2008 ELECTION CYCLE
CPR – SS 08-01(b)

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JAN 30 2009
CAMPAIGN FINANCE/LOBBYING UNIT
SECRETARY OF STATE

# CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate: DEAN KIRBY CAMPAIGN

Address: P.O. BOX 54099 PEARL, MS. 39288 County: RANKIN

Telephone (Work) 601-939-5968 (Home) 601-932-1966 (Fax) 601-939-0194

Contact Name: DEAN KIRBY Email Address: DKIRBYIA@BELLSOUTH.NET

Office Sought: STATE SENATE DISTRICT 30 Political Party: REPUBLICAN

☐ Check here if above is different from previous report

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

___ October 28, 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

X 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 | $ 88,200 + $ 2,800. | $ 91,000. | $ 91,000 |
| Total amount of disbursements | $ 14,651.22 + $ 2,575.39 | $ 17,226.61 | $ 17,226.61 |
| Total amount of cash on hand | | $ 197,326.47 | |

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

Dean Kirby
(Signature of Candidate)

1-24-09
(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 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2008 through DECEMBER 31, 2008

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: SHELBY HOPKINS | 1/4/08 | $ 5,000. |
| Mailing Address: 4209 LAKELAND DR. # 347 | __/__/__ | $ |
| City, State, Zip Code: FLOWOOD, MS. 39232 | __/__/__ | $ |
| Name of Employer (Required): RETIRED | __/__/__ | $ |
| Occupation (Required) | Aggregate year-to-date | $ 5,000. |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: NUCOR STEEL PAC | 3/17/08 | $ 1,000. |
| Mailing Address: 3630 FOURTH ST. | __/__/__ | $ |
| City, State, Zip Code: FLOWOOD, MS. 39232 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): STEEL | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: (ADRIANE SPENCER) ASTRA ZENECA | __/__/__ | $ |
| Mailing Address: 7516 JEANNETTE ST. | 7/15/08 | $ 350. |
| City, State, Zip Code: NEW ORLEANS, LA. 70118 | __/__/__ | $ |
| Name of Employer (Required): ASTRA ZENECA | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 350. |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MISSISSIPPI PHYSICIANS PAC | 9/10/08 | $ 2,000. |
| Mailing Address: 404 W. PARKWAY PLACE | __/__/__ | $ |
| City, State, Zip Code: RIDGELAND, MS. 39157 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required) | Aggregate year-to-date | $ 2,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: CHEVRON CORP. | 9/12/08 | $ 500. |
| Mailing Address: P.O. BOX 9034 | __/__/__ | $ |
| City, State, Zip Code: CONCORD, CA. 95424 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): AS ABOVE | Aggregate year-to-date | $ 500. |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: JOSH GREGORY | 9/19/08 | $ 500. |
| Mailing Address: 138 WATERWOOD DR. | __/__/__ | $ |
| City, State, Zip Code: BRANDON, MS. 39047 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): LOBBYIST | Aggregate year-to-date | $ 500. |

| C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MS. ASSOCIATION OF REALTORS | 9/19/08 | $ 1,000. |
| Mailing Address: P.O. BOX 321000 | __/__/__ | $ |
| City, State, Zip Code: FLOWOOD, MS. 39232 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PAC | Aggregate year-to-date | $ 1,000. |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MS. DENTAL PAC | 10/2/08 | $ 400. |
| Mailing Address: 2630 RIDGEWOOD RD., STE. C | 11/24/08 | $ 1,000. |
| City, State, Zip Code: JACKSON, MS. 39216 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PAC | Aggregate year-to-date | $ 1400. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# 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 | 10/7/08 | $ 2,500. |
| Mailing Address: P.O. BOX 16490 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39236 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 2,500. |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: WAL-PAC | 10/23/08 | $ 500. |
| Mailing Address: 702 SW 8th ST. | __/__/__ | $ |
| City, State, Zip Code: BENTONVILLE, AR. 72716 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): RETAIL SALES | Aggregate year-to-date | $ 500. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: PHRMA | 10/27/08 | $ 500. |
| Mailing Address: 850 F ST., NW | __/__/__ | $ |
| City, State, Zip Code: WASHINGTON, DC 20004 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 500. |

