2008 ELECTION CYCLE
CPR – SS 08-01(b)

RECEIVED
JAN 29 2009
Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate Lester "Bubba" Carpenter

Address 8 Carpenter Drive, Burnsville 38833 County Tishomingo

Telephone (Work) 662.424.2306 (Home) 662.427.8281 (Fax)

Contact Name Nieska Carpenter Email Address bubbacarpenter@bellsouth.net

Office Sought House of Representatives, District 1 Political Party Republican

☐ 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**

✓ 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	$ 3532.95 + $ 0	$ 3532.95	$ 3532.95
Total amount of disbursements	$ 5267.46 + $ 933.04	$ 6200.50	$ 6200.50
Total amount of cash on hand	$ 2572.38		

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

Lester Carpenter 1/28/09
(Signature of Candidate) (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.

Name of Candidate or Committee Lester "Bubba" Carpenter Page 1 of 2

Reporting period 1-1-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Healthcare Association PAC	1/5/08	$ 250—
Mailing Address: 114 Marketridge Drive	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250—

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) IN-KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Consumer Finance Association	1/14/08	$ 982.95
Mailing Address: 3 Lakeland Circle, Suite 201	__/__/__	$
City, State, Zip Code: Jackson, MS 39216-5006	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 982.95

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Title Cash	1/22/08	$ 250—
Mailing Address: 2842 Clay Street	__/__/__	$
City, State, Zip Code: Vicksburg, MS 39183	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250—

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Luke Montgomery	1/23/08	$ 500—
Mailing Address: P.O. Box 37	__/__/__	$
City, State, Zip Code: Fulton MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500—

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Name of Candidate or Committee Lester "Bubba" Carpenter

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Reporting period 1-1-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC	9/12/08	$ 300—
Mailing Address 2630 Ridgewood Road Ste. C	__/__/__	$
City, State, Zip Code Jackson, MS 39216-4920	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300—

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T MS PAC	9/29/08	$ 500—
Mailing Address 175 E. Capitol Street	__/__/__	$
City, State, Zip Code Landmark Center Room 703	__/__/__	$
Name of Employer (Required) Jackson, MS 39201	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500—

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Community Financial Services Association of America	10/15/08	$ 500—
Mailing Address 135 N. Church Street	__/__/__	$
City, State, Zip Code Spartanburg, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500—

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Georgia-Pacific	10/31/08	$ 250—
Mailing Address 450 Laurel Street, Suite 1420	__/__/__	$
City, State, Zip Code Baton Rouge, LA 70801	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250—

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Name of Candidate or Committee Lester "Bubba" Carpenter

Reporting period 1-1-08 through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name TCHS FBLA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/9/08	$ 100 —
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 100 —
B. Full name Belmont Kidstown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6/5/08	$ 100 —
City, State, Zip Code Belmont, MS	__/__/__	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 100 —
C. Full name Wicker for Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 64	7/1/08	$ 1000 —
City, State, Zip Code Jackson MS 39205	__/__/__	$
Purpose of Disbursement (Optional) Campaign Donation	Aggregate Year-to-date	$ 1000 —
D. Full name Tishomingo County High School Touchdown Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9/28/08	$ 250 —
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	$ 250 —
E. Full name Lester Carpenter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8 Carpenter Drive	1/15/08	$ 1000 —
City, State, Zip Code Burnsville MS 38833	__/__/__	$
Purpose of Disbursement (Optional) Repayment of Loan	Aggregate Year-to-date	$ 1000 —
F. Full name TV-12 Iuka	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1235	12/1/08	$ 250 —
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional) Sponsorship of High School Games	Aggregate Year-to-date	$ 250 —

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Name of Candidate or Committee Lester "Bubba" Carpenter

Reporting period 1-1-08 through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name American Legislative Exchange Council	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 Vermont Ave. NW 11th Floor	12/5/08	$ 300—
City, State, Zip Code Washington DC 20005	__/__/__	$
Purpose of Disbursement (Optional) Registration fee	Aggregate Year-to-date	$ 300—
B. Full name Marriott Wardman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1129 20th Street	12/4/08	$ 1006.51
City, State, Zip Code Washington DC 20006	__/__/__	$
Purpose of Disbursement (Optional) Lodging	Aggregate Year-to-date	$ 1006.51
C. Full name Priceline	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/4/08	$ 278—
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 278—
D. Full name MS Consumer Finance Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3 Lakeland Circle, Suite 201	7/14/08	$ 982.95
City, State, Zip Code Jackson, MS 39216-5006	__/__/__	$
Purpose of Disbursement (Optional) (Received In-Kind)	Aggregate Year-to-date	$ 982.95
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	$