

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate Bob M. Dearing  
Address 305 Melrose-Montebello Parkway County Adams  
Telephone (Work) 601-446-7651 (Home) 601-442-0486 (Fax) 601-446-7651  
Contact Name Bob M. Dearing Email Address b.dearing@senate.ms.gov  
Office Sought STATE SENATE - DISTRICT 37 Political Party Democrat

☐ 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 \$	<u>4,900.00</u> + \$ <u>200.00</u>	\$ <u>5,100.00</u>	\$ <u>5,100.00</u>
Total amount of disbursements \$	<u>4,000.00</u> + \$	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
Total amount of cash on hand		\$ <u>1,378.13</u>	

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

B.M. Dearing  
(Signature of Candidate)

1/28/09  
(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 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.

RECEIVED  
JAN 28 2009

Secretary of State  
Capitol Office

SS07-01

Name of Candidate or Committee Bob M. Dearing  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Agents &amp; Employees PAC</u>	<u>9/25/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 39</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Ridgeland, MS 38654</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Jack Forbus</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Treasurer</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON PRODUCTS COMPANY</u>	<u>9/25/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 1300</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>P.O. Box Pascagoula, MS 39658</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Steve Rontroe</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Manager</u>	Aggregate year-to-date	\$ <u>1,000.00</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>MS Dental PAC</u>	<u>10/3/08</u>	\$ <u>400.00</u>
Mailing Address <u>2630 Ridgewood Road, Suite C</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Dr. Craig Martin, Chairman</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Chairman</u>	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American Insurance Association</u>	<u>10/8/08</u>	\$ <u>500.00</u>
Mailing Address <u>5565 Glenridge Connector, Suite 425</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Atlanta, GA 30342</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>RAY FARMER</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Assistant VP</u>	Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee Bob M. Dearing  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>COMPANY</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Williams Companies</u>	<u>10/8/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 2400</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Tulsa, OK 74102-2400</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Selby Bush</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>COMPANY</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>12/19/08</u>	\$ <u>250.00</u>
Mailing Address <u>135 North Church Street</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Spertenburg, SC 29306</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Carol Stewart</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon Mobil</u>	<u>12/19/08</u>	\$ <u>500.00</u>
Mailing Address <u>4045 Scenic Highway</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70821-0551</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Jeff Coferskey</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Gov. Relations</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSOCIATION</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home Care</u>	<u>12/19/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 24087</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Buddy Medlen</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Gov. Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Bob M. Deering  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED RECEIPTS

A. 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>MS EYE PAC</u>	<u>12-19-08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 217</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson MS 39205-0217</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Dr. Curtis Whittington</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Treasurer</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
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) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$



Name of Candidate or Committee Bob M. Dearing  
 Reporting period 1-1-08 through 12-31-08

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Printing / Postage</u>	<u>1.1.08</u>	\$ <u>700.00</u>
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
<u>Natchez MS</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>700.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Print Mch MS Properties</u>	<u>1.1.08</u>	\$ <u>1,650.00</u>
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
<u>Ridgeland, MS</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,650.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Telephone</u>	<u>1.1.08</u>	\$ <u>650.00</u>
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>650.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Auto</u>	<u>1.1.08</u>	\$ <u>600.00</u>
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Utilities</u>	<u>1.1.08</u>	\$ <u>400.00</u>
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1.1.08</u>	\$
Mailing Address	<u>12.31.08</u>	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$