| D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TOM QUAKA | 11/3/08 | $ 500. |
| Mailing Address: 5104 CANTON HEIGHTS DR. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39211 | __/__/__ | $ |
| Name of Employer (Required): MIMS | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: FCCI SERVICES, INC. | 11/3/08 | $ 1,000. |
| Mailing Address: 6300 UNIVERSITY PARKWAY | __/__/__ | $ |
| City, State, Zip Code: SARASOTA, FL. 34240 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000 |
| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: MISSISSIPPI INSURANCE MANAGERS | 11/3/08 | $ 1,000. |
| Mailing Address: P.O. BOX 4448 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39296 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |
| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: BRISTOL-MYERS SQUIBB COMPANY | 11/5/08 | $ 500. |
| Mailing Address: P.O. BOX 840769 | __/__/__ | $ |
| City, State, Zip Code: HOUSTON, TX. 77284 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 500. |
| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: COMMONWEALTH BRANDS | __/__/__ | $ |
| Mailing Address: P.O. BOX 51587 | __/__/__ | $ |
| City, State, Zip Code: BOWLING GREEN, KY. 42102 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): TOBACCO SALES | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: GOVERNMENT CONSULTANTS, INC. | 11/14/08 | $ 1,000. |
| Mailing Address: 1830 CRANE RIDGE DR. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39216 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSULTANT | Aggregate year-to-date | $ 1,000. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE AUTOMOBILE INSURANCE Co. of HARTFORD, CT. | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE CHARTER OAK FIRE INSURANCE Co. | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE FARMINGTON CASUALTY Co. | 12/2/08 | $ 1,000 |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE PHOENIX INSURANCE COMPANY | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TRAVCO INSURANCE COMPANY | 12/2/08 | $ 1,000 |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE TRAVELERS CASUALTY COMPANY OF CONNECTICUT | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE TRAVELERS CASUALTY AND SURETY COMPANY | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE TRAVELERS COMMERCIAL INSURANCE CO. | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE TRAVELERS HOME AND MARINE INSURANCE COMPANY | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THE TRAVELERS INDEMNITY COMPANY | 12/2/08 | $ 1,000. |
| Mailing Address: ONE TOWER SQUARE | __/__/__ | $ |
| City, State, Zip Code: HARTFORD, CT. 06183 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000 |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ANHEUSER-BUSH, INC. | 12/2/08 | $ 1,000. |
| Mailing Address: ONE BUSH PLACE | __/__/__ | $ |
| City, State, Zip Code: ST. LOUIS, MO. 63118 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): MALT BEVERAGE | Aggregate year-to-date | $ 1,000 |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: REYNOLDS AMERICAN | 12/31/08 | $ 1,000. |
| Mailing Address: P.O. BOX 2990 | __/__/__ | $ |
| City, State, Zip Code: WINSTON-SALEM, NC 27102 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): TOBACCO | Aggregate year-to-date | $ 1,000 |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: AT+T MISSISSIPPI, PAC | 12/31/08 | $ 1,000. |
| Mailing Address: 175 E. CAPITAL ST., RM. 703 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39201 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): TELEPHONE | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: BAYER | 12/15/08 | $ 1,000. |
| Mailing Address: 100 BAYER Rd. | __/__/__ | $ |
| City, State, Zip Code: PITTSBURG, PA. 15205 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 1,000. |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: CABLE PAC MCTA | 12/15/08 | $ 1,000. |
| Mailing Address: 1501 LAKELAND DR. STE. 301 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39216 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CABLE | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TCCM, LLC | 12/15/08 | $ 1,000. |
| Mailing Address: 124 ONE MADISON PLAZA, STE. 1500 | __/__/__ | $ |
| City, State, Zip Code: MADISON, MS. 39110 | __/__/__ | $ |
| Name of Employer (Required): TCCM | __/__/__ | $ |
| Occupation (Required): REAL ESTATE | Aggregate year-to-date | $ 1,000. |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: THOMAS L. WALLACE | 12/15/08 | $ 2,500. |
| Mailing Address: P.O. BOX 523 | __/__/__ | $ |
| City, State, Zip Code: COLUMBIA, MS. 39429 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 2,500. |

