2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 25 2010
DELBERT HOSEMANN
SECRETARY OF STATE

Candidate's Name: DEAN KIRBY CAMPAIGN

Full Address: P.O. BOX 54099 PEARL, MS. 39288

Telephone: 601-939-5968 (Fax) 601-939-0194

E-mail: dkirbyia@BELLSOUTH.NET

Office Sought: STATE SENATOR, DISTRICT 30 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 58,250+800+2,500 (IN-KIND)	$ 61,500.	$ 61,500.00
Total amount of disbursements 7527.28+3334.63	$ 10,861.91	$ 10,861.91
Total amount of cash on hand	$ 247,964.	

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

Dean Kirby — Signature of Candidate

1-12-10 — 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 DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J.E. LAUDERDALE	1/16/09	$ 500.
Mailing Address: 5420 SARATOGA DR.	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39211	__/__/__	$
Name of Employer (Required): SELF-EMPLOYED	__/__/__	$
Occupation (Required): CONTRACTOR	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: SUNBELT SEALING	1/16/09	$ 1,000.
Mailing Address: P.O. BOX 3770	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39207	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): CONTRACTOR	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NISSAN	1/12/09	$ 1,000.
Mailing Address: 983 NISSAN DR.	__/__/__	$
City, State, Zip Code: SMYRNA, TN. 37167	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): AUTO INDUSTRY	Aggregate year-to-date	$ 1,000.

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CLARE HESTER	1/23/09	$ 2,500.
Mailing Address: 148 OAKHURST TRAIL	12/2/09	$ 1,000
City, State, Zip Code: RIDGELAND, MS. 39157	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): LOBBIST	Aggregate year-to-date	$ 3,500.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BERT MASSEY	1/23/09	$ 2,500.
Mailing Address: 148 OAKHURST TRAIL	__/__/__	$
City, State, Zip Code: RIDGELAND, MS. 39157	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 2,500

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NUCOR	4/2/09	$ 1,000.
Mailing Address: 3630 FOURTH ST.	__/__/__	$
City, State, Zip Code: FLOWOOD, MS. 39232	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): STEEL MFG.	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GEORGIA PACIFIC	6/26/09	$ 500.
Mailing Address: P.O. BOX 61270	10/23/09	$ 500.
City, State, Zip Code: PHOENIX, AZ. 85082	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): TIMBER	Aggregate year-to-date	$ 1,000.

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ADVANCE AMERICA	7/2/09	$ 1,000.
Mailing Address: 135 N. CHURCH ST.	__/__/__	$
City, State, Zip Code: SPARTANBURG, SC. 29306	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): FINANCE	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAYER	7/28/09	$ 500.
Mailing Address: 444 PEMBROOKE DR.	__/__/__	$
City, State, Zip Code: MADISON, MS. 39110	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): PHARMACEUTICAL	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: ANHEUSER-BUSH, INC.	7/28/09	$ 1,000.
Mailing Address: ONE BUSH PLACE	__/__/__	$
City, State, Zip Code: ST. LOUIS, MO. 72765	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): MALT BEVERAGE MFG.	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TYSON	9/28/09	$ 500.
Mailing Address: P.O. BOX 2020	__/__/__	$
City, State, Zip Code: SPRINGDALE, AR. 72765	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): CHICKEN PROCESSING	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: CHEVRON	9/29/09	$ 500.
Mailing Address: P.O. BOX 1300	__/__/__	$
City, State, Zip Code: PASCAGOULA, MS. 39568	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): OIL AND GAS	Aggregate year-to-date	$ 500.

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Steve Pittman	9/30/09	$ 1,000.
Mailing Address: 5345 Runnymede Rd.	/ /	$
City, State, Zip Code: Jackson, MS. 39211	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1,000.

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISS LUPAC	10/22/09	$ 500.
Mailing Address: P.O. Box 13649	/ /	$
City, State, Zip Code: Jackson, MS. 39236	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Insurance	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: U.S. Oil + Gas Association	10/22/09	$ 1,000.
Mailing Address: 513 N. State St., Ste. 202	/ /	$
City, State, Zip Code: Jackson, MS. 39201	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Oil and Gas	Aggregate year-to-date	$ 1,000.

