2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

# Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 26 2010
Secretary of State
Capitol Office

Candidate's Name Bob M. Dearing

Full Address 305 Melrose-Montebello Parkway

Telephone 601-442-0486 (Fax) 601-446-7651

E-mail bobmdearing@yahoo.com

Office Sought State Senate Political Party Democrat

☑ 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 | $5,050.00 | $ | $ 5,050.00 |
| Total amount of disbursements | 9,050.00 | $ | $ 9,050.00 |
| Total amount of cash on hand | (2,000.00) | | |

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

Bob M. Dearing — Signature of Candidate

1-26-10 — 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 Bob M. Dearing

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Company | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Advance America | 8/20/09 | $ 500.00 |
| Mailing Address: 135 North Church Street | / / | $ |
| City, State, Zip Code: Spartanburg, SC 29306 | / / | $ |
| Name of Employer (Required): Carol Stewart | / / | $ |
| Occupation (Required): Gov. Affairs | Aggregate year-to-date | $ 500.00 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Company | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Chevron | 10/1/09 | $ 1,000.00 |
| Mailing Address: 1300 Industrial Road | / / | $ |
| City, State, Zip Code: Pascagoula, MS 39581 | / / | $ |
| Name of Employer (Required): Steve Renfroe | / / | $ |
| Occupation (Required): Gov. Affairs | Aggregate year-to-date | $ 1,000.00 |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ExxonMobil Corporation | 11/20/09 | $ 500.00 |
| Mailing Address: P.O. Box 551 | / / | $ |
| City, State, Zip Code: Baton Rouge, LA 70821 | / / | $ |
| Name of Employer (Required): Jeff Copeskey | / / | $ |
| Occupation (Required): Gov. Affairs | Aggregate year-to-date | $ 500.00 |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: AT&T PAC | 12/7/09 | $ 500.00 |
| Mailing Address: 175 East Capitol Street - 7022 MC | / / | $ |
| City, State, Zip Code: Jackson, MS 39201 | / / | $ |
| Name of Employer (Required): Randy Russell | / / | $ |
| Occupation (Required): Gov. Affairs | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee Bob M. Dearing

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: MPC PAC | 12/15/09 | $ 250.00 |
| Mailing Address: 2992 West Beach Blvd. | __/__/__ | $ |
| City, State, Zip Code: Gulfport, MS 39502 | __/__/__ | $ |
| Name of Employer (Required): John A Thertow | __/__/__ | $ |
| Occupation (Required): Chairman | Aggregate year-to-date | $ 250.00 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Association | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MS Association for HomeCare | 12/18/09 | $ 300.00 |
| Mailing Address: 134 fairmont street, Ste B | __/__/__ | $ |
| City, State, Zip Code: Clinton, MS 39056 | __/__/__ | $ |
| Name of Employer (Required): Buddy Medlin | __/__/__ | $ |
| Occupation (Required): Gov Affairs | Aggregate year-to-date | $ 300.00 |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Company | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Denbury Resources, Inc. | 12/20/09 | $ 1,000.00 |
| Mailing Address: 5100 Tennyson Parkway, Ste 1200 | __/__/__ | $ |
| City, State, Zip Code: Plano, TX 75024 | __/__/__ | $ |
| Name of Employer (Required): Greg Fahnacke | __/__/__ | $ |
| Occupation (Required): Gov. Affairs | Aggregate year-to-date | $ 1,000.00 |

| D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Company | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Harrah's operating Company, Inc | 12/21/09 | $ 500.00 |
| Mailing Address: P.O. Box 22232 | __/__/__ | $ |
| City, State, Zip Code: Tulsa, OK 74121 | __/__/__ | $ |
| Name of Employer (Required): Jan Jones | __/__/__ | $ |
| Occupation (Required): Gov. Relations | Aggregate year-to-date | $ 500.00 |

Name of Candidate or Committee Bob M. Dearing

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Association | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name US Oil & Gas Association | 12-28-09 | $ 500.00 |
| Mailing Address 513 North State Street, Ste 202 | __/__/__ | $ |
| City, State, Zip Code Jackson, MS 39201 | __/__/__ | $ |
| Name of Employer (Required) Ben Thompson | __/__/__ | $ |
| Occupation (Required) Ex. Director | 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 | __/__/__ | $ |
| 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 | $ |

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



# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name: Mid MS Properties | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1/1/09 | $ 4,200.00 |
| City, State, Zip Code | 12/31/09 | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 4,200.00 |
| B. Full name: Telephone | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1/1/09 | $ 750.00 |
| City, State, Zip Code | 12/31/09 | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 750.00 |
| C. Full name: Utilities | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1/1/09 | $ 400.00 |
| City, State, Zip Code | 12/31/09 | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 400.00 |
| D. Full name: Auto | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1/1/09 | $ 800.00 |
| City, State, Zip Code | 12/31/09 | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 800.00 |
| E. Full name: Printing/Postage | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1/1/09 | $ |
| City, State, Zip Code | 12/31/09 | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 800.00 |
| 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 | $ |