2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED
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Secretary of State
Capitol Office
DATE STAMP

Candidate's Name Joey Fillingane

Full Address 8 Westbrook Drive, Sumrall, MS 39482

Telephone 601 271 2070 Fax 601 264 - 3363

Contact Name Joey Fillingane Email joey@fillinganelawfirm.com

Office Sought Senator, District 41 Political Party Republican

☐ 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 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	$ 24484.28 + $	$ 24484.28	$ 24484.28
Total amount of disbursements	$ 34492.17 + $ 1170.00	$ 35,662.17	$ 35,662.17
Total amount of cash on hand	9113.42	$ 9113.42	

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

Joey Fillingane
Signature of Candidate

1/29/10
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 Joey Fillingane

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	7/25/09	$ 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

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bayer Healthcare, LLC	7/27/09	$ 500.00
Mailing Address: 444 Pembrooke Dr.	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
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: C.L. Dews & Sons Foundry, Inc.	9/2/09	$ 500.00
Mailing Address: PO Box 1647	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
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: Overhead Door Co. of Hattiesburg, Inc.	9/15/09	$ 250.00
Mailing Address: 46 Hatten Rd.	/ /	$
City, State, Zip Code: Hattiesburg MS 39402	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Joey Fillingane

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: Forrest General Health Services, Inc.	9/15/09	$ 500.00
Mailing Address: PO Box 1897	__/__/__	$
City, State, Zip Code: Hattiesburg, MS 39404	__/__/__	$
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: The Blain Companies	9/15/09	$ 500.00
Mailing Address: PO Box 1208	__/__/__	$
City, State, Zip Code: Mt. Olive, MS 39119	__/__/__	$
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: MS Power Co. State PAC	9/15/09	$ 500.00
Mailing Address: PO Box 4079	__/__/__	$
City, State, Zip Code: Gulfport, MS 39502	__/__/__	$
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: MS Manufacturers Assoc. PAC	9/15/09	$ 500.00
Mailing Address: 720 N. Presidents St.	__/__/__	$
City, State, Zip Code: Jackson, MS 39202	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: KeithCo. Petroleum	9/15/09	$ 500.00
Mailing Address: 7048 US Hwy. 49, N.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
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: Warren Hood, Jr.	9/15/09	$ 500.00
Mailing Address: 3900 Jamestown Rd.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Owner	/ /	$
Occupation (Required): Hood Industries, Inc.	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: T.L. Wallace Construction, Inc.	9/15/09	$ 1000.00
Mailing Address: PO Box 523	/ /	$
City, State, Zip Code: Columbia, MS 39429	/ /	$
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: MS Healthcare PAC	9/15/09	$ 500.00
Mailing Address: 114 Market Ridge Dr.	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: Swisher Intl. Inc.	9/15/09	$1000.00
Mailing Address: PO Box 2230	/ /	$
City, State, Zip Code: Jacksonville, FL 32203	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$1000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sumrall Drug Store, LLC	9/15/09	$250.00
Mailing Address: PO Box 120	/ /	$
City, State, Zip Code: Sumrall, MS 39482	/ /	$
Name of Employer (Required)	/ /	$250.00
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Herlon Stephens	9/15/09	$500.00
Mailing Address: 30 Broome Rd.	/ /	$
City, State, Zip Code: Sumrall MS 39482	/ /	$
Name of Employer (Required): Camp Shelby - US Army	/ /	$
Occupation (Required): Soldier	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: J.R.'s Lawn Service	9/22/09	$500.00
Mailing Address: 290 Leroy Hill Rd.	/ /	$
City, State, Zip Code: Laurel, MS 39443	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$500.00

Name of Candidate or Committee Joey Fillingane

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: Clare Hester	9/22/09	$ 500.00
Mailing Address: 148 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
Name of Employer (Required): Govt. Relations	/ /	$
Occupation (Required): Capitol Resources	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: Coca Cola Bottling Co. United, Inc.	9/22/09	$ 250.00
Mailing Address: PO Box 2006	/ /	$
City, State, Zip Code: Birmingham, AL	/ /	$
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: Cheryl Cranford	9/22/09	$ 500.00
Mailing Address: 22 East Lake Rd.	/ /	$
City, State, Zip Code: Hattiesburg, MS 39402	/ /	$
Name of Employer (Required): Remax	/ /	$
Occupation (Required): Realtor	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: FNPAC MS	9/22/09	$ 250.00
Mailing Address: PO Box 1640	/ /	$
City, State, Zip Code: Jackson, MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Joey Fillingane

