2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 28 2010
SECRETARY OF STATE
EXECUTIVE OFFICE
DATE STAMP

Candidate's Name Friends of Lydia Chassaniol

Full Address P.O. Box 211 Winona, MS 38967

Telephone 662-453-3172 (Fax) _____

E-mail _____

Office Sought _____ Political Party _____

☐ 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	(6,550.00 + 3951.57)	$ 10,501.57	$ 10,501.57
Total amount of disbursements	(7,640.61 + 2224.92)	$ 9,865.53	$ 9,865.53
Total amount of cash on hand		$ 9396.72	

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

Lydia Chassaniol
Signature of Candidate

1-28-10
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 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 Friends of Lydia Chassaniol

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Cellular South		
Mailing Address P.O Box 519	6/26/09	$ 116.67
City, State, Zip Code Meadville, MS 39653	8/4/09	$ 120.71
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Cellular South		
Mailing Address P.O. Box 519	8/6/09	$ 120.71
City, State, Zip Code Meadville, MS 39653	11/4/09	$ 110.01
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 468.10
C. Full name Ducks Unlimited		
Mailing Address One Waterfowl Way	12/8/09	$ 270.00
City, State, Zip Code Memphis, TN 38120	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 270.00
D. Full name Friends of Phil Bryant		
Mailing Address P.O. Box 321226	6/23/09	$ 250.00
City, State, Zip Code Flowood MS 39232	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250
E. Full name Hyatt Regency Washington		
Mailing Address 400 New Jersey Ave. NW	9/21/09	$ 320.07
City, State, Zip Code Washington, DC 20001	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 320.07
F. Full name Mimi Taylor		
Mailing Address 408 Timber Ridge Way	2/5/09	$ 200.00
City, State, Zip Code Brandon MS 39047	12/14/09	$ 100.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 300.00

Name of Candidate or Committee Friends of Lydia Chassaniol

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Kroger Fuel		
Mailing Address 4910 I-55 North	2/17/09	$ 19.40
City, State, Zip Code Jackson MS 39211	4/23/09	$ 24.23
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
B. Full name Kroger Fuel		
Mailing Address 4910 I-55 North	6/5/09	$ 28.52
City, State, Zip Code Jackson MS 39211	7/21/09	$ 32.10
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
C. Full name Kroger Fuel		
Mailing Address 4910 I-55 North	9/18/09	$ 22.80
City, State, Zip Code Jackson MS 39211	12/7/09	$ 45.29
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name Kroger Fuel		
Mailing Address 4910 I-55 North	12/14/09	$ 21.36
City, State, Zip Code Jackson MS 39211	12/16/09	$ 26.57
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 220.27
E. Full name Mississippi Republican Party		
Mailing Address P.O. Box 60	5/8/09	$ 150.00
City, State, Zip Code Jackson, MS 39205	8/18/09	$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 650.00
F. Full name Olga's Fine Dining		
Mailing Address I-55 North Frontage Rd.	12/2/09	$ 1200.00
City, State, Zip Code Jackson, MS 39211	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1200.00

Name of Candidate or Committee Friends of Lydia Chassaniol

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nejam Properties		
Mailing Address 904 Morningside St.	5/29/09	$ 300.00
City, State, Zip Code Jackson MS 39202	5/29/09	$ 40.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nejam Properties		
Mailing Address 904 Morningside St.	6/26/09	$ 397.33
City, State, Zip Code Jackson, MS 39202	7/2/09	$ 745.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1482.33

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Pitts Store		
Mailing Address 1601 Carrollton Ave.	10/13/09	$ 63.60
City, State, Zip Code Greenwood, MS 38930	10/27/09	$ 350.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 413.60

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southwest Airlines		
Mailing Address P.O. Box 36647	8/14/09	$ 264.90
City, State, Zip Code Dallas TX 75235	9/10/09	$ 377.20
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 642.10