| C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: CAPITOL ADVOCACY GROUP, PAC | 12/15/08 | $ 10,000. |
| Mailing Address: P.O. BOX 217 | 12/15/08 | $ 2,500-IN KIND |
| City, State, Zip Code: JACKSON, MS. 39205 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOBBYIST | Aggregate year-to-date | $ 12,500 |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: PFIZER, INC. | 12/15/08 | $ 500. |
| Mailing Address: NY | __/__/__ | $ |
| City, State, Zip Code: NY, NY 10017 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: SWISHER INTERNATIONAL, INC | 12/15/08 | $ 1,000. |
| Mailing Address: P.O. BOX 2230 | __/__/__ | $ |
| City, State, Zip Code: JACKSONVILLE, FL. 32203 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): TOBACCO | Aggregate year-to-date | $ 1,000. |
| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: EXPRESS LOANS CO. | 12/15/08 | $ 1,000 |
| Mailing Address: 1004 MEMORIAN BLVD., STE. L | __/__/__ | $ |
| City, State, Zip Code: MURFREESBORO, TN. 37129 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 1,000. |
| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: GADSDEN FINANCE, INC. | 12/15/08 | $ 1,000. |
| Mailing Address: 618 BROAD ST. | __/__/__ | $ |
| City, State, Zip Code: GADSDEN, AL. 35901 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 1,000. |
| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | | |
| Full name: HEALTH MANAGEMENT ASSOCIATES MS. PAC | 12/15/08 | $ 1,000 |
| Mailing Address: 2550 FLOWOOD DR., STE. 402 | __/__/__ | $ |
| City, State, Zip Code: FLOWOOD, MS. 39232 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): HEALTH | Aggregate year-to-date | $ 1,000 |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: NOVARTIS | 12/15/08 | $ 500. |
| Mailing Address: ONE HEALTH PLAZA | __/__/__ | $ |
| City, State, Zip Code: EAST HANOVER, N.J. 07936 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): HEALTH | Aggregate year-to-date | $ 500. |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ENTERTAINMENT SOFTWARE ASSOCIATION | 12/15/08 | $ 1,000 |
| Mailing Address: 575 7TH ST. NW, STE. 300 | __/__/__ | $ |
| City, State, Zip Code: WASHINGTON, D.C. 20004 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): SOFTWARE | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: SUNBELT SEALING, INC. | 12/15/08 | $ 1,000. |
| Mailing Address: P.O. BOX 3770 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39207 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: NECAISE CONSTRUCTION CO., INC. | 12/15/08 | $ 1,000 |
| Mailing Address: P.O. BOX 572 | __/__/__ | $ |
| City, State, Zip Code: HATTIESBURG, MS. 39403 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: WARREN PAVING | 12/15/08 | $ 1,000 |
| Mailing Address: P.O. BOX 572 | __/__/__ | $ |
| City, State, Zip Code: HATTIESBURG, MS. 39403 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: LAWRENCE WARREN | 12/15/08 | $ 500. |
| Mailing Address: P.O. BOX 572 | __/__/__ | $ |
| City, State, Zip Code: HATTIESBURG, MS. 39403 | __/__/__ | $ |
| Name of Employer (Required): WARREN PAVING | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

| C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: CARL NICHOLSON | 12/15/08 | $ 500. |
| Mailing Address: P.O. DRAWER 15099 | __/__/__ | $ |
| City, State, Zip Code: HATTIESBURG, MS. 39404 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CPA | Aggregate year-to-date | $ 500. |

| D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: RICHARD WEBSTER | 12/15/08 | $ 500. |
| Mailing Address: 132 WOODLAND SPRINGS DR. | __/__/__ | $ |
| City, State, Zip Code: RIDGELAND, MS. 39157 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Mississippi Road Builders Assoc. PAC | 12/15/08 | $ 500. |
| Mailing Address: 601 GEORGE ST. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39202 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Southern Development of Ms., Inc. | 12/15/08 | $ 500. |
| Mailing Address: 40 Deep South LANE | __/__/__ | $ |
| City, State, Zip Code: Purvis, Ms. 39475 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

| C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: GLYNN MALLETTE | 12/15/08 | $ 500. |
| Mailing Address: 3708 Hwy. 90 | __/__/__ | $ |
| City, State, Zip Code: GAUTIER, MS. 39553 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

