2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 29 2010
Elections Finance
Secretary of State

Candidate's Name Hob Bryan

Full Address Box 75, Amory, Mississippi 38821

Telephone (662) 259-9601 (Fax)

E-mail

Office Sought Senate, District 7 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

X 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 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	21,905.32 + 700.00	$ 22,605.32	$ 22,605.32
Total amount of disbursements	1,175.00 + 1144.29	$ 2,319.29	$ 2,319.29
Total amount of cash on hand		$ 71,589.41	

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
Signature of Candidate

January 29, 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.

SOS 01-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mary Kirkpatrick Haskell Foundation	4/14/09	$ 1,000 00
Mailing Address	5/17/09	$ 175.00
City, State, Zip Code	Aggregate Year-to-date	$ 1,175.00
Purpose of Disbursement (Optional)		

B. 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	$

C. 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	$

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	$

SS04-06

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly & Company	1/5/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		Amount of each
Full name: Anheuser Busch	7/31/09	$ 500.00
Mailing Address: 106 E College Street, Suite 700	/ /	$
City, State, Zip Code: Tallahassee, FL 37301	/ /	$
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: Hob Bryan	12/28/09	$ 2.38
Mailing Address: P.O Box 75	12/29/09	$ 1,803.94
City, State, Zip Code: Amory, MS 38821	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,805.32

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walgreen's	8/3/09	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway	9/10/09	$ 250.00
Mailing Address: 2500 Lou Menk Drive, AOB-3	/ /	$
City, State, Zip Code: Fort Worth, TX 76131	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Novartis	10/15/09	$ 500.00
Mailing Address: One Health Plaza	1/5/09	$ 500.00
City, State, Zip Code: East Hanover, NJ 07936-1080	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer	10/22/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medco Health Solutions, Inc.	10/27/09	$ 250.00
Mailing Address: 100 Parsons Pond Dr.	__/__/__	$
City, State, Zip Code: Franklin Lakes, NJ 07417-2603	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	10/27/09	$ 500.00
Mailing Address: 351 N. Sumneytown Pike PO Box 1000	__/__/__	$
City, State, Zip Code: North Wales, PA 19454-2505	__/__/__	$
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: Abbott Laboratories	11/25/09	$ 350.00
Mailing Address: 100 Abbott Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, Illinois 60064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T	11/25/09	$ 500.00
Mailing Address		
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year to-date	$ 500.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Zeneca Services	12/1/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: MAE - PAC	12/16/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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 Homecare	12/16/09	$ 1000.00
Mailing Address: 134 Fairmont St. Ste B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	12/23/09	$ 250.00
Mailing Address: P.O. Box 5025	/ /	$
City, State, Zip Code: Troy, MI 48007-5025	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corporation	12/23/09	$ 250.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk, VA 23510-2191	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The GlaxoSmithKline Political Action Committee	12/23/09	$ 500.00
Mailing Address: Five Moore Drive	/ /	$
City, State, Zip Code: Research Triangle Park, NC 27709	/ /	$
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: Entertainment Software Association	12/23/09	$ 500.00
Mailing Address: 575 7th Street Suite 300	/ /	$
City, State, Zip Code: Washington, D.C. 20004	/ /	$
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: Baxter Healthcare Corporation	12/23/09	$ 500.00
Mailing Address: One Baxter Parkway	/ /	$
City, State, Zip Code: Deerfield, IL 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services Inc.	12/15/09	$ 500.00
Mailing Address: 6601 West Broad Street	/ /	$
City, State, Zip Code: Richmond, VA 23230	/ /	$
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: Health Management Associates MS PAC	12/24/09	$ 1000.00
Mailing Address: 2550 Flowood Drive Ste 402	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bristol-Myers Squibb Company	12/24/09	$ 500.00
Mailing Address: P.O. Box 840769	/ /	$
City, State, Zip Code: Houston, TX 77284	/ /	$
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: Pharmaceutical Research and Manufacturers of America	12/24/09	$ 500.00
Mailing Address: 950 F Street, NW	/ /	$
City, State, Zip Code: Washington, DC 20004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	12/21/09	$ 500.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
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: Electric Power Associations of MS State PAC	12/29/09	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: Americhoice Health Services, Inc.	12/30/09	$ 1000.00
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440-1459	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Senior Care Centers of Mississippi, LLC	12/30/09	$ 500.00
Mailing Address: 7 Neshaminy Interplex, Suite 403	/ /	$
City, State, Zip Code: Trevose, PA 19053	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnson & Johnson Political Action Committee	12/30/09	$ 500.00
Mailing Address: One Johnson & Johnson Plaza	/ /	$
City, State, Zip Code: New Brunswick, NJ 08933-7204	/ /	$
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: Comcast	12/31/09	$ 250.00
Mailing Address: One Comcast Center 1701 John F. Kennedy Blvd.	/ /	$
City, State, Zip Code: Philadelphia, PA 19103-2838	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Company LLC	12/31/09	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Optometry for Progress	12/31/09	$ 1000.00
Mailing Address: 141 Executive Drive Suite 5	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric Company	12/31/09	$ 1000.00
Mailing Address: P.O Box 9544	__/__/__	$
City, State, Zip Code: Fort Myers, FL 33906-9544	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson Mississippi PAC	12/31/09	$ 500.00
Mailing Address: P.O. Box 14167	__/__/__	$
City, State, Zip Code: Jackson, MS 39236	__/__/__	$
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: Steven R. Janzen	12/31/09	$ 250.00
Mailing Address: 4701 Lakeland Dr. Apt. 13H	__/__/__	$
City, State, Zip Code: Flowood, MS 39232 9786	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250 00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Brunini, Jr	12/31/09	$ 250.00
Mailing Address: P.O. Box 119	__/__/__	$
City, State, Zip Code: Jackson, MS 39205-0119	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250 00

