

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Gaming Commission		CONTACT PERSON Larry Gregory		TELEPHONE NUMBER 601-576-3800	
ADDRESS 620 North Street		CITY Jackson		STATE ms	ZIP 39202
EMAIL	SUBMIT DATE 05/25/10	Name or number of rule(s): MS Charitable Gaming Regulation I. Returns/Due Dates			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This amendment is being filed to require all organizations to file monthly reports

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 97-33-107

List all rules repealed, amended, or suspended by the proposed rule: Regulation I. Returns/Due Dates

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 06/30/2010 Time: 10:00am Place: MS Gaming Commission Jackson Office

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

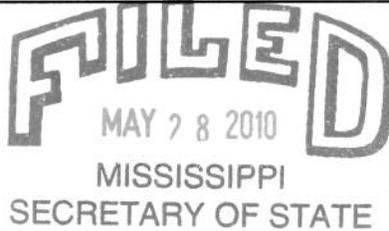
ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>Oral hearing Scheduled</u>	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Regina Holbrooks, Special Agent

Signature of person authorized to file rules: Regina Holbrooks

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by CB	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

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ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Gaming Commission		CONTACT PERSON Larry Gregory		TELEPHONE NUMBER 601-576-3800	
ADDRESS 620 North Street		CITY Jackson		STATE MS	ZIP 39202
EMAIL	SUBMIT DATE 04/20/2010	Name or number of rule(s): MS Charitable Gaming Regulation I. Returns/Due Dates			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____
 _____ This amendment is being filed to require all organizations file monthly reports.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 97-33-107

List all rules repealed, amended, or suspended by the proposed rule: Regulation I. Returns/Due Dates

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

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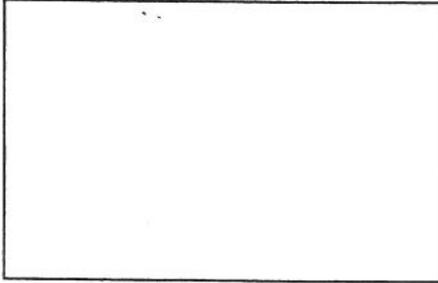
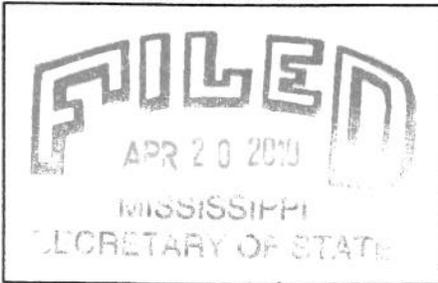
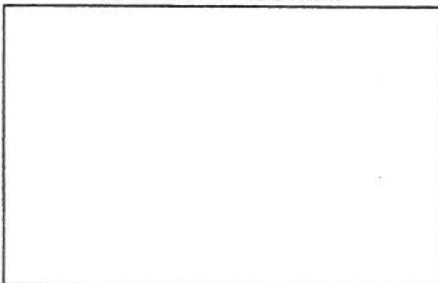
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Printed name and Title of person authorized to file rules: Rodney Smith, Special Agent

Signature of person authorized to file rules: *[Handwritten Signature]*

OFFICIAL FILING STAMP 	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP 	OFFICIAL FILING STAMP 
Accepted for filing by _____	Accepted for filing by <i>[Signature]</i> 16865 ✓	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.