2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 29 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate's Name Lester Bubba Carpenter

Full Address 8 Carpenter Drive, Burnsville MS 38833

Telephone 662.427.8281 (Fax) 662.427.8281

E-mail bubbacarpenter@bellsouth.net

Office Sought House District 1 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

✓ **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	7572.40 + 4349.00	$ 11,921.40	$ 11,921.40
Total amount of disbursements	2711.82 + 1763	$ 4,474.82	$ 4,474.82
Total amount of cash on hand		$ 10,018.96	

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: Lester E Carpenter

Date: 1/28/10

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.

Name of Candidate or Committee Lester "Bubba" Carpenter Page _____ of _____

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tower Loan	11/19/09	$ 500.00
Mailing Address: P.O. Box 320001	/ /	$
City, State, Zip Code: Flowood, MS 39232-0001	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Business	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: First Heritage Credit	11/19/09	$ 500.00
Mailing Address: 605 Crescent Blvd, Suite 101	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: Billy Carroll	11/19/09	$ 250.00
Mailing Address: P.O. Box 391	/ /	$
City, State, Zip Code: Meridian, MS 39302	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required): Business Owner	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: Fidelity National Loans	11/19/09	$ 250.00
Mailing Address: P.O. Box 610	/ /	$
City, State, Zip Code: Holly Springs, MS 38635-0610	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

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Name of Candidate or Committee Lester "Bubba" Carpenter

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 1st Franklin Financial	11/19/09	$ 500.00
Mailing Address P.O. Box 880	__/__/__	$
City, State, Zip Code Toccoa, GA 30577	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required) Business	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 LEN PAC	11/19/09	$ 500.00
Mailing Address 3 Lakeland Circle, Ste 201	__/__/__	$
City, State, Zip Code Jackson, MS 39216	__/__/__	$
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 Larry & Debis Montgomery	11/19/09	$ 300.00
Mailing Address 101 Francis Drive	__/__/__	$
City, State, Zip Code Fulton, MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Luke Montgomery	11/19/09	$ 300.00
Mailing Address P.O. Box 37	__/__/__	$
City, State, Zip Code Fulton, MS 38843	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required) Business Owner	Aggregate year-to-date	$ 300.00

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Name of Candidate or Committee Lester "Bubba" Carpenter

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Republic Finance, LLC	11/19/09	$ 500.00
Mailing Address: PO Box 15429	__/__/__	$
City, State, Zip Code: Baton Rouge, LA 70895	__/__/__	$
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: Dees Management Group, Inc.	11/19/09	$ 500.00
Mailing Address: 8440 Bluebonnet Blvd, Suite A	__/__/__	$
City, State, Zip Code: Baton Rouge, LA 70810	__/__/__	$
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: Jerry Stogner	12/5/09	$ 300-
Mailing Address: P.O. Box 1683	__/__/__	$
City, State, Zip Code: McComb, MS 39649	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Business Owner	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC Mississippi	12/10/09	$ 250-
Mailing Address: P.O. Box 1640	__/__/__	$
City, State, Zip Code: Jackson, MS 39215-1640	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250-

Name of Candidate or Committee Lester "Bubba" Carpenter Page _____ of _____

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nucor Steel Recyclers of ms PAC	12/12/09	$ 500—
Mailing Address: 3630 Fourth St.	__/__/__	$
City, State, Zip Code: Flowood, ms 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500—

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Corp PAC	12/15/09	$ 500—
Mailing Address: 175 East Capitol Street, Suite 702	__/__/__	$
City, State, Zip Code: Jackson, ms 39201-2135	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: Advance America	5/1/09	$ 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) IN-KIND	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Consumer Finance Association	7/20/09	$ 972.40
Mailing Address: P.O. Box 24087	7/20/09	$
City, State, Zip Code: Jackson, ms	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 972.40

Name of Candidate or Committee Lester "Bubba" Carpenter Page _____ of _____

Reporting period 1-1-09 through 12-31-09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Company State PAC	12/15/09	$ 200.00
Mailing Address: 2992 West. Beach Blvd	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502-4079	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Watkins Ludlam Winter & Stennis	12/31/09	$ 250.00
Mailing Address: 190 E Capitol St Ste 800, PO. Box 427	__/__/__	$
City, State, Zip Code: Jackson, MS 39205-0427	__/__/__	$
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	__/__/__	$
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	$

Name of Candidate or Committee Lester "Bubba" Carpenter

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name: TV12		
Mailing Address: P.O. Box 1235	Date (Mo., Day, Year): 7/15/09	Amount of each disbursement this period: $ 200-
City, State, Zip Code: Iuka, MS 38852	12/1/09	$ 250-
Purpose of Disbursement (Optional): Donation for TCHS/Belmont High School Sports	Aggregate Year-to-date	$ 450-
B. Full name: Touchdown Club		
Mailing Address: Hwy 72	Date (Mo., Day, Year): 8/1/09	Amount of each disbursement this period: $ 250.00
City, State, Zip Code: Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional): Donation	Aggregate Year-to-date	$ 250.00
C. Full name: Office Pro		
Mailing Address: 515 Childs Street	Date (Mo., Day, Year): 11/10/09	Amount of each disbursement this period: $ 135.68
City, State, Zip Code: Corinth, MS 38834	11/25/09	$ 240.22
Purpose of Disbursement (Optional): Letterhead, Envelopes, Invitations	Aggregate Year-to-date	$ 375.90
D. Full name: Bestbuy		
Mailing Address: 3040 N. Gloster St	Date (Mo., Day, Year): 11/25/09	Amount of each disbursement this period: $ 276.06
City, State, Zip Code: Tupelo, MS 38804	__/__/__	$
Purpose of Disbursement (Optional): Copier/Fax Machine	Aggregate Year-to-date	$ 276.06
E. Full name: MS Consumer Finance Association		
Mailing Address: 3 Lakeland Circle, Suite 201	Date (Mo., Day, Year): 1/20/09	Amount of each disbursement this period: $ 972.40
City, State, Zip Code: Jackson, MS 39216-5006	__/__/__	$ ↓
Purpose of Disbursement (Optional): Received In-Kind	Aggregate Year-to-date	$ 972.40
F. Full name: Southern Republican Leadership		
Mailing Address: 12232 Industriplex Blvd Ste 1	Date (Mo., Day, Year): 12/1/09	Amount of each disbursement this period: $ 387.46
City, State, Zip Code: Baton Rouge, LA 70809	__/__/__	$
Purpose of Disbursement (Optional): Registration Fees	Aggregate Year-to-date	$ 387.46