2010 ELECTION CYCLE

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Campaign Finance
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REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate: Lester Bubba Carpenter

Address: 8 Carpenter Drive Burnsville 38833

Telephone: 662.427.8281 Fax: —

Contact Name: Niesha Carpenter Email: lcarpenter@house.ms.gov

Office Sought: House of Rep, District 1 Political Party: Republican

☐ 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**

✓ **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	$4969.89 + $ 1360.43	$ 6330.32	$ 6330.32
Total amount of disbursements	$4369.88 + $ 2115.23	$ 6485.09	$ 6485.09
Total amount of cash on hand		$10,173.73	

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: [signature] Date: 1-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2613.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

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Name of Candidate or Committee Lester Bubba Carpenter

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 AT&T PAC	8/6/10	$ 500-
Mailing Address 175 East Capitol St, Suite 702	__/__/__	$
City, State, Zip Code Jackson, MS 39201-2135	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	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 Mississippi Dental PAC	8/18/10	$ 500.00
Mailing Address 2630 Ridgewood Road, Ste C	__/__/__	$
City, State, Zip Code Jackson, MS 39216-4920	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Community Financial Service of America	10/21/10	$ 500.00
Mailing Address 135 N. Church St	__/__/__	$
City, State, Zip Code Spartanburg, SC 29306	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Conner	12/10/10	$ 400.00
Mailing Address P.O. Box 1182	__/__/__	$
City, State, Zip Code Oliva Branch, MS 38654	__/__/__	$
Name of Employer (Required) Third Union Finance INC.	__/__/__	$
Occupation (Required) President	Aggregate year-to-date	$ 400.00

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Name of Candidate or Committee Lester Bubba Carpenter

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 ENPAC Mississippi	12/10/10	$ 250.00
Mailing Address P.O. Box 1640	__/__/__	$
City, State, Zip Code Jackson, MS 39215-1640	__/__/__	$
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 Jerry Stogner	12/10/10	$ 500.00
Mailing Address P.O. Box 1683	__/__/__	$
City, State, Zip Code McComb, MS 39649	__/__/__	$
Name of Employer (Required) JDS, INC.	__/__/__	$
Occupation (Required) President	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Robert Robinson	12/4/10	$ 250.00
Mailing Address 29 CR 406	__/__/__	$
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Name of Employer (Required) State of MS	__/__/__	$
Occupation (Required) Director	Aggregate year-to-date	$ 250.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Larry Montgomery	12/8/10	$ 500.00
Mailing Address 101 Francis Drive	__/__/__	$
City, State, Zip Code Fulton, MS 38843	__/__/__	$
Name of Employer (Required) Montgomery Enterprises	__/__/__	$
Occupation (Required) Retail Sales	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Lester Bubba Carpenter

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: Luke Montgomery	12/8/10	$ 500.00
Mailing Address: P.O. Box 37	__/__/__	$
City, State, Zip Code: Fulton, MS 38843	__/__/__	$
Name of Employer (Required): Montgomery Enterprises	__/__/__	$
Occupation (Required): Retail Sales	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☒ Other (please specify) (INKIND)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Consumer Finance	7/12/10	$ 1069.89
Mailing Address: P.O. Box 24087	__/__/__	$
City, State, Zip Code: Jackson MS 39225-4087	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 1069.89

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

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Lester Bubba Carpenter

Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name WRMG TV12	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 1235	2/23/10	$ 250.00
City, State, Zip Code Iuka, MS 38852	9/1/10	$ 785.00
Purpose of Disbursement (Optional) Advertisement, Sponsorship of Local School Games on TV	Aggregate Year-to-date	$
B. Full name "	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address "	12/1/10	$ 300.00
City, State, Zip Code "	__/__/__	$
Purpose of Disbursement (Optional) "	Aggregate Year-to-date	$ 1335.00
C. Full name Touchdown Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Hwy 72	9/1/10	$ 250.00
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	$ 250.00
D. Full name David Meeks	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/4/10	$ 330.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional) Cook for Fundraiser	Aggregate Year-to-date	$ 330.00
E. Full name Tishomingo County Republicans	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	12/16/10	$ 240.00
City, State, Zip Code Iuka, MS 38852	__/__/__	$
Purpose of Disbursement (Optional) Sponsorship at Fundraiser	Aggregate Year-to-date	$ 240.00
F. Full name Hilton Riverside	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address #2 Poydras Street	4/8/10	$ 629.97
City, State, Zip Code New Orleans, LA 70140	__/__/__	$
Purpose of Disbursement (Optional) Travel Expense	Aggregate Year-to-date	$ 629.97

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Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mia Glover Nickels	1/12/10	$ 75.00
Mailing Address		
City, State, Zip Code: Corinth, MS 38834	9/20/10	$ 440.00
Purpose of Disbursement (Optional): Political Supplies/Artwork	Aggregate Year-to-date	$ 515.00
B. Full name: INKIND - MS Consumer Finance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: P.O. Box 24087	7/12/10	$ 1069.89
City, State, Zip Code: Jackson MS 39225-4087	__/__/__	$
Purpose of Disbursement (Optional): Lodging - Received INKIND	Aggregate Year-to-date	$ 1069.89
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	$

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