2008 ELECTION CYCLE
CPR – SS 08-02(b)

POLITICAL COMMITTEE'S REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

RECEIVED
OFFICE USE ONLY
JAN 3 0 2009
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Name of Committee _Committee to Elect David Myers_

Address _P.O. Box 311_ County _Pike_

Telephone _601-684-1709_ (Fax) _601-684-1709_

Treasurer _____ Email Address _____

☐ 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**

✓ January 31, 2009   **Annual Report** (January 1, 2008, through December 31, 2008)..................**Mandatory**

____ **Termination Report** (Candidate will no longer accept contributions or make campaign   **Required to terminate** expenditures and has no outstanding campaign debt or obligations.)   **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 $	750⁰⁰ + $ 200⁰⁰	$ 950⁰⁰	$ 950⁰⁰
Total amount of disbursements $	+ $ 950⁰⁰	$ 950⁰⁰	$ 950⁰⁰
Total amount of cash on hand	$ 47.10		

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

David Myers   _30 JAN 09_
(Signature of Officer)   **(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.

SS007-02

Name of Candidate or Committee Committee to Elect David Myers

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)_____		
Full name Mississippi Agents + Employee PAC	8/5/98	$ 500 00
Mailing Address P.O. Box 39	__/__/__	$
City, State, Zip Code Olive Branch MS 38654	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to–date	$ 500 00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)_____		
Full name AT+T Mississippi PAC	10/2/98	$ 250 00
Mailing Address 175 East Capitol St Suite 702	__/__/__	$
City, State, Zip Code Jackson MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year–to–date	$ 250 00

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

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