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winning Edge Communications		
Mailing Address 80 Spring Branch Rd. Ste. A	12/29/09	$ 489.14
City, State, Zip Code Alexandria, AL 36250	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 489.14

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winona Times		
Mailing Address 401 Summit St.	1/29/09	$ 40.00
City, State, Zip Code Winona MS 38967	4/29/09	$ 175.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

Name of Candidate or Committee Friends of Lydia Chassaniol

Reporting period 1-1-09 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winona Times		
Mailing Address 401 Summit St.	7/14/09	$ 200.00
City, State, Zip Code Winona, MS 38967	9/16/09	$ 115.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Winona Times		
Mailing Address 401 Summit St.	10/27/09	$ 125.00
City, State, Zip Code Winona, MS 38967	12/9/09	$ 280.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 935.00

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	$

Name of Candidate or Committee Friends of Lydia Chassaniol

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 Mr. Hayes Dent	11/30/09	$250.00
Mailing Address 120 N. Congress St.	/ /	$
City, State, Zip Code Jackson, MS 39201	/ /	$
Name of Employer (Required) Self	/ /	$
Occupation (Required) Lobbyist	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 ENPAC Mississippi	12/29/09	$250.00
Mailing Address P.O. Box 1640	/ /	$
City, State, Zip Code Jackson, MS 39215	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dixie Roofing Company	12/3/09	$250.00
Mailing Address 1936 Hwy 51	/ /	$
City, State, Zip Code Winona MS 38967	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	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 AT&T Mississippi PAC	11/30/09	$300.00
Mailing Address 175 East Capitol St. Ste	/ /	$
City, State, Zip Code Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Friends of Lydia Chassaniol

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: Advance America	7/7/09	$ 500.00
Mailing Address: 200 W. Jackson, Ste 1400	/ /	$
City, State, Zip Code: Chicago, IL 60606	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. R.T. Hardeman	11/30/09	$ 250.00
Mailing Address: 903 Robert E. Lee Dr.	/ /	$
City, State, Zip Code: Greenwood, MS 38930	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): Retired Farmer	Aggregate year-to-date	$ 250.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harrah's Operating Company, Inc.	11/30/09	$ 1000.00
Mailing Address: P.O. Box 22232	/ /	$
City, State, Zip Code: Tulsa, OK 74121	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. John H. Miller	11/30/09	$ 250.00
Mailing Address: 663 North State St.	/ /	$
City, State, Zip Code: Jackson, MS 39202	/ /	$
Name of Employer (Required): MS Prison Industries	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Friends of Lydia Chassaniol

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: Mrs. Leath Johnson	11/30/09	$ 500.00
Mailing Address: 608 E. Barton	/ /	$
City, State, Zip Code: Greenwood, MS 38930	/ /	$
Name of Employer (Required): Golden Age Inc.	/ /	$
Occupation (Required): CPA / Controller	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mr. W. D. "Billy" Mounger	11/30/09	$ 500.00
Mailing Address: 3833 Old Canton Road	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Oil & Gas	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: Georgia Pacific Financial Mgt, LLC	12/29/09	$ 500.00
Mailing Address: P.O. Box 61270	/ /	$
City, State, Zip Code: Phoenix, AZ 85082	/ /	$
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: Mississippi Independent RX PAC	12/29/09	$ 500.00
Mailing Address: 4209 Lakeland Drive, Ste	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Friends of Lydia Chassaniol

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 J.C. Cheek Contractors, Inc.	12/29/09	$ 500.00
Mailing Address P.O. Box 1138	__/__/__	$
City, State, Zip Code Kosciusko, MS 39090	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Altria Client Services, Inc.	12/3/09	$ 500.00
Mailing Address 333 N. Point Center E	__/__/__	$
City, State, Zip Code Alpharetta GA 30022	__/__/__	$
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 Capitol Advocacy Group, PAC	11/30/09	$ 500.00
Mailing Address P.O. Box 217	__/__/__	$
City, State, Zip Code Jackson, MS 39205	__/__/__	$
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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$