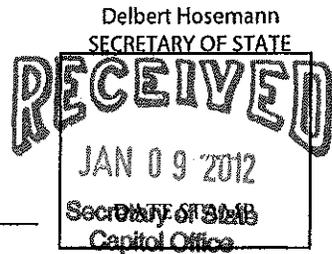



REPORT OF RECEIPTS AND DISBURSEMENTS
 2011 Elections



Name of Candidate Robert L. Jackson
 Address 1420 Alex Gates Road Marks MS County _____
 Telephone 662-326-4000 Fax 662-326-3904
 Office Sought _____ Political Party Democrat
 Email Address bjackson@senate.ms.gov

Check here if above is different from previous report

- May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011)Mandatory
 - June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011)Mandatory
 - July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011)Mandatory
 - July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011)Primary Candidates
 - August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011)Runoff Candidates Only
 - October 10, 2011 Periodic Report** (July 1, 2011, through September 30, 2011)Mandatory
 - November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011)Mandatory
 - November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011).....Runoff Candidates Only
 - January 10, 2012 Periodic Report** (October 1, 2011, through December 31, 2011)Mandatory
- Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

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 \$	400.		+\$ 100		\$ +500	\$ 500.00
Total amount of disbursements \$			+\$ 200.		\$ -200	\$ -200.00
Total amount of cash on hand	\$ 4750.00					4450.00

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 _____

Date 1-9-2012

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.
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. §§ 23-15-8-11 (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 601-576-2545.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Robert A. Jackson
 Reporting period 10/30/2011 through 12/31/2012

ITEMIZED RECEIPTS

A. 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>AT & T Mississippi - Political Action Co.</u>	□ / □ / □	\$ _____
Mailing Address <u>175 E. Capital Street</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Jackson MS, 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.⁰⁶</u>
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>Electric Power Association</u>	□ / □ / □	\$ _____
Mailing Address <u>PO Box 3800</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Ridgeland, MS, 39158</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>200.⁰⁶</u>
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____