| D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: KAY ATWOOD-VAN-SKIVER | 12/15/08 | $ 1500. |
| Mailing Address: 212 DUCK COVE | __/__/__ | $ |
| City, State, Zip Code: MADISON, MS. 39110 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: SIMMONS EROSION CONTROL, INC. | 12/15/08 | $ 1,000. |
| Mailing Address: 6690 STEVE LEE DR. | __/__/__ | $ |
| City, State, Zip Code: LAKE, MS. 39092 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: JOE McGEE CONSTRUCTION CO., INC. | 12/15/08 | $ 1,000. |
| Mailing Address: P.O. BOX 340 | __/__/__ | $ |
| City, State, Zip Code: LAKE, MS. 39092 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: DOZIER, LLC | 12/15/08 | $ 1,000. |
| Mailing Address: P.O. BOX 2031 | __/__/__ | $ |
| City, State, Zip Code: NATCHEZ, MS. 39121 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: JOHN LYLE, JR. | 12/15/08 | $ 1,000. |
| Mailing Address: 239 Rolling Meadows Rd. | __/__/__ | $ |
| City, State, Zip Code: RIDGELAND, MS. 39157 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MMC MATERIALS, INC. | 12/15/08 | $ 1,000 |
| Mailing Address: P.O. BOX 2569 | __/__/__ | $ |
| City, State, Zip Code: MADISON, MS. 39130 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Rodney GROGAN | 12/25/08 | $ 500. |
| Mailing Address: 110 CHADWYCK CT. | __/__/__ | $ |
| City, State, Zip Code: MADISON, MS. 39110 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 500. |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TRI-PARK, LLC. | 12/17/08 | $ 1,000 |
| Mailing Address: 124 ONE MADISON PLAZA, STE. 1500 | __/__/__ | $ |
| City, State, Zip Code: MADISON, MS. 39110 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): CONSTRUCTION | Aggregate year-to-date | $ 1,000. |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MISS LUPAC | 12/17/08 | $ 1,000. |
| Mailing Address: PO BOX 13649 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39236 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): INSURANCE | Aggregate year-to-date | $ 1,000. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# 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 AND COMPANY | 12/18/08 | $ 500. |
| Mailing Address: PO BOX 66663 | __/__/__ | $ |
| City, State, Zip Code: BATON ROUGE, LA. 70896 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 500. |

| B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ADVANCE AMERICA | 12/18/08 | $ 500. |
| Mailing Address: 135 N. CHURCH ST. | __/__/__ | $ |
| City, State, Zip Code: SPARTANBURG, SC 29306 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 500. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MONSANTO | 12/18/08 | $ 500. |
| Mailing Address: 1208 ALCOVY BLUFF DR. | __/__/__ | $ |
| City, State, Zip Code: MONROE, ~~LA.~~ GA. 30656 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): AGRICULTURE | Aggregate year-to-date | $ 500. |

| D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MS. CHIROPRACTORS ASSOCIATION | 12/18/08 | $ 1,000. |
| Mailing Address: P.O. BOX 1266 | __/__/__ | $ |
| City, State, Zip Code: SUMMITT, MS. 39666 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): CHIROPRACTORS | Aggregate year-to-date | $ 1,000 |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Mississippi Chiropractors PAC | 12/18/08 | $ 1,000. |
| Mailing Address: 5844 Ridgewood Rd. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39211 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): Chiropractors | Aggregate year-to-date | $ 1,000 |

| B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: FIRST HERITAGE CREDIT, LLC | 12/18/08 | $ 1,000. |
| Mailing Address: 605 CRESCENT BLVD., STE. 101 | __/__/__ | $ |
| City, State, Zip Code: Ridgeland, MS. 39157 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 1,000. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MS. ASSOCIATION FOR HOME CARE | 12/18/08 | $ 500. |
| Mailing Address: P.O. BOX 1468 | __/__/__ | $ |
| City, State, Zip Code: RIDGELAND, MS. 39158 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): HEALTH | Aggregate year-to-date | $ 500. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: FIRST FRANKLIN | 12/18/08 | $ 500. |
| Mailing Address: P.O. BOX 880 | __/__/__ | $ |
| City, State, Zip Code: TACCOA, GA. 30577 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: WASTE MANAGEMENT | 12/18/08 | $ 1,000. |
| Mailing Address: P.O. BOX 3027 | __/__/__ | $ |
| City, State, Zip Code: HOUSTON, TX. 77253 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): WASTE CONTROL | Aggregate year-to-date | $ 1,000. |

| B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: JOHN PAT GRUBBS | 12/18/08 | $ 400. |
| Mailing Address: 947 W. CAPITOL ST. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39203 | __/__/__ | $ |
| Name of Employer (Required): SELF | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 400. |

| C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☒ Other (please specify) LLC | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: REPUBLIC FINANCE, LLC | 12/18/08 | $ 1,000. |
| Mailing Address: P.O. BOX 15429 | __/__/__ | $ |
| City, State, Zip Code: BATON ROUGE, LA. 70895 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 1,000. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TOWER LOAN | 12/18/08 | $ 1,000 |
| Mailing Address: P.O. BOX 320001 | __/__/__ | $ |
| City, State, Zip Code: FLOWOOD, MS. 39232 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): LOAN | Aggregate year-to-date | $ 1,000 |

