2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Kimberly Campbell Buck

Address 1062 Devonshire Dr. Jackson, 39206 County Hinds

Telephone (Work) 601-956-5771 (Home) 601-362-3631 (Fax)

Contact Name Email Address

Office Sought House of Representatives Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ **October 28, 2008** **Pre-Election Report** (January 1, 2008, through October 25, 2008)..... **Mandatory**

___ **November 18, 2008** **Pre-Runoff Report** (October 26, 2008, through November 15, 2008)..... **Runoff Candidates**

X **January 31, 2009** **Annual Report** (January 1, 2008, through December 31, 2008)..... **Mandatory**

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

IMPORTANT

(1) Periodic 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 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 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions $	3700 + $ 1000	$ 4700	$ 4700
Total amount of disbursements $	0 + $ 2700	$ 2000	$ 2000
Total amount of cash on hand		$ 2000	

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

Kimberly Campbell Buck
(Signature of Candidate)

01-29-2009
(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 Delbert Hosemann, 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.

RECEIVED
JAN 29 2009
Secretary of State
Capitol Office

SS07-04

Name of Candidate or Committee Kimberly Campbell Buck

Reporting period Jan. 1, 2008 through Jan. 30, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Better MS PAC	9/4/2008	$ 2500.00
Mailing Address: P.O. Box 1140	__/__/__	$
City, State, Zip Code: Batesville, MS 38606	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required): lobbyist	Aggregate year-to-date	$ 2500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Community Financial Services Ass of America	11/24/2008	$ 250.00
Mailing Address: 201 Keith Street SW, Ste 80	__/__/__	$
City, State, Zip Code: Cleveland, TN 37311	__/__/__	$
Name of Employer (Required): Meredith Boyles	__/__/__	$
Occupation (Required): manager government relations	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: PhRMA	11/24/2008	$ 200.00
Mailing Address: 630 Lakeland Dr.	__/__/__	$
City, State, Zip Code: Baton Rouge, LA 70802	__/__/__	$
Name of Employer (Required): Peter Martinez	__/__/__	$
Occupation (Required): government affairs	Aggregate year-to-date	$ 200.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marlene Sanders	__/__/__	$ 250.00
Mailing Address: 2479 Murfreesboro Rd No. 395	__/__/__	$
City, State, Zip Code: Nashville, TN 37217	__/__/__	$
Name of Employer (Required): Merck & Co.	__/__/__	$
Occupation (Required): manager government affairs	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Kimberly Campbell Buck

Reporting period Jan. 1, 2008 through Jan. 30, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	01/25/09	$ 500.00
Mailing Address 1004 County Rd 833	___/___/___	$
City, State, Zip Code Guntown, MS 38849	___/___/___	$
Name of Employer (Required) GCORP, INC	___/___/___	$
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	___/___/___	$
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	$