2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 29 2010
Secretary of State
Capitol Office

Candidate's Name GARY JACKSON

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

Telephone 662-547-6684 (Fax)

E-mail gjackson@senate.ms.gov

Office Sought Senate 15 Political Party Rep

☐ 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	33,100.00	$ 33,100.00	$ 33,100.00
Total amount of disbursements	16,464.85	$ 16,464.85	$ 16,464.85
Total amount of cash on hand		$ 25829.35	

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 1-29-10

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 GARY JACKSON

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: GEORGIA PACIFIC	4/22/09	$ 500.00
Mailing Address: P.O Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): WOOD PRODUCTS etc	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: ALTRIA	4/3/09	$ 500.00
Mailing Address: 6601 W. BROAD ST.	/ /	$
City, State, Zip Code: Richmond, VA 23230	/ /	$
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: WALMART Corp. AFFAIRS	11/1/09	$ 500.00
Mailing Address: 321 Highland Pk BLVD	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): RETAIL SALES	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: AT&T PAC	4/3/09	$ 500.00
Mailing Address: 175 E. CAPITOL ST. SUITE 702	/ /	$
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 1/1/09 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: Guaranty Bank PAC	12/23/09	$ 1000.00
Mailing Address: P.O. Drawer 657	__/__/__	$
City, State, Zip Code: Belzoni, MS 39038	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Financial	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: Magnolia State Bank	12/23/09	$ 1000.00
Mailing Address: P.O. Box 508	__/__/__	$
City, State, Zip Code: Day Springs, MS 39422	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Financial	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: First State Bank	12/21/09	$ 1000.00
Mailing Address: P.O. Box 501	__/__/__	$
City, State, Zip Code: Waynesboro, MS 39367	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Financial	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: Bancorp South	12/18/09	$ 1,000.00
Mailing Address: P.O. Box 789	__/__/__	$
City, State, Zip Code: Tupelo, MS 38802	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Financial	Aggregate year-to-date	$

Name of Candidate or Committee GARY JACKSON

Reporting period 1/31/09 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: MS ASSOC. FOR HOMECARE	12/17/09	$ 300.00
Mailing Address: 134 FAIRMONT ST. STE B	__/__/__	$
City, State, Zip Code: CLINTON, MS 39056	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): HOME HEALTH CARE	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: GDF SUEZ ENERGY NORTH AMERICA, INC PAC	12/17/09	$ 500.00
Mailing Address: 1990 POST OAK BLVD SUITE 1900	__/__/__	$
City, State, Zip Code: HOUSTON TX	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): PAC - ENERGY	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: PROSPERITY PAC LLC	12/28/09	$ 1000.00
Mailing Address: P.O. BOX 1869	__/__/__	$
City, State, Zip Code: BRANDON, MS 39043	__/__/__	$
Name of Employer (Required): PAC	__/__/__	$
Occupation (Required): FINANCIAL	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: STATE BANK & TRUST	12/29/09	$ 1000.00
Mailing Address: P.O. BOX 8287	__/__/__	$
City, State, Zip Code: GREENWOOD, MS 38935	__/__/__	$
Name of Employer (Required): SAME	__/__/__	$
Occupation (Required): FINANCIAL	Aggregate year-to-date	$

Name of Candidate or Committee GARY JACKSON

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: BANKplus PAC	12/8/09	$ 1000.00
Mailing Address: 1068 Highland Colony Pkwy	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39157	__/__/__	$
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: Bank of Kilmichael	12/7/09	$ 1000.00
Mailing Address: P.O. Box 187	__/__/__	$
City, State, Zip Code: Kilmichael, MS 39747	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): FINANCIAL	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: THE CITIZENS BANK	12/8/09	$ 1,000.00
Mailing Address: PO Box 209	__/__/__	$
City, State, Zip Code: Philadelphia, MS 39350	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): FINANCIAL	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: First Valley Nat. Corp	12/9/09	$ 1000.00
Mailing Address: P.O. Box 220	__/__/__	$
City, State, Zip Code: Clarksdale, MS 38614	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): FINANCIAL	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

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: James H. Clayton	12/23/09	$ 500 —
Mailing Address: 103 E. Gresham	/ /	$
City, State, Zip Code: Indianola, MS 38751	/ /	$
Name of Employer (Required): Planters Bank	/ /	$
Occupation (Required): Banker	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: Lewis Mallory	12/23/09	$ 500 00
Mailing Address: 513 Greensboro	/ /	$
City, State, Zip Code: Starkville, MS 39759	/ /	$
Name of Employer (Required): Cadence Bank	/ /	$
Occupation (Required): Banker	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: Bank of Benoit	12/9/09	$ 500 00
Mailing Address: P.O. Box 299	/ /	$
City, State, Zip Code: Benoit, MS 38725	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial	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: Bank of Merton	12/14/09	$ 250 00
Mailing Address	/ /	$
City, State, Zip Code: Merton, MS 39117	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

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: Bank of Anguilla	12/31/09	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: Anguilla, MS	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial	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: Bank of Brookhaven	12/31/09	$ 1,000.00
Mailing Address	/ /	$
City, State, Zip Code: Brookhaven, MS	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial	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: Citizen's Bank + Trust Co.	12/29/09	$ 250.00
Mailing Address: P.O. Box 388	/ /	$
City, State, Zip Code: Monticello, MS 38646	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): Financial	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: MissBankPAC	12/18/09	$ 3,000.00
Mailing Address: P.O. Box 1091	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required): Same	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$

Name of Candidate or Committee Gary Jackson

Reporting period 1/1/09 through 12/31/09

ITEMIZED DISBURSEMENTS

A. Full name Starkville Rotary Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address c/o Starkville Country Club	TOTAL	$ 905.00
City, State, Zip Code Starkville, MS 39759	2009	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 905.00
B. Full name Office Depot	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address I 55 Frontage	1/20/09	$ 267.47
City, State, Zip Code Jackson MS	1/23/09	$ 203.30
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 470.77
C. Full name WFCA / French Camp Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 Fine Place	TOTAL	$ 642.81
City, State, Zip Code French Camp, MS 39745	2009	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 642.81
D. Full name Gary Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 40	5/22/09	$ 402.50
City, State, Zip Code French Camp, MS 39745	7/27/09 9/30/09	$ 478.00 285.00
Purpose of Disbursement (Optional) Reimb. - 3 Trips	Aggregate Year-to-date	$ 1165.50
E. Full name Allen Nunnlee Campaign	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address c/o MS Senate	12/10/09	$ 1,000.00
City, State, Zip Code Jackson, MS	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
F. Full name AT&T Cellular	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address - DRAFTED Monthly	TOTAL	$ 2476.97
City, State, Zip Code Addresses Vary	2009 / /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2476.97