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pruet Oil Co., LLC	10/22/09	$ 1,000.
Mailing Address: 217 W. Capital St., Ste. 201	/ /	$
City, State, Zip Code: Jackson, MS. 39201	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Oil and Gas	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: STANDARD FIRE INSURANCE COMPANY	10/23/09	$ 1,000.
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVLERS INDEMNITY COMPANY	10/23/09	$ 1,000.
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVLERS INDEMNITY of CONNECTICUT	10/23/09	$ 1,000.
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVLERS PROPERTY + CASUALTY of AMERICA	10/23/09	$ 1,000.
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVELERS PROPERTY & CASUALTY of AMERICA	10/23/09	$ 1,000
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TRAVELERS CASUALTY + SURETY of AMERICA	10/23/09	$ 1,000.
Mailing Address: ONE TOWER SQUARE	__/__/__	$
City, State, Zip Code: HARTFORD, CT. 06183	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAKER DONELSON	11/6/09	$ 500.
Mailing Address: P.O. BOX 14167	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39236	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): ATTORNEY	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: ASTRA ZENECA	11/6/09	$ 450.
Mailing Address: P.O. BOX 15437	__/__/__	$
City, State, Zip Code: WILMINGTON, DE. 19850	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): PHARMACEUTICAL	Aggregate year-to-date	$ 450.

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reynolds American	11/11/09	$ 1,000.
Mailing Address: P.O. Box 2990	__/__/__	$
City, State, Zip Code: Winston-Salem, NC. 27102	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Tobacco	Aggregate year-to-date	$ 1,000.

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chuck Barlow	11/11/09	$ 1,000.
Mailing Address: 227 Ingleside Dr.	__/__/__	$
City, State, Zip Code: Madison, MS.	__/__/__	$
Name of Employer (Required): Self-Employed	__/__/__	$
Occupation (Required): Architect	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Globe Finance Co., Inc.	11/13/09	$ 250
Mailing Address: 947 W. Capitol St.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39203	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Finance	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: Mississippi Power Company	10/22/09	$ 1,000
Mailing Address: P.O. Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS. 39502	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Electricity	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Copiah Finance Co., Inc.	11/13/09	$ 250.
Mailing Address: 137 Ragsdale Ave	__/__/__	$
City, State, Zip Code: Hazlehurst, MS. 39083	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Finance	Aggregate year-to-date	$ 250.

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Union Finance Co., Inc.	11/13/09	$ 250
Mailing Address: P.O. Box 40	__/__/__	$
City, State, Zip Code: Union, MS. 39365	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Finance	Aggregate year-to-date	$ 250.

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Pat Grubbs	11/13/09	$ 250
Mailing Address: 947 W. Capitol St.	__/__/__	$
City, State, Zip Code: Jackson, MS. 39203	__/__/__	$
Name of Employer (Required): Self-Employed	__/__/__	$
Occupation (Required): Finance	Aggregate year-to-date	$ 250

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Heritage Credit, LLC	11/13/09	$ 500
Mailing Address: 605 Crescent Blvd., Ste. 101	__/__/__	$
City, State, Zip Code: Ridgeland, MS. 39157	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Finance	Aggregate year-to-date	$ 500.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LEN-PAC	11/23/09	$ 2,000.
Mailing Address: 3 LAKELAND CIRCLE, STE. 201	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39216	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): FINANCE	Aggregate year-to-date	$ 2,000.

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISS CHIROPRACTORS PAC	11/23/09	$ 1,000.
Mailing Address: 4294 LAKELAND DR.	__/__/__	$
City, State, Zip Code: FLOWOOD, MS. 39232	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): CHIROPRACTOR ASSOCIATION	Aggregate year-to-date	$ 1,000.

