2009 ELECTION CYCLE
SS 09-10

(Candidate)

POLITICAL COMMITTEE'S REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 30 2009
Campaign Finance
Secretary of State
Staff Initial _____

Name of Committee Hob Bryan (Senate District 7)
Address of Committee Box 75, Amory, Mississippi 38821
Fax _____ E-mail _____ Website _____
Name of Director _____ Telephone 662 256 9601
Name of Treasurer _____ Telephone _____

TYPE OF REPORT

____ April 29, 2009 Pre-Election Report (January 1, 2009, through April 25, 2009) ..... All Primary Committees
____ May 12, 2009 Pre-Runoff Report (April 26, 2009, through May 9, 2009) ..... Runoff Committees Only
____ May 26, 2009 Pre-Election Report (April 26, 2009, through May 23, 2009) ..... All General Committees
____ June 09, 2009 Pre-Runoff Report (May 24, 2009, through June 6, 2009) ..... Runoff Committees Only
X January ~~29, 2010~~ 2009 Annual Report (January 1, 2009, through December 31, 2009) ..... All Candidates and Political Committees
____ Termination Report (Political Committee will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the political committee shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a political committee files a termination report, annual and periodic reports must continue to be filed in accordance with Miss. Code Ann. §23-15-807 (b)(II) and (III)(1972).

(3) The appropriate office 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.

(4) Contributions to political committees in excess of $200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

(5) This form should not be used by judicial candidates or their political committees. Candidates for judicial office must use Form SS 00-01 (Authorized Judicial Political Committee's Report of Receipts and Disbursements)

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	This Period	Calendar year-to-date
Total amount of contributions (itemized + non-itemized)	$ 11,536.16	$
Total amount of disbursements (itemized + non-itemized)	$ 7,934.84	$
Total amount of cash on hand	$ 51,303.38	

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

Hob Bryan — January 29, 2009
Signature of Treasurer or Director — 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. Political Committees associated with statewide or multi-county elections return form to Delbert Hosemann, Secretary of State, Elections Division, PO Box 136, Jackson, MS 39205 or fax to 601-359-1499.
2. Political Committees associated with single county elections should return this form to their county Circuit Clerk

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hob Bryan	3/31/08	$ 608.31
Mailing Address: Box 75	12/31/08	$ 6.85
City, State, Zip Code: Amory, Mississippi 38821	/ /	$
Name of Employer (Required)	/ /	$ 615.16
Occupation (Required)	Aggregate year-to-date	$ ~~608.31~~

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra Zeneca	7/16/08	$ 500.00
Mailing Address: Box 15437	/ /	$
City, State, Zip Code: Wilmington, Delaware 19850-5437	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Malt Beverage Association PAC	7/3/08	$ 500.00
Mailing Address: Box 1132	/ /	$
City, State, Zip Code: Jackson, Mississippi 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wyeth Good Gov't Fund	10/14/08	$ 500.00
Mailing Address: Five Giralda Farms	/ /	$
City, State, Zip Code: Madison, New Jersey 07940	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Laboratories Emp. PAC	10/14/08	$ 500.00
Mailing Address: 100 Abbott Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, Illinois 60064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MD Eye PAC	10/24/08	$ 1,000.00
Mailing Address: Box 217	__/__/__	$
City, State, Zip Code: Jackson, Mississippi 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Capitol Advocacy Group, PAC	10/24/08	$ 1,000.00
Mailing Address: Box 217	__/__/__	$
City, State, Zip Code: Jackson, Mississippi 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Association	10/24/08	$ 500.00
Mailing Address: 575 7th Street NW, Suite 300	__/__/__	$
City, State, Zip Code: Washington, DC 20004	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Anheuser Busch	10/24/08	$ 500.00
Mailing Address: 106 E College Street, Suite 700	__/__/__	$
City, State, Zip Code: Tallahassee, Florida 32301	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pfizer Inc.	10/24/08	$ 500.00
Mailing Address: 412 Main Street, Suite 201 B	__/__/__	$
City, State, Zip Code: Franklin, Tennessee 37064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Association for Home Care	12/4/08	$ 1,000.00
Mailing Address: P.O. Box 1468	__/__/__	$
City, State, Zip Code: Ridgeland, Mississippi 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Glaxo Smith Kline	12/12/08	$ 1,000.00
Mailing Address: 200 N 16th Street	__/__/__	$
City, State, Zip Code: Philadelphia, Pennsylvania 19102	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	10/6/08	$ 1,000.00
Mailing Address: 2630 Ridgewood Road	/ /	$
City, State, Zip Code: Jackson, Mississippi 39216	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	8/18/08	$ 1,000.00
Mailing Address: 770 Sumneytown Pike	/ /	$
City, State, Zip Code: West Point, Pennsylvania 19486	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer	12/26/08	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Star Printing Company / Monroe County Shop.	8/18/08	$ 530.00
Mailing Address: Box 357	/ /	$
City, State, Zip Code: Amory, Mississippi 38821	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): (refund)	Aggregate year-to-date	$ 530.00

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Monroe County Shopper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Box 357	3/31/08	$ 880.00
City, State, Zip Code Amory, Mississippi 38821	4/21/08	$ 330.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,210.00
B. Full name Monroe County Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 115 Main Street	5/2/08	$ 367.65
City, State, Zip Code Amory, Mississippi 38821	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 367.65
C. Full name Star Printing Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Box 357	5/5/08	$ 240.75
City, State, Zip Code Amory, Mississippi 38821	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 240.75
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	$