): <u>Jackson Cardiology</u>	_ _ _	\$
Occupation (Required): <u>Physician</u>	Aggregate year-to-date	\$ <u>150</u>
B. Source: Corporation PAC Individual <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Mr. Douglas Canzode</u>	<u>4/20/10</u>	\$ <u>100.00</u>
Mailing Address: <u>2230 Heritage Hill Dr</u>	_ _ _	\$
City, State, Zip Code: <u>Jackson, Mo</u>	_ _ _	\$
Name of Employer (Required): <u>Self employ</u>	_ _ _	\$
Occupation (Required): <u>PH</u>	Aggregate year-to-date	\$ <u>100.00</u>
C. Source: Corporation PAC Individual <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Christopher Cordeau</u>	<u>4/13/10</u>	\$ <u>200.00</u>
Mailing Address: <u>4209 Lakeland</u>	_ _ _	\$
City, State, Zip Code: <u>Jackson, Mo 39232</u>	_ _ _	\$
Name of Employer (Required): <u>Self emp</u>	_ _ _	\$
Occupation (Required): <u>PH</u>	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual <u>Individual</u> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: <u>Lorie Tarally</u>	<u>4/13/10</u>	\$ <u>200.00</u>
Mailing Address: <u>5714 Rowlee Dr</u>	_ _ _	\$
City, State, Zip Code: <u>Jackson, Mo 39206</u>	_ _ _	\$
Name of Employer (Required): <u>Self employ</u>	_ _ _	\$
Occupation (Required): <u>Attorney</u>	Aggregate year-to-date	\$ <u>200</u>

Name of Candidate or Committee Committee to Elect Melvin E. Oster, Sr.  
 Reporting period 1-1-2010 through 4-30-10

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Sal &amp; Mookies Restaurant</u>		
Mailing Address <u>565 Taylor Street</u>	<u>3 / 30 / 10</u>	\$ 939 .00
City, State, Zip Code <u>Jackson, MS 39216</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Fundraiser</u>	Aggregate Year-to-date	\$ 939.00
<b>B. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>T&amp;T Screen Printing</u>		
Mailing Address <u>700 South State Street</u>	<u>3 / 30 / 10</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Campaign Shirts</u>	Aggregate Year-to-date	\$ 856.00
<b>C. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Budget Signs</u>		
Mailing Address <u>2358 Highway 80 W. Jackson, 39204</u>	<u>3 / 30 / 10</u>	\$ 565.00
City, State, Zip Code <u>  /  /  </u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Yard Signs</u>	Aggregate Year-to-date	\$ 565.00
<b>D. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Next Day Flyers</u>		
Mailing Address <u>18711 South Broadwick St.</u>	<u>3 / 23 / 10</u>	\$ 323.71
City, State, Zip Code <u>Rancho Dominguez, CA 90220</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Pushcards</u>	Aggregate Year-to-date	\$ 323.71
<b>E. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Office Depot</u>		
Mailing Address <u>4950 I 55 N.</u>	<u>3 / 18 / 10</u>	\$ 190.40
City, State, Zip Code <u>Jackson, MS 392</u>	<u>3 / 19 / 10</u>	\$ 230.01
Purpose of Disbursement (Optional) <u>Office Supplies</u>	Aggregate Year-to-date	\$ 420.41
<b>F. Full name</b>	<b>Date (Mo., Day, Year)</b>	<b>Amount of each disbursement this period</b>
<u>Meredith Norwood</u>		
Mailing Address <u>939 Poplar Blvd</u>	<u>3 / 24 / 10</u>	\$ 500
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Webdesign</u>	Aggregate Year-to-date	\$ 500

Name of Candidate or Committee Committee to Elect Melvin I. Oster, Sr.Reporting period 1-1-2010 through 4-30-2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Floyd Smith Campaign Consulting		
Mailing Address 165 Camero Drive	1 / 4 / 10	\$ 1500.00
City, State, Zip Code Jackson, MS 39206	__ / __ / __	\$
Purpose of Disbursement (Optional) Distribution of Yard Signs / Field Work	Aggregate Year-to-date	\$ 1,500.00
B. Full name Aaron Thompson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1400 J.R. Lynch Street	1 / 5 / 10	\$ 500
City, State, Zip Code Jackson, MS 39217	__ / __ / __	\$
Purpose of Disbursement (Optional) Graphic Design	Aggregate Year-to-date	\$ 500
C. Full name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1583	3 / 9 / 10	\$ 700
City, State, Zip Code Jackson, MS 39215	__ / __ / __	\$
Purpose of Disbursement (Optional) votebuilder software	Aggregate Year-to-date	\$ 700
D. Full name DHLB Enterprises	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4436 N. State St.	4 / 1 / 10	\$ 1,200
City, State, Zip Code Jackson, MS 39202	__ / __ / __	\$
Purpose of Disbursement (Optional) Rent	Aggregate Year-to-date	\$ 1,200
E. Full name Porters Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1020 Terry Rd	4 / 3 / 10	\$ 340
City, State, Zip Code Jackson, MS 39204	__ / __ / __	\$
Purpose of Disbursement (Optional) <del>office insurance</del>	Aggregate Year-to-date	\$ 340
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	\$