Name of Candidate or Committee DEAN KIRBY Campaign

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

# ITEMIZED RECEIPTS

| A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: MOTOROLA | 12/18/08 | $ 750. |
| Mailing Address: P.O. BOX 68429 | __/__/__ | $ |
| City, State, Zip Code: SCHAUMBURG, IL. 60168 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): COMMUNICATIONS | Aggregate year-to-date | $ 750. |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: Mississippi Power Co. STATE PAC | 12/22/08 | $ 1,000. |
| Mailing Address: P.O. Box 4079 | __/__/__ | $ |
| City, State, Zip Code: GULFPORT, MS 39502 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): UTILITY | Aggregate year-to-date | $ 1,000 |

| C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: ELECTRIC Power Assoc. of MS. STATE PAC | 12/22/08 | $ 1,000 |
| Mailing Address: P.O. Box 3300 | __/__/__ | $ |
| City, State, Zip Code: Ridgeland, MS. 39158 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): UTILITY | Aggregate year-to-date | $ 1,000. |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: A&A OF Tupelo, INC. | 12/28/08 | $ 1,000. |
| Mailing Address: 120 E. FRANKLIN ST. | __/__/__ | $ |
| City, State, Zip Code: Tupelo, MS. 38804 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): TOBACCO | Aggregate year-to-date | $ 1,000 |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

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

# ITEMIZED RECEIPTS

| A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: COMMITTEE FOR CLEAN ENVIRONMENT | 12/29/08 | $ 300. |
| Mailing Address: 300 N. STATE ST. | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39216 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): ENVIRONMENT | Aggregate year-to-date | $ 300. |

| B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: BAKER DONELSON MS. PAC | 12/29/08 | $ 500 |
| Mailing Address: P.O. BOX 14167 | __/__/__ | $ |
| City, State, Zip Code: JACKSON, MS. 39236 | __/__/__ | $ |
| Name of Employer (Required): PAC | __/__/__ | $ |
| Occupation (Required): ATTORNEY | Aggregate year-to-date | $ 500. |

| C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: GLAXO SMITH KLINE | 12/30/08 | $ 1,000 |
| Mailing Address: 200 N. 16th ST. | __/__/__ | $ |
| City, State, Zip Code: PHILADELPHIA, PA. 19102 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): PHARMACEUTICAL | Aggregate year-to-date | $ 1,000 |

| D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full name: TYSON, INC. | 12/31/08 | $ 500. |
| Mailing Address: P.O. BOX 2020 | __/__/__ | $ |
| City, State, Zip Code: SPRINGDALE, AR. 72765 | __/__/__ | $ |
| Name of Employer (Required): AS ABOVE | __/__/__ | $ |
| Occupation (Required): AGRICULTURE - POULTRY | Aggregate year-to-date | $ 500. |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2008 through DECEMBER 31, 2008.

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| GOVERNATORIAL INAUGURATION COMMITTEE | | |
| Mailing Address: P.O. BOX 1186 | 1/7/08 | $ 1,000. |
| City, State, Zip Code: JACKSON, MS. 39215 | __/__/__ | $ |
| Purpose of Disbursement (Optional): GOVERNOR'S BALL | Aggregate Year-to-date | $ 1,000. |
| **B. Full name: CAPITAL CLUB** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address: P.O. BOX 1432 | 1-8-08<br>2/18/08<br>3-20-08 | $ 150.<br>474.29<br>107.01 |
| City, State, Zip Code: JACKSON, MS. 39215 | 5-7-08<br>10/8/08 | $ 99.68<br>108.63 |
| Purpose of Disbursement (Optional): DUES AND CONSTITUENTS AND PAGES | Aggregate Year-to-date | $ 939.61 |
| **C. Full name: MISSISSIPPI REPUBLICAN PARTY** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address: P.O. BOX 60 | 1/8/08 | $ 150. |
| City, State, Zip Code: JACKSON, MS. 39205 | 7/17/08 | $ 100. |
| Purpose of Disbursement (Optional): DUES | Aggregate Year-to-date | $ 250. |
| **D. Full name: AT&T MOBILITY** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address: P.O. BOX 772349 | 1-18-08<br>2/18/08<br>3 20 08 | $ 109.22<br>107.22<br>107.22 |
| City, State, Zip Code: OCALA, FL. 34477 | 4 18 08<br>5/13/08<br>6 15 08 | $ 109.99<br>107.24<br>108.08 |
| Purpose of Disbursement (Optional): PHONE | Aggregate Year-to-date | $ |
| **E. Full name: AT&T MOBILITY** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address | 7 14 08<br>8/11/08<br>9 12 08 | $ 111.45<br>110.00<br>112.40 |
| City, State, Zip Code | 10 17 08<br>11/13/08<br>12 18 08 | $ 109.35<br>108.50<br>113.54 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 1310.21 |
| **F. Full name: Ad World Specialties** | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address: 3403 LANELL LANE | 1/18/08 | $ 251.77 |
| City, State, Zip Code: PEARL, MS. 39208 | 12/18/08 | $ 433.99 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 685.76 |

