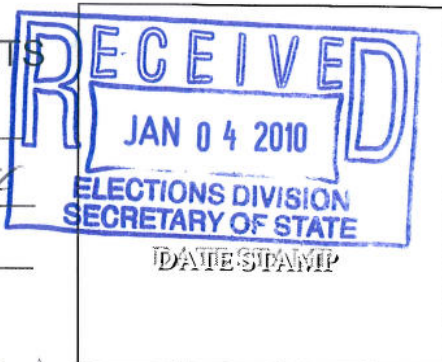


Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Gary A. Chism
Full Address P.O. Box 2343 Columbus, Ms. 39704
Telephone 662-386-6619 (Fax) 662-327-0987
E-mail gchism@house.ms.gov
Office Sought Ms. House of Rep Dist #37 Political Party REPUBLICAN



☐ 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	2500 ⁰⁰	\$ 2500 ⁰⁰	\$ 2500 ⁰⁰
Total amount of disbursements	2135 ⁰⁰ + 975 ⁰⁰	\$ 3110 ⁰⁰	\$ 3110 ⁰⁰
Total amount of cash on hand		\$ 1059 ⁰⁰	

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

Gary A. Chism
Signature of Candidate

12/31/09
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.

Name of Candidate or Committee GARY A. Chism
Reporting period 1/1/09 through 12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into CASH, Inc</u>		<u>1/23/09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 550</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		<u>2/02/09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>135 N. Church St</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Ms. PAC</u>		<u>10/27/09</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>175 EAST Capitol Street, Suite 202</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON MS. 39201-2135</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATMOS ENERGY Corp PAC</u>		<u>11/21/09</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 650205</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>DALLAS, TEXAS 75265-0205</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>1/1/</u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee

GARY A. CHISM

Reporting period

1/1/09

through

12/31/09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGIA-PACIFIC LLC</u>		<u>12/09/09</u>	\$ <u>250.00</u>
Mailing Address <u>600 14th St. NW, Suite 800</u>		___/___/___	\$
City, State, Zip Code <u>Washington, DC 20005</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WEYERHAEUSER</u>		<u>12/17/09</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6769</u>		___/___/___	\$
City, State, Zip Code <u>Federal Way, WA 98063-6769</u>		___/___/___	\$
Name of Employer (Required) <u>N/A</u>		___/___/___	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> 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

GARY A. Chrisin

Page 1 of 1

Reporting period

1/1/09

through

12/31/08

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
STARKVILLE ROTARY CLUB		1/12/09	\$ 25 ⁰⁰
Mailing Address			
P.O. Box 80002		12/11/09	\$ 250 ⁰⁰
City, State, Zip Code			
STARKVILLE, MS. 39759			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 275 ⁰⁰
N/A			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
WKBB-FM		1/1/09	\$ 1560 ⁰⁰
Mailing Address			
306 TROY STREET		12/31/09	\$
City, State, Zip Code			
Tupelo, MS. 38804			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1560 ⁰⁰
N/A			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
NEW HOPE TOUCHDOWN CLUB		8/9/09	\$ 300 ⁰⁰
Mailing Address			
3419 NEW HOPE RD			
City, State, Zip Code			
Columbus, MS. 39702			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300 ⁰⁰
N/A			
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	\$