2008 ELECTION CYCLE
CPR – SS 08-01(b)

OFFICE USE ONLY

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate: Bobby B. Howell

Address: P.O. Box 213 County: Montgomery

Telephone (Work) 662-262-4220 (Home) 662-262-7171 (Fax) 662-262-4397

Contact Name: Bobby Howell Email Address: BHowell@mail.House.state.ms.us

Office Sought: House of Representatives Political Party: Republican

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ October 29, 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 $	2700.00 + $ 400.00	$ 3100.00	$ 3100.00
Total amount of disbursements $	1243.49 + $ 2363.89	$ 3607.38	$ 3607.38
Total amount of cash on hand $		10,756.51	

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

Bobby B. Howell (Signature of Candidate) 1-10-09 (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 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-2008 through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
AT&T Mobility	3/21/08	$ 264.72
Mailing Address		
City, State, Zip Code ATLANTA, GA	4/20/08	$ 248.70
Purpose of Disbursement (Optional) Legislative Exp	Aggregate Year-to-date	$ 513.42
B. Full name Wicker For Senate	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 64	1/14/08	$ 200.00
City, State, Zip Code JACKSON, MS. 39205	2/29/08	$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
C. Full name J&L SALES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 18287	10/20/08	$ 230.07
City, State, Zip Code Hattisburg, MS.	__/__/__	$
Purpose of Disbursement (Optional) Bumper Stickers.	Aggregate Year-to-date	$ 230.07
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 Bobby B. Howell

Reporting period 1-1-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	11/19/08	$ 250.00
Mailing Address: P.O. Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082-1270	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check into Cash	9/25/08	$ 250.00
Mailing Address: 201 Keith St SW Ste 80	/ /	$
City, State, Zip Code: Cleveland, TN 37311	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BAYER HEALTHCARE	9/11/08	$ 300.00
Mailing Address: 444 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS. Association For HomeCare	12/1/08	$ 500.00
Mailing Address: P.O. Box 24087	/ /	$
City, State, Zip Code: Jackson, MS. 39225-4087	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Bobby B. Howell

Reporting period 1-1-2008 through 12-31-08

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron Products Company	9/9/08	$ 300.00
Mailing Address: P.O. Box 1300	/ /	$
City, State, Zip Code: Pascagoula, Ms. 39568	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MD PAC	9/5/08	$ 300.00
Mailing Address: 2630 Ridgewood Rd. Ste C	/ /	$
City, State, Zip Code: Jackson, Ms 39216-4920	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Astra-Zeneca Pharmaceutical	7/18/08	$ 300.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: First Southern Corp.	5/31/07	$ 500.00
Mailing Address: P.O. Box 1727	/ /	$
City, State, Zip Code: Pelham, AL. 35124	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00