Name of Candidate or Committee: DEAN KIRBY CAMPAIGN

Reporting period: JANUARY 1, 2008 through DECEMBER 31, 2008

# ITEMIZED DISBURSEMENTS

| | | |
|---|---|---|
| A. Full name: MISSISSIPPI BRAVES | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address: P.O. BOX 97389 | 2/11/08 | $ 950. |
| City, State, Zip Code: PEARL, MS. 39288 | __/__/__ | $ |
| Purpose of Disbursement (Optional): ADVERTISING | Aggregate Year-to-date | $ 950. |
| B. Full name: FADS & FRAMES | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address: 5706 HWY 80 E | 3/3/08<br>4/22/08 | $ 99.20<br>79.36 |
| City, State, Zip Code: PEARL, MS. 39208 | 5/19/08<br>9/25/08 | $ 29.77<br>32.25 |
| Purpose of Disbursement (Optional): FRAME SENATE RESOLUTIONS | Aggregate Year-to-date | $ 240.58 |
| C. Full name: CARDMEMBER SERVICES | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address: P.O. BOX 94012 | 4/7/08<br>4/24/08 | $ 169.20<br>359.75 |
| City, State, Zip Code: PALATINE, IL. 60094 | 7/24/08<br>10/24/08 | $ 43.95<br>71.32 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 644.22 |
| D. Full name: POSTMASTER | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address: AIRPORT RD. STATION | 5/2/08 | $ 104. |
| City, State, Zip Code: FLOWOOD, MS. 39232 | 12/17/08 | $ 126 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 230. |
| E. Full name: AMERICAN EXPRESS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address: P.O. BOX 650448 | 5/12/08<br>7/14/08<br>8/20/08 | $ 1348.00<br>449.00<br>1187.13 |
| City, State, Zip Code: DALLAS, TX. 72565 | 9/8/08<br>10/8/08<br>11/13/08 | $ 1506.02<br>1210.89<br>834.92 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ CONTINUED |
| F. Full name: AMERICAN EXPRESS | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 12/15/08 | $ 120. |
| City, State, Zip Code | __/__/__ | $ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 6655.96 |

Name of Candidate or Committee DEAN KIRBY CAMPAIGN

Reporting period JANUARY 1, 2008 through DECEMBER 31, 2008

# ITEMIZED DISBURSEMENTS

| A. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
|---|---|---|
| KIWANIS CLUB of PEARL | 7/17/08 | $ 82.50 |
| Mailing Address P.O. BOX 97642 | 9/29/08 | 125.00 |
| City, State, Zip Code PEARL, MS. 39288 | 10/27/08 | $ 82.50 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 290.00 |
| **B. Full name** SHELL | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address P.O. BOX 689010 | 9/8/08 | $ 298.85 |
| City, State, Zip Code DES MOINES, IA. 50368 | 11/13/08 | $ 109.90 |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | $ 408.75 |
| **C. Full name** BASS PRO | **Date (Mo., Day, Year)** | **Amount of each disbursement this period** |
| Mailing Address 100 BASS PRO DR. | 12/5/08 | $ 1046.10 |
| City, State, Zip Code PEARL, MS. 39208 | __/__/__ | $ |
| Purpose of Disbursement (Optional) FUNDRAISER | Aggregate Year-to-date | $ 1046.10 |
| **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 | $ |