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WAL-MART	11/24/09	$ 500.
Mailing Address: 702 SW 8th ST.	__/__/__	$
City, State, Zip Code: BENTONVILLE, AR. 72716	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): RETAIL	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: BETH CLAY (IN-KIND)	11/30/09	$ 2,500
Mailing Address: P.O. BOX 217	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39205	__/__/__	$
Name of Employer (Required): SELF	__/__/__	$
Occupation (Required): ATTORNEY - LOBBIST.	Aggregate year-to-date	$ 2,500.

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Verizon	12/2/09	$ 1,000.
Mailing Address: P.O. Box 2167	__/__/__	$
City, State, Zip Code: Folsom, CA. 95763	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Telephone	Aggregate year-to-date	$ 1,000

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cable Pac MCTA	12/2/09	$ 750.
Mailing Address: P.O. Box 55867	__/__/__	$
City, State, Zip Code: Jackson, MS. 39296	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Communications	Aggregate year-to-date	$ 750.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harrah's Operating Co., Inc.	12/2/09	$ 1,000
Mailing Address: P.O. Box 22232	__/__/__	$
City, State, Zip Code: Tulsa, OK. 74121	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Gaming	Aggregate year-to-date	$ 1,000.

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Tower Corp.	__/__/__	$
Mailing Address: P.O. Box 6000	__/__/__	$
City, State, Zip Code: Jackson, MS. 39288	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Finance	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan. 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Tower Loan, Inc.	12/2/09	$ 1,000.
Mailing Address: P.O. Box 320001	/ /	$
City, State, Zip Code: Flowood, MS. 39232	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Finance	Aggregate year-to-date	$ 1,000.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: American Federated Insurance Co.	12/2/09	$ 1,000.
Mailing Address: P.O. Box 321422	/ /	$
City, State, Zip Code: Flowood, MS. 39232	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Insurance	Aggregate year-to-date	$ 1,000.

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ms. Road Builders Association PAC	12/2/09	$ 1,000.
Mailing Address: 601 George St.	/ /	$
City, State, Zip Code: Jackson, MS. 39202	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Association	Aggregate year-to-date	$ 1,000.

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric	12/2/09	$ 1,000.
Mailing Address: P.O. Box 9544	/ /	$
City, State, Zip Code: Fort Myers, FL. 33906	/ /	$
Name of Employer (Required): As Above	/ /	$
Occupation (Required): Electronics	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSCO CORP.	12/2/09	$ 1,000.
Mailing Address: 2510 LAKELAND TERRACE, STE. 100	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39216	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): MANUFACTURING	Aggregate year-to-date	$ 1,000.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: COMCAST	12/2/09	$ 1,000.
Mailing Address: 1701 JOHN F. KENNEDY BLVD.	__/__/__	$
City, State, Zip Code: PHILADELPHIA, PA. 19103	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): TELECOMMUNICATIONS	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SOUTHERN NATURAL GAS	12/2/09	$ 1,000.
Mailing Address: 1001 LOUISIANA ST.	__/__/__	$
City, State, Zip Code: HOUSTON, TX. 77002	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): NATURAL GAS	Aggregate year-to-date	$ 1,000.

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PCI	12/4/09	$ 1,000.
Mailing Address: 2600 S. River Rd.	__/__/__	$
City, State, Zip Code: DES PLAINES, IL. 60018	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1000.

Name of Candidate or Committee Dean Kirby Campaign

Reporting period Jan 1, 2009 through Dec. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Altria Client Services, Inc.	12/4/09	$ 1,000.
Mailing Address: 6601 W. Broad St.	__/__/__	$
City, State, Zip Code: Richmond, VA. 23230	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Tobacco	Aggregate year-to-date	$ 1,000.

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Association	12/2/09	$ 500.
Mailing Address: 575 7th St. NW, Ste. 300	~~12/7/09~~	$
City, State, Zip Code: Washington, DC. 20004	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Association	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: Health Management Association of Ms.	12/2/09	$ 1,000.
Mailing Address: Ste. 402, 2550 Flowood, ~~Ms~~ Dr.	__/__/__	$
City, State, Zip Code: Flowood, Ms. 39232	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Health Care	Aggregate year-to-date	$ 1,000.

