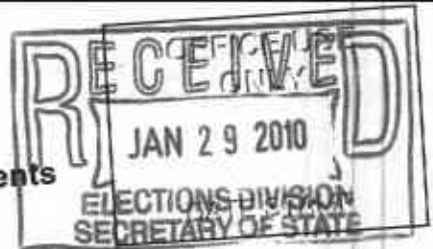


Political Committee
Annual Report of Receipts and Disbursements
2009



Name of Committee Improve Mississippi Political Education Committee (IMPAC)

Address 825 N. President Street, Jackson, MS 39202

Telephone (Work) 601.353.4941

Email Address susaneklund@bipec.org

FAX 601.353.5486

Director Van White

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
- 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	\$ 350.00 + \$ 174.04	\$ 524.04	\$ 524.04
Total amount of disbursements	\$ 7442.52 + \$ 30.00	\$ 7472.52	\$ 7472.52
Total amount of cash on hand		\$ 121,331.45	

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 Director or Treasurer

25 JAN 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:

- 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
- Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee IMPACReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson & Biggs, PLLC	2/17/09	\$ 110.00
Mailing Address P. O. Box 930	4/22/09	\$ 115.00
City, State, Zip Code Ridgeland, Mississippi 39158	Aggregate Year-to-date	\$ 215.00
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wilson & Biggs, PLLC	7/17/09	\$ 115.00
Mailing Address P. O. Box 930	10/15/08	\$ 115.00
City, State, Zip Code Ridgeland, Mississippi 39158	Aggregate Year-to-date	\$ 445.00
Purpose of Disbursement (Optional) Mail		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Spence Flatgard, Legal Counsel, PLLC	9/30/08	\$ 740.00
Mailing Address 210 East Capitol Street, Suite 1262	12/21/08	\$ 585.00
City, State, Zip Code Jackson, Mississippi 39201	Aggregate Year-to-date	\$ 1325.00
Purpose of Disbursement (Optional) Consulting		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Montgomery McGraw Collins PLLC	4/1/09	\$ 750.00
Mailing Address 3350 N. Liberty	___/___/___	\$
City, State, Zip Code Canton, Mississippi 39046	Aggregate Year-to-date	\$ 750.00
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank	2/24/08	\$ 1445.00
Mailing Address 935 North State Street		\$
City, State, Zip Code Jackson, Mississippi 39202	Aggregate Year-to-date	\$ 1445.00
Purpose of Disbursement (Optional) Taxes		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Business & Industry Political Education Committee	12/30/09	\$ 3477.52
Mailing Address P. O. Box 23021	___/___/___	\$
City, State, Zip Code Jackson, MS 39225-3021	Aggregate Year-to-date	\$ 3477.52
Purpose of Disbursement (Optional)		

Name of Candidate or Committee IMPACReporting period January 1, 2009 through December 31, 2009**ITEMIZED RECEIPTS**

A. Source: <input checked="" 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 Southern Insurance Consulting		<u>1/30/09</u>	\$ 100.00
Mailing Address 514 Waldron Street			\$
City, State, Zip Code Corinth, MS 38835-1575		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Insurance		Aggregate year-to-date	\$ 100.00
B. Source: <input checked="" 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 SouthGroup Insurance and Financial Services		<u>1/30/09</u>	\$ 250.00
Mailing Address P. O. Box 3266			\$
City, State, Zip Code Ridgeland, MS 39158		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) Insurance		Aggregate year-to-date	\$ 250.00
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	\$