2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011
Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Hob Bryan

Address Box 75, Amory, Mississippi 38821

Telephone (662) 256-9601 Fax

Contact Name Email

Office Sought Senate, District 7 Political Party Democratic

☐ 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	$37,155.33 + $5,250.00	$	$ 42,405.33
Total amount of disbursements	$1,261.45 + $5,628.87	$	$ 6,890.32
Total amount of cash on hand		$ 107,104.42	

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

Hob Bryan
Signature of Candidate

January 29, 2011
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, mutli-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 Hob Bryan

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

ITEMIZED DISBURSEMENTS

A. Full name Create, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1053	10/12/10	$ 1,000 00
City, State, Zip Code Tupelo, Mississippi 38802	__/__/__	$
Purpose of Disbursement (Optional) Donation to Windows	Aggregate Year-to-date	$ 1,000 00
B. Full name Allmond Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 603 West Commerce Street	11/29/10	$ 261 45
City, State, Zip Code Aberdeen, Mississippi 39	__/__/__	$
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	$ 261 45
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 Hob Bryan

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: MedImmune Affairs, Inc	3/31/10	$ 1,000.00
Mailing Address: One MedImmune Way	/ /	$
City, State, Zip Code: Gaithersburg, Maryland 20878	/ /	$
Name of Employer (Required)	/ /	$
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: Hattiesburg Clinic Healthcare Policy PAC	4/5/10	$ 2,500.00
Mailing Address: P.O. Box 17739	/ /	$
City, State, Zip Code: Hattiesburg, Mississippi 39404	/ /	$
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: AstraZeneca	7/6/10	$ 500.00
Mailing Address: P.O. Box 15437	/ /	$
City, State, Zip Code: Wilmington, Delaware 19850	/ /	$
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: Baxter Healthcare Corporation	7/16/10	$ 500.00
Mailing Address: One Baxter Place	/ /	$
City, State, Zip Code: Deerfield, Illinois 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Merck & Co. Inc	7/27/10	$ 500.00
Mailing Address: P.O. Box 1000	/ /	$
City, State, Zip Code: North Wales, Pennsylvania 19454	/ /	$
Name of Employer (Required)	/ /	$
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: Walgreen's	7/27/10	$ 500.00
Mailing Address: 104 Wilmot Road	9/8/10	$ 500.00
City, State, Zip Code: Deerfield, Illinois 60015	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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: BNSF Railway Company	9/10/10	$ 250.00
Mailing Address: 2500 Lou Menk Drive	/ /	$
City, State, Zip Code: Fort Worth, Texas 76131	/ /	$
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: Motorola	9/10/10	$ 250.00
Mailing Address: P.O. Box 68429	/ /	$
City, State, Zip Code: Schaumburg, Illinois 60168	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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	9/10/10	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: Indianapolis, Indiana 46285	/ /	$
Name of Employer (Required)	/ /	$
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: Mississippi Dental PAC	9/17/10	$ 1,000.00
Mailing Address: 2630 Ridgewood Road, Ste C	/ /	$
City, State, Zip Code: Jackson, Mississippi 39216	/ /	$
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: United Healthcare Services	10/22/10	$ 500.00
Mailing Address: Box 1459	/ /	$
City, State, Zip Code: Minneapolis, Minnesota 55440	/ /	$
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: Altria Client Services	10/22/10	$ 500.00
Mailing Address: 333 N. Point Center E.	/ /	$
City, State, Zip Code: Alpharetta, Georgia 30022	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Bancorp South	10/25/10	$ 500.00
Mailing Address: Box 789	/ /	$
City, State, Zip Code: Tupelo, Mississippi 38802	/ /	$
Name of Employer (Required)	/ /	$
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: Check into Cash of Mississippi	10/25/10	$ 500.00
Mailing Address: P.O. Box 550	/ /	$
City, State, Zip Code: Cleveland, Mississippi 37364	/ /	$
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: Ricky T. Calhoon	/ /	$ 250.00
Mailing Address: 4211 Eastover Place	/ /	$
City, State, Zip Code: Jackson, Mississippi 39211	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): businessman	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: Jeremiah J O'Keefe	/ /	$ 250.00
Mailing Address: 510 Beach Blvd.	/ /	$
City, State, Zip Code: Biloxi, Mississippi 39530	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): businessman	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Paul Richard Lambert	10/25/10	$ 250.00
Mailing Address: 119 Hardy Street	/ /	$
City, State, Zip Code: Hattiesburg, Mississippi 39401	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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: Guy W. Mitchell, III	10/26/10	$ 250.00
Mailing Address: P.O. Box 7120	/ /	$
City, State, Zip Code: Tupelo, Mississippi 38802	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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: Mark Garriga	10/27/10	$ 250.00
Mailing Address: 121 Golden Pond Drive	/ /	$
City, State, Zip Code: Madison, Mississippi 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): attorney	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: R. Barry Cannada	10/27/10	$ 250.00
Mailing Address: 827 Pinehurst Place	/ /	$
City, State, Zip Code: Jackson, Mississippi 39202	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): attorney	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Lucien Bourgeois	10/27/10	$ 250.00
Mailing Address: 117 Fawnwood Drive	/ /	$
City, State, Zip Code: Brandon, Mississippi 39042	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): attorney	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: Sidney P. Allen	10/27/10	$ 250.00
Mailing Address: 740 Orleans Circle	/ /	$
City, State, Zip Code: Ridgeland, Mississippi 39157	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): attorney	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: Eutaw Construction Company	10/27/10	$ 1,000.00
Mailing Address: P.O. Box 36	/ /	$
City, State, Zip Code: Aberdeen, Mississippi 39730	/ /	$
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: Dr. Randy Easterling	10/27/10	$ 250.00