SS04-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robor Pam Wells	12/31/09	$ 1000.00
Mailing Address: 226 West Field Road	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

SS04 05

2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

DATE STAMP

Candidate's Name Hob Bryan

Full Address Box 75, Amory, Mississippi 38821

Telephone (662) 259-9601 (Fax)

E-mail

Office Sought Senate, District 7 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

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___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
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Total amount of disbursements	1,175.00 + 1144.29	$ 2,319.29	$ 2,319.29
Total amount of cash on hand		$ 71,589.41	

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
Signature of Candidate

January 29, 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).

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

SOS 01-05

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mary Kirkpatrick Haskell Foundation	4/14/09	$ 1,000.00
Mailing Address	5/17/09	$ 175.00
City, State, Zip Code	Aggregate Year-to-date	$ 1,175.00
Purpose of Disbursement (Optional)		

B. 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	$

C. 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	$

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	$

SS04-06

Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly & Company	1 / 5 / 09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		Amount of each
Full name: Anheuser Busch	7 / 31 / 09	$ 500.00
Mailing Address: 106 E College Street, Suite 700	/ /	$
City, State, Zip Code: Tallahassee, FL 32301	/ /	$
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: Hob Bryan	1 / 27 / 09 - 12 / 23 / 09	$ 2.38
Mailing Address: P.O Box 75	12 / 29 / 09	$ 1,803.94
City, State, Zip Code: Amory, MS 38821	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1,805.32

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walgreen's	8/3/09	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway	9/10/09	$ 250.00
Mailing Address: 2500 Lou Menk Drive, AOB-3	/ /	$
City, State, Zip Code: Fort Worth, TX 76131	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Novartis	10/15/09	$ 500.00
Mailing Address: One Health Plaza	1/5/09	$ 500.00
City, State, Zip Code: East Hanover, NJ 07936-1080	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer	10/22/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Medco Health Solutions, Inc.	10/27/09	$ 250.00
Mailing Address: 100 Parsons Pond Dr.	__/__/__	$
City, State, Zip Code: Franklin Lakes, NJ 07417-2603	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck	10/27/09	$ 500.00
Mailing Address: 351 N. Sumneytown Pike PO Box 1000	__/__/__	$
City, State, Zip Code: North Wales, PA 19454-2505	__/__/__	$
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: Abbott Laboratories	11/25/09	$ 350.00
Mailing Address: 100 Abbott Park Road	__/__/__	$
City, State, Zip Code: Abbott Park, Illinois 60064	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 350.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T	11/25/09	$ 500.00
Mailing Address	[illegible]	$ [illegible]
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year to-date	$ 500.00

