2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

RECEIVED
JAN 30 2009
Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate: Doug Davis

Address: PO Box 235 County: DeSoto

Telephone (Work) 662-449-4115 (Home) 662-449-5617 (Fax) _____

Contact Name _____ Email Address _____

Office Sought: State Senate Dist 1 Political Party: R

☐ 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 $	4350 + $	$ 4350	$ 4350
Total amount of disbursements $	1580 + $ 5299.36	$ 6879.36	$ 6879.36
Total amount of cash on hand		$ 23,859.94	

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) _____ (Date) 1/30/09

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.

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Dorothy K's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 2350 McINGVALE Rd	1/08/08	$ 122.98
City, State, Zip Code: HERNANDO, MS 38632	12/16/08	$ 115.03
Purpose of Disbursement (Optional): FLOWERS	Aggregate Year-to-date	$ 237.49
B. Full name: FAIRVIEW INN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 734 FAIRVIEW ST	__/__/__	$
City, State, Zip Code: JACKSON, MS 39202	__/__/__	$
Purpose of Disbursement (Optional): LODGING / ENTERTAINMENT	Aggregate Year-to-date	$ 437.14
C. Full name: GOURAS & ASSO.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 1465	__/__/__	$ 1624.73
City, State, Zip Code: RIDGELAND, MS.	__/__/__	$
Purpose of Disbursement (Optional): ENTERTAINMENT	Aggregate Year-to-date	$ 1624.73
D. Full name: DOUG DAMS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. BOX 235	3/1/08	$ 1000 —
City, State, Zip Code: HERNANDO, MS 38632	8/1/08	$ 1000 —
Purpose of Disbursement (Optional): REIMBURSMENT of EXP.	Aggregate Year-to-date	$ 2000 —
E. Full name: HERNANDO CHAMBER of COMM.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 2645 Hwy 51 S	8/20/08	$ 500
City, State, Zip Code: HERNANDO, MS 38632	__/__/__	$
Purpose of Disbursement (Optional): SPONSOR	Aggregate Year-to-date	$ 500
F. Full name: DE SOTO COUNCIL	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 316 W. COMMERCE	4/21/08	$ 250 —
City, State, Zip Code: HERNANDO, MS 38632	__/__/__	$
Purpose of Disbursement (Optional): SPONSOR	Aggregate Year-to-date	$ 250

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Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name: Committee to Elect Ann Lamar	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 298 Shaker Dr	10/23/08	$ 250
City, State, Zip Code: Senatobia, MS 38668	__/__/__	$
Purpose of Disbursement (Optional): Campaign Cont.	Aggregate Year-to-date	$ 250
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 _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ABBOTT LAB PAC	10/6/08	$ 300.00
Mailing Address: 100 ABBOTT PK Rd	__/__/__	$
City, State, Zip Code: ABBOTT PARK, IL 60064	__/__/__	$
Name of Employer (Required)	__/__/__	$ 300.00
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMMONWEALTH BRANDS	9/29/08	$ 1000.—
Mailing Address: P.O. BOX 51587	__/__/__	$
City, State, Zip Code: BOWLING GREEN, KY 42102	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.—

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAMES LUNSFORD	11/10/08	$ 500
Mailing Address: 3955 NAIL Rd	__/__/__	$
City, State, Zip Code: SOUTHAVEN, MS 38672	__/__/__	$
Name of Employer (Required): A & B DIST.	__/__/__	$
Occupation (Required): MANAGER	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: ADVANCE AMER	10/15/08	$ 250
Mailing Address: 135 N. CHURCH ST	__/__/__	$
City, State, Zip Code: SPARTANBURG, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAYER	6/19/08	$ 500
Mailing Address: 100 BAYER	__/__/__	$
City, State, Zip Code: PITTSBURGH, PA 15205-9741	__/__/__	$
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: WYETH	__/__/__	$ 300 -
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300 -

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ANHEUSER - BUSCH -	9/12/08	$ 500 -
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
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: PFIZER	7/16/08	$ 500
Mailing Address	__/__/__	$
City, State, Zip Code: NEW YORK, NY 10017	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name GEORGIA PACIFIC	__/__/__	$ 500
Mailing Address P.O. Box 61270	__/__/__	$
City, State, Zip Code PHOENIX, AZ 85082	__/__/__	$
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	__/__/__	$
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	$