2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
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Secretary of State
Capitol Office
DATE STAMP

Name of Candidate GARY JACKSON

Address P.O. Box 40 French Camp, MS 39745

Telephone 662-547-6684 Fax

Contact Name SAME Email gjackson@senate.ms.gov

Office Sought SENATE 15 Political Party Rep

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....**Mandatory**

_____ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....**Runoff Candidates**

_____ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....**All Candidates**

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

X **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....**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 receiving authority 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	$ 19,100.00 + $ 5,500.00	$ 24,650.00	$ 24,650.00
Total amount of disbursements	$ 10,158.06 + $ 8588.69	$ 18,746.75	$ 18,746.75
Total amount of cash on hand		$ 31,762.60	

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 1/31/11

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.

SOS 01-10

Name of Candidate or Committee: Gary Jackson

Reporting period: 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mt Moriah Baptist Church	4/26/10	$ 500.00
Mailing Address: Alloy 413		
City, State, Zip Code: Weir, MS 39772	/ /	$
Purpose of Disbursement (Optional): Donation - Tornado Relief	Aggregate Year-to-date	$ 500.00
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
AT&T		
Mailing Address	1/4 - 12/31/10	$ 2,934.63
City, State, Zip Code: Atlanta, GA	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,934.63
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Rotary Club		
Mailing Address	2/11 - 12/31/10	$ 705.00
City, State, Zip Code: Starkville, MS 39759	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 705.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Gary Jackson		
Mailing Address: P.O. Box 40	5/26/10 6/26/10	$ 551.00 300.00
City, State, Zip Code: Flora Camp, MS 39745	7/20/10 8/14/10	$ 446.00 450.00
Purpose of Disbursement (Optional): Reimb. Mileage + Conv. Exp.	Aggregate Year-to-date	$ 1747.00
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Lake Tina Omnia		
Mailing Address: Smythe Rd	8/9/10	$ 810.00
City, State, Zip Code: Louisville, MS 39753	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 810.00
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Nunelee For Congress		
Mailing Address	/ /	$ 1,000.00
City, State, Zip Code: Tupelo, MS	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WFCA Radio / French Camp Academy	1/1/10-12/31/10	$ 2,461.43
Mailing Address: 1 Fine Place		
City, State, Zip Code: French Camp, MS 39745		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2461.43
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	$

Name of Candidate or Committee GARY JACKSON

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: PANOLA INSURANCE AGENCY	12/31/10	$ 300.00
Mailing Address: 145 BRASHER Rd	__/__/__	$
City, State, Zip Code: BATESVILLE, MS 38606	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): INSURANCE	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: JOHN BRASHER	12/31/10	$ 300.00
Mailing Address: 145 BRASHER Rd	__/__/__	$
City, State, Zip Code: BATESVILLE MS 38606	__/__/__	$
Name of Employer (Required): PANOLA INS. AGENCY	__/__/__	$
Occupation (Required): INSURANCE	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	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MSS LUPAC	12/31/10	$ 300.00
Mailing Address: P.O. Box 13649	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required): INS. & FIN Same	/ /	$
Occupation (Required): INS. & FIN Advisors	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: MS Agents + Emp. PAC	12/31/10	$ 500.00
Mailing Address: P.O. Box 39	/ /	$
City, State, Zip Code: Olive Branch, MS 38654	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC - Insurance	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: Georgia Pacific	12/31/10	$ 500.00
Mailing Address: P.O. Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Wood Products	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: MS Architects PAC	12/31/10	$ 1000.00
Mailing Address: 509 E. Capitol St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Centene Management Co. LLC	11/15/10	$ 500.00
Mailing Address: Centene Comp.	__/__/__	$
City, State, Zip Code: St. Louis, MO 63105	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Management	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: QC Holdings	11/1/10	$ 1000.00
Mailing Address: 9401 Indian Creek Pkwy	__/__/__	$
City, State, Zip Code: Overland Park, KS 66210	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Pawn	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: Advance America	11/1/10	$ 1000.00
Mailing Address: 135 N. Church St	__/__/__	$
City, State, Zip Code: Spartanburg, S.C. 29306	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Fin. Services	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: Check into Cash of Mississippi	11/1/10	$ 1000.00
Mailing Address: P.O. Box 550	__/__/__	$
City, State, Zip Code: Cleveland, TN 37364	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Fin. Services	Aggregate year-to-date	$