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Zeneca Services	12/1/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: MAE - PAC	12/16/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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 Homecare	12/16/09	$ 1000.00
Mailing Address: 134 Fairmont St. Ste B.	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	12/23/09	$ 250.00
Mailing Address: P.O. Box 5025	/ /	$
City, State, Zip Code: Troy, MI 48007-5025	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corporation	12 / 23 / 09	$ 250.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk, VA 23510-2191	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The GlaxoSmithKline Political Action Committee	12 / 23 / 09	$ 500.00
Mailing Address: Five Moore Drive	/ /	$
City, State, Zip Code: Research Triangle Park, NC 27709	/ /	$
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: Entertainment Software Association	12 / 23 / 09	$ 500.00
Mailing Address: 575 7th Street Suite 300	/ /	$
City, State, Zip Code: Washington, D.C. 20004	/ /	$
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: Baxter Healthcare Corporation	12 / 23 / 09	$ 500.00
Mailing Address: One Baxter Parkway	/ /	$
City, State, Zip Code: Deerfield, IL 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services Inc.	12/15/09	$ 500.00
Mailing Address: 6601 West Broad Street	/ /	$
City, State, Zip Code: Richmond, VA 23230	/ /	$
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: Health Management Associates MS PAC	12/24/09	$ 1000.00
Mailing Address: 2550 Flowood Drive Ste 402	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bristol-Myers Squibb Company	12/24/09	$ 500.00
Mailing Address: P.O. Box 840769	/ /	$
City, State, Zip Code: Houston, TX 77284	/ /	$
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: Pharmaceutical Research and Manufacturers of America	12/24/09	$ 500.00
Mailing Address: 950 F Street, NW	/ /	$
City, State, Zip Code: Washington, DC 20004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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Name of Candidate or Committee Hob Bryan

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	12/21/09	$ 500.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
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: Electric Power Associations of MS State PAC	12/29/09	$ 500.00
Mailing Address: P.O. Box 3300	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
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: Americhoice Health Services, Inc.	12/30/09	$ 1000.00
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440-1459	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Senior Care Centers of Mississippi, LLC	12/30/09	$ 500.00
Mailing Address: 7 Neshaminy Interplex, Suite 403	/ /	$
City, State, Zip Code: Trevose, PA 19053	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Johnson & Johnson Political Action Committee	12/30/09	$ 500.00
Mailing Address: One Johnson & Johnson Plaza	__/__/__	$
City, State, Zip Code: New Brunswick, NJ 08933-7204	__/__/__	$
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: Comcast	12/31/09	$ 250.00
Mailing Address: One Comcast Center 1701 John F. Kennedy Blvd.	__/__/__	$
City, State, Zip Code: Philadelphia, PA 19103-2838	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Company LLC	12/31/09	$ 1000.00
Mailing Address	__/__/__	$
City, State, Zip Code: St. Louis, MO 63105	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Optometry for Progress	12/31/09	$ 1000.00
Mailing Address: 141 Executive Drive Suite 5	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric Company	12/31/09	$ 1000.00
Mailing Address: P.O Box 9544	/ /	$
City, State, Zip Code: Fort Myers, FL 33906-9544	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baker Donelson Mississippi PAC	12/31/09	$ 500.00
Mailing Address: P.O. Box 14167	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
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: Steven R. Janzen	12/31/09	$ 250.00
Mailing Address: 4701 Lakeland Dr. Apt. 13H	/ /	$
City, State, Zip Code: Flowood, MS 39232-9786	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Brunini, Jr.	12/31/09	$ 250.00
Mailing Address: P.O. Box 119	/ /	$
City, State, Zip Code: Jackson, MS 39205-0119	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Hob Bryan

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robor Pam Wells	12/31/09	$ 1000.00
Mailing Address: 226 West Field Road	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ 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	$

SS04 05