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: New Jersey Film PAC	12/2/09	$ 500.
Mailing Address: 15301 Ventura Blvd., Bldg. E	__/__/__	$
City, State, Zip Code: Sherman Oaks, CA. 91403	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Motion Picture	Aggregate year-to-date	$ 500.

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Health Care Association	12/7/09	$ 500.
Mailing Address: 114 Market Ridge Dr.	__/__/__	$
City, State, Zip Code: Ridgeland, MS. 39157	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Health Care	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 Mississippi, PAC	12/11/09	$ 1,000.
Mailing Address: 175 E. Capital St. Room 703	__/__/__	$
City, State, Zip Code: Jackson, MS. 39201	__/__/__	$
Name of Employer (Required): AT+T	__/__/__	$
Occupation (Required): Telecommunications	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Swisher International	12/11/09	$ 1,000.
Mailing Address: P.O. Box 2230	__/__/__	$
City, State, Zip Code: Jacksonville, FL. 32203	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Tobacco	Aggregate year-to-date	$ 1,000.

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western Railroad Co.	12/11/09	$ 250.
Mailing Address: P.O. Box 5025	__/__/__	$
City, State, Zip Code: Troy, Mi. 48007	__/__/__	$
Name of Employer (Required): As Above	__/__/__	$
Occupation (Required): Railroad	Aggregate year-to-date	$ 250.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MISSISSIPPI ASSN. FOR HOMECARE	12/17/09	$ 300.
Mailing Address: 134 FAIRMONT ST., STE B	__/__/__	$
City, State, Zip Code: CLINTON, MS. 39056	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): HEALTH CARE	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: MAE-PAC	12/17/09	$ 1,000.
Mailing Address: 1080 RIVER OAKS DR., STE. B100	__/__/__	$
City, State, Zip Code: FLOWOOD, MS. 39232	__/__/__	$
Name of Employer (Required): AS ABOVE (STATE FARM)	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DENBURY	12/17/09	$ 1,000.
Mailing Address: 5100 TENNYSON PARKWAY, STE. 1200	__/__/__	$
City, State, Zip Code: PLANO, TX. 75024	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): GAS Co^2	Aggregate year-to-date	$ 1,000

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: NORTHROP GRUMMAN	12/29/09	$ 1,000.
Mailing Address: 4101 WASHINGTON AV.	__/__/__	$
City, State, Zip Code: NEWPORT NEWS, VA. 23607	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): Ship Building	Aggregate year-to-date	$ 1,000.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JAN 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AMERICHOICE HEALTH SERVICES, INC.	12/29/09	$ 1,000.
Mailing Address: P.O. BOX 1459	__/__/__	$
City, State, Zip Code: MINNEAPOLIS, MN. 55440	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): HEALTH CARE	Aggregate year-to-date	$ 1,000.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PHARMACEUTICAL RESEARCH & MFG.	12/29/09	$ 500.
Mailing Address: 950 F. STREET, NW	__/__/__	$
City, State, Zip Code: WASHINGTON, DC. 20004	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): PHARMACEUTICAL	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: NOVARTIS	12/29/09	$ 500.
Mailing Address: ONE HEALTH PLAZA	__/__/__	$
City, State, Zip Code: EAST HANOVER, NJ. 07936	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): HEALTH CARE	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: TOM QUAKA	12/29/09	$ 500.
Mailing Address: 5104 CANTON HEIGHTS DR.	__/__/__	$
City, State, Zip Code: JACKSON, MS. 39211	__/__/__	$
Name of Employer (Required): FCCI	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 500.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: FCCI SERVICES, INC.	12/29/09	$ 500.
Mailing Address: 6300 UNIVERSITY PKWY.	__/__/__	$
City, State, Zip Code: SARASOTA, FL. 34240	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	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: ~~MISS-LUPAC - See 10-22-09~~	__/__/__	$
Mailing Address: ~~P.O. BOX 13649~~	__/__/__	$
City, State, Zip Code: ~~JACKSON, MS. 39236~~	__/__/__	$
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: NATIONWIDE	12/29/09	$ 1,000
Mailing Address: ONE NATIONWIDE PLAZA	__/__/__	$
City, State, Zip Code: COLUMBUS, OHIO 43215	__/__/__	$
Name of Employer (Required): AS ABOVE	__/__/__	$
Occupation (Required): INSURANCE	Aggregate year-to-date	$ 1,000.