Name of Candidate or Committee GARY JACKSON

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eli Lilly & Co.	9/3/10	$ 500.00
Mailing Address	__/__/__	$
City, State, Zip Code: INDIANAPOLIS, IN 46285	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): DRUG CO	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: AT&T MS PAC	9/13/10	$ 500.00
Mailing Address: 175 E. CAPITAL ST. LANDMARK CENTER Rm 703	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required): PAC	__/__/__	$
Occupation (Required): PAC	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: ALTRIA CLIENT SERVICES	11/1/10	$ 500.00
Mailing Address: 6601 W. BROAD ST	__/__/__	$
City, State, Zip Code: RICHMOND, VA 23230	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): CLIENT SERVICES	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: MS ASSOC FOR HOME CARE	12/1/10	$ 300.00
Mailing Address: 134 FAIRMONT ST STE B	__/__/__	$
City, State, Zip Code: CLINTON, MS	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PAC	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check Cashers & More	8/10/10	$ 500.00
Mailing Address: 147 W. Gallatin St	/ /	$
City, State, Zip Code: Hazlehurst, MS 39083	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin Services	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: Good Government PAC	4/14/10	$ 1000.00
Mailing Address: P.O. Box 4019	12/31/10	$ 500.00
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC	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: Hutcheson Enterprises, Inc	7/16/10	$ 600.00
Mailing Address: 101 Washington	/ /	$
City, State, Zip Code: Huntsville, AL 35801	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin Services	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: MS Dental PAC	8/26/10	$ 600.00
Mailing Address: 2630 Ridgewood Rd Ste C	/ /	$
City, State, Zip Code: Jax, MS 39216	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MT PA PAC	8/20/10	$ 500.00
Mailing Address: 345 Hwy 6 W.	12/31/10	$ 200.00
City, State, Zip Code: Batesville, MS 38606	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC	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: Auto Title Loans Too, Inc	8/20/10	$ 500.00
Mailing Address: 147 W. Gallatin	/ /	$
City, State, Zip Code: Hazlehurst, MS 39083	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin Services	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: Luke Montgomery	8/20/10	$ 1,000.00
Mailing Address: P.O. Box 37	/ /	$
City, State, Zip Code: Fulton, MS 38843	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Fin. Services	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: Larry Montgomery	8/20/10	$ 500.00
Mailing Address: 101 Francis Dr.	/ /	$
City, State, Zip Code: Fulton, MS 38843	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Fin Services	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/12

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: CARLAN Enterprises, Inc	8/10/10	$ 500.00
Mailing Address: 147 W. Gallatin St	/ /	$
City, State, Zip Code: Hazlehurst, MS 39083	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial Services	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: East McComb Check Cash, Inc	8/10/10	$ 500.00
Mailing Address: P.O. Box 1683	/ /	$
City, State, Zip Code: McComb, MS	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin. Services	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: 98 Check Service	8/10/10	$ 500.00
Mailing Address: 913 A South Locust St.	/ /	$
City, State, Zip Code: McComb, MS	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin. Services	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: All American Check Cashing, Inc	8/10/10	$ 500.00
Mailing Address: P.O. Box 1350	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin. Services	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/10 through 12/31/10

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: South MS Title Co. Inc	8/10/10	$ 500.00
Mailing Address: P.O. Box 1703	/ /	$
City, State, Zip Code: McComb, MS 39649	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin Services	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: TKSA, INC	8/10/10	$ 500.00
Mailing Address: 147 W. Gallatin St	/ /	$
City, State, Zip Code: Hazelhurst, MS 39083	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin. Services	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: Eddie McKinney	8/10/10	$ 1,000.00
Mailing Address: 15 CR 459	/ /	$
City, State, Zip Code: Corinth, MS 38834	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Fin Services	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: Dewecse Title Loan Inc	8/10/10	$ 1,000.00
Mailing Address: 208 B Hwy 12 W.	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Fin. Services	Aggregate year-to-date	$