Mailing Address: 607 Tiffintown Road	/ /	$
City, State, Zip Code: Vicksburg, Mississippi 39183	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): doctor	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Grand Trunk Western Railroad	10/28/10	$ 250.00
Mailing Address: P.O. Box 5025	/ /	$
City, State, Zip Code: Troy, Michigan 48007	/ /	$
Name of Employer (Required)	/ /	$
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: Richard Brown	10/28/10	$ 250.00
Mailing Address: P.O. Box 1132	/ /	$
City, State, Zip Code: Jackson, Mississippi 39215	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): public relations	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: MPTA PAC	10/28/10	$ 250.00
Mailing Address: 921 N. Congress Street	/ /	$
City, State, Zip Code: Jackson, Mississippi 39202	/ /	$
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: Waymon Tigrett	10/6/10	$ 600.00
Mailing Address: P.O. Box 395	/ /	$
City, State, Zip Code: Brandon, Mississippi 39043	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): pharmacist	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Entertainment Software Association	10/28/10	$ 500.00
Mailing Address: 575 7th Street NW, Suite 300	/ /	$
City, State, Zip Code: Washington, D.C. 20004	/ /	$
Name of Employer (Required)	/ /	$
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: Robert F. Mullins	10/28/10	$ 500.00
Mailing Address: P.O. Box 1062	/ /	$
City, State, Zip Code: Evans, Georgia 30809	/ /	$
Name of Employer (Required): Tox. Steel Burn center	/ /	$
Occupation (Required): doctor	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: Anheuser-Busch, Inc.	10/28/10	$ 500.00
Mailing Address: One Busch Place	/ /	$
City, State, Zip Code: St. Louis, Missouri 63118	/ /	$
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: Mississippi Health Care Association PAC	10/28/10	$ 1,000.00
Mailing Address: 1076 Highland Colony Parkway, Suite 125	/ /	$
City, State, Zip Code: Ridgeland, Mississippi 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Baker Donelson Mississippi PAC	10/28/10	$ 500.00
Mailing Address: Box 14167	/ /	$
City, State, Zip Code: Jackson, Mississippi 39236	/ /	$
Name of Employer (Required)	/ /	$
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: Mississippi Physicians PAC	10/28/10	$ 500.00
Mailing Address: 404 West Parkway Place	/ /	$
City, State, Zip Code: Ridgeland, Mississippi 39157	/ /	$
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: ENPAC Mississippi	10/28/10	$ 500.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: Jackson, Mississippi 39215	/ /	$
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: Bayer Heath Care	10/28/10	$ 500.00
Mailing Address: 444 Pembrooke Drive	/ /	$
City, State, Zip Code: ~~Pittsburg, Pennsylvania 15205~~	/ /	$
Name of Employer (Required): Madison, Mississippi 39110	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mike Moore Law Firm, LLC	10/28/10	$ 250.00
Mailing Address: P.O. Box 321048	__/__/__	$
City, State, Zip Code: Flowood, Mississippi 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
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: W.B. Consolidated	10/28/10	$ 250.00
Mailing Address: 770 North West Street	__/__/__	$
City, State, Zip Code: Jackson, Mississippi 39205	__/__/__	$
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: Mississippi Independent RX PAC	10/28/10	$ 1,000.00
Mailing Address: 4209 Lakeland Drive, Suite 399	__/__/__	$
City, State, Zip Code: Flowood, Mississippi 39232	__/__/__	$
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: MHA Political Action Committee	10/28/10	$ 1,000.00
Mailing Address: P.O. Box 1909	__/__/__	$
City, State, Zip Code: Madison, Mississippi 39130	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: General Electric Company	10/28/10	$ 500.00
Mailing Address: P.O. Box 9544	/ /	$
City, State, Zip Code: Fort Myers, Florida 33906	/ /	$
Name of Employer (Required)	/ /	$
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: Clare W. Hester	10/28/10	$ 500.00
Mailing Address: 148 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland, Mississippi 39157	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): public relations	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: Mississippi Primary Health Care Association PAC	10/28/10	$ 500.00
Mailing Address: 6400 Lakeover Road, Suite A	/ /	$
City, State, Zip Code: Jackson, Mississippi 39213	/ /	$
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: Centene Management Company LLC	10/28/10	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code: St Louis, Missouri 63105	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Wal PAC	10/29/10	$ 500.00
Mailing Address: 702 SW 8th Street	/ /	$
City, State, Zip Code: Bentonville Arkansas 72716	/ /	$
Name of Employer (Required)	/ /	$
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: Jimmy Gooras	10/29/10	$ 250.00
Mailing Address: 1100 Cherry Street	/ /	$
City, State, Zip Code: Vicksburg, Mississippi 39183	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): businessman	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: Fred H. Mothershed	10/29/10	$ 500.00
Mailing Address: 3353 North Gloster Street	/ /	$
City, State, Zip Code: Tupelo, Mississippi 38804	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): optometrist	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Haskell Family 1990 Trust	10/29/10	$ 500.00
Mailing Address: 415 Park Drive	/ /	$
City, State, Zip Code: Oxford, Mississippi 38655	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Andy Taggart	10/29/10	$ 250.00
Mailing Address: P.O. Box 3025	/ /	$
City, State, Zip Code: Madison, Mississippi 39130	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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: Dick Molpus	10/29/10	$ 1,000.00
Mailing Address: 3929 Crane Blvd.	/ /	$
City, State, Zip Code: Jackson, Mississippi 39216	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): business man	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: Kenneth R. Clark	10/29/10	$ 300.00
Mailing Address: 908 Eastwood Street	/ /	$
City, State, Zip Code: Pascagoula, Mississippi 39567	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): pharmacist	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: Pfizer Inc	10/9/10	$ 500.00
Mailing Address: 235 East 42d Street	/ /	$
City, State, Zip Code: New York, New York 10017	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