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 DEAN KIRBY CAMPAIGN

Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. BOX 72349	1/16/09	$ 107.22
City, State, Zip Code OCALA, FL. 34477	2/13/09	$ 116.67
Purpose of Disbursement (Optional) SENATE TELEPHONE	Aggregate Year-to-date	$
B. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/16/09	$ 116.04
City, State, Zip Code	4/14/09	$ 123.05
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/13/09	$ 118.22
City, State, Zip Code	6/17/09	$ 112.92
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7/13/09	$ 122.63
City, State, Zip Code	7/17/09	$ 202.20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8/13/09	$ 141.07
City, State, Zip Code	9/16/09	$ 124.95
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name AT&T MOBILITY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/16/09	$ 124.61
City, State, Zip Code	11/13/09 ~~12/14/09~~	$ 124.86 125.18
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1659.62

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
SENATE FUND 2001	1-19-09 2/10/09	$ 30.00 110.00
Mailing Address: P.O. BOX 1018		
City, State, Zip Code: JACKSON, MS. 39215	3-5-09 3/11/09	$ 35.00 57.50
Purpose of Disbursement (Optional): FRAMES-RESOLUTION	Aggregate Year-to-date	$ 232.50
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
MISSISSIPPI BRAVES	1/30/09	$ 850.
Mailing Address: P.O. BOX 97389		
City, State, Zip Code: PEARL, MS. 39288	__/__/__	$
Purpose of Disbursement (Optional): ADVERTISING	Aggregate Year-to-date	$ 850.
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
KIWANIS CLUB OF PEARL	4/8/09 7-14-09	$ 85. 85.
Mailing Address: P.O. BOX 97642		
City, State, Zip Code: PEARL, MS. 39288	10/12/09	$ 85.
Purpose of Disbursement (Optional): CLUB DUES	Aggregate Year-to-date	$ 255.
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
SHOWCASE of the SOUTH	4/15/09	$ 300.
Mailing Address: P.O. 2226		
City, State, Zip Code: CLINTON, MS. 39060	__/__/__	$
Purpose of Disbursement (Optional): ADVERTISING	Aggregate Year-to-date	$ 300.
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
AMERICAN EXPRESS	7/13/09 8/12/09	$ 152.22 161.88
Mailing Address: P.O. BOX 650448		
City, State, Zip Code: DALLAS, TX. 72565	12/23/09	$ 554.85
Purpose of Disbursement (Optional): SENATE TRAVEL AND SUPPLIES	Aggregate Year-to-date	$ 868.95
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
NUNNELEE FOR CONGRESS	9/22/09	$ 500.
Mailing Address: 1816 WOODSIDE CIRCLE		
City, State, Zip Code: TUPELO, MS. 38801	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Office Depot		
Mailing Address: 5450 Hwy. 80 East	11/3/09	$ 577.78
City, State, Zip Code: Pearl, Ms. 39208	__/__/__	$
Purpose of Disbursement (Optional): Senate Supplies	Aggregate Year-to-date	$ 577.78
B. Full name: Bass Pro	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 100 Bass Pro Drive	11/26/09	$ 1048.25
City, State, Zip Code: Pearl, Ms. 39208	__/__/__	$
Purpose of Disbursement (Optional): Fundraiser	Aggregate Year-to-date	$ 1048.25
C. Full name: Ad-World Specialties	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 3403 Lanell Lane	12/14/09	$ 366.37
City, State, Zip Code: Pearl, Ms. 39208	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 366.37
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	$