Reporting period 1/4/10 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: AT+T Mississippi PAC	11/9/10	$ 500.00
Mailing Address: 175 E Capital Street, Room 703	/ /	$
City, State, Zip Code: Jackson, Mississippi 39201	/ /	$
Name of Employer (Required)	/ /	$
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: Medco Health Solutions, Inc	11/9/10	$ 250.00
Mailing Address: 100 Parsons Pond Drive	/ /	$
City, State, Zip Code: Franklin Lakes, N.J. 07417	/ /	$
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: James L Robertson	11/9/10	$ 250.00
Mailing Address: 1721 Piedmont	/ /	$
City, State, Zip Code: Jackson, Mississippi 39205	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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: E. B. Robinson, Jr.	11/9/10	$ 250.00
Mailing Address: 49 Eastbrooke	/ /	$
City, State, Zip Code: Jackson, Mississippi 39216	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): businessman	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Norfolk Southern Corporation	11/26/10	$ 250.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk, Virginia 23510	/ /	$
Name of Employer (Required)	/ /	$
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: Abbott Laboratories Employee PAC	11/26/10	$ 400.00
Mailing Address: 100 Abbott Park Road	/ /	$
City, State, Zip Code: Abbott Park, Illinois 60064	/ /	$
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: Denbury	11/26/10	$ 500.00
Mailing Address: 5100 Tennyson Parkway, Suite 100	/ /	$
City, State, Zip Code: Plano, Texas 75024	/ /	$
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: Mississippi Power Company PAC	11/26/10	$ 500.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: Gulfport, Mississippi 39502	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Atmos Energy Corporation PAC	12/2/10	$ 500.00
Mailing Address: P.O. Box 650205	/ /	$
City, State, Zip Code: Dallas, Texas 75265	/ /	$
Name of Employer (Required)	/ /	$
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: Health Management Associates MS PAC	12/2/10	$ 2,000.00
Mailing Address: 2550 Flowood Drive, Suite 402	/ /	$
City, State, Zip Code: Flowood, Mississippi 39232	/ /	$
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: Mississippi Association for Home Care	12/9/10	$ 1,000.00
Mailing Address: 134 Fairmont Street, Suite B	/ /	$
City, State, Zip Code: Clinton, Mississippi 39056	/ /	$
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: Novantis	12/14/10	$ 500.00
Mailing Address: 172 Peppertree Drive	/ /	$
City, State, Zip Code: Kingsport, Tennessee 37664	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: Sidney Morgan	12/17/10	$ 250.00
Mailing Address: 210 West Main Street	/ /	$
City, State, Zip Code: Okolona, Mississippi 38860	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): pharmacist	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: Edwards Discount Drugs	12/17/10	$ 300.00
Mailing Address: 103 West Frontage Road, Suite A	/ /	$
City, State, Zip Code: Lucedale, Mississippi 39452	/ /	$
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: Mississippi Bail Agents Assn	12/17/10	$ 500.00
Mailing Address: 413 South President Street	/ /	$
City, State, Zip Code: Jackson, Mississippi 39201	/ /	$
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: Millcreek Management Corporation	12/17/10	$ 250.00
Mailing Address: P.O. Box 1130	/ /	$
City, State, Zip Code: Mayee, Mississippi 39111	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Hob Bryan

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: MAE-PAC	12/21/10	$ 500.00
Mailing Address: P.O. Box 39	/ /	$
City, State, Zip Code: Olive Branch, Mississippi 38654	/ /	$
Name of Employer (Required)	/ /	$
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: Hob Bryan	1/26/10	$ 555.32
Mailing Address: P.O. Box 75	thru 12/23/10	$
City, State, Zip Code: Amory, Mississippi 38821	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): attorney	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	$