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: MS Realtors	10 / 2 / 09	$ 500.00
Mailing Address: PO Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: MS Concrete Industries Assoc.	10 / 15 / 09	$ 250.00
Mailing Address: 6700 Old Canton Rd., Ste. K	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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: MS Independent Rx	10 / 15 / 09	$ 1000.00
Mailing Address: 4209 Lakeland Dr., Ste. 399	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: Spectra Energy Corp. PAC	10 / 22 / 09	$ 1000.00
Mailing Address: 5400 Westheimer Ct.	/ /	$
City, State, Zip Code: Houston, TX 77056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee Joey Fillingane

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: Medical Systems, Inc.	10/22/09	$ 500.00
Mailing Address: PO Box 1267	/ /	$
City, State, Zip Code: Hattiesburg, MS 39403	/ /	$
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: Merck Co., Inc.	10/27/09	$ 250.00
Mailing Address: PO Box 1700	/ /	$
City, State, Zip Code: Whitehouse Station, NJ 08889	/ /	$
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: AT+T MS	10/27/09	$ 500.00
Mailing Address: 175 E. Capitol St.	/ /	$
City, State, Zip Code: Landmark Cntr., Rm 703 Jackson MS 39201	/ /	$
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: Senator Billy Hewes	10/27/09	$ 500.00
Mailing Address: PO Box 2387	/ /	$
City, State, Zip Code: Gulfport, MS 39505	/ /	$
Name of Employer (Required): MS Senate	/ /	$
Occupation (Required): Senator	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: Reynolds American	11/24/09	$ 500.00
Mailing Address: PO Box 2990	/ /	$
City, State, Zip Code: Winston-Salem, NC 27102	/ /	$
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: Astra Zeneca	11/24/09	$ 500.00
Mailing Address: 1800 Concord Pike	/ /	$
City, State, Zip Code: Wilmington, DE 19850-5437	/ /	$
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: MS Assoc. for Homecare	12/21/09	$ 300.00
Mailing Address: 134 Fairmont St., Ste. B	/ /	$
City, State, Zip Code: Clinton, MS 39056	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Entertainment Software Assoc.	12/21/09	$ 500.00
Mailing Address: 575 7th St. NW, Ste. 300	/ /	$
City, State, Zip Code: Washington, DC 20004	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: MS Hospital Association (PAC)	10 / 2 / 09	$ 1950.00
Mailing Address: PO Box 16444	/ /	$
City, State, Zip Code: Jackson, MS 39236	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1950.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron Corp.	10 / 2 / 09	$ 500.00
Mailing Address: PO Box 9034	/ /	$
City, State, Zip Code: Concord CA	/ /	$
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: PhRMA	12 / 29 / 09	$ 500.00
Mailing Address: 950 F. Street, NW	/ /	$
City, State, Zip Code: Washington DC 20004	/ /	$
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: Health Mngt. Assoc. PAC	10 / 2 / 09	$ 500.00
Mailing Address: 2550 Flowood Dr. Ste. 402	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: Tyson Foods, Inc.	1/5/09	$ 500.00
Mailing Address: PO Box 2020	10/2/09	$ 500.00
City, State, Zip Code: Springdale, Arkansas 72765	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ronald Tully	4/2/09	$ 250.00
Mailing Address: 14 Fox Hill Lane	__/__/__	$
City, State, Zip Code: Mountain Lakes, NJ 07046	__/__/__	$
Name of Employer (Required): Govt. Affairs	__/__/__	$
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: Wyeth Good Govt. Fund	7/25/09	$ 500.00
Mailing Address: 5 Giralda Farms	__/__/__	$
City, State, Zip Code: Madison, NJ 07940	__/__/__	$
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: Anheuser-Busch, Inc.	7/25/09	$ 500.00
Mailing Address: One Busch Place	__/__/__	$
City, State, Zip Code: St. Louis, MO 63118	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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: Pfizer, Inc.	12/21/09	$ 1000.00
Mailing Address: New York, NY 10017-5755	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia-Pacific	12/21/09	$ 500.00
Mailing Address: PO Box 61270	/ /	$
City, State, Zip Code: Pheonix, AZ 85082	/ /	$
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: Novartis Pharm. Corp.	12/29/09	$ 500.00
Mailing Address: One Health Plaza	/ /	$
City, State, Zip Code: East Hanover, NJ 08933	/ /	$
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: Johnson + Johnson PAC	12/29/09	$ 500.00
Mailing Address: One Johnson + Johnson Plaza	/ /	$
City, State, Zip Code: New Brunswick, NJ 08933	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Joey Fillingane

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Morris	1/2/09	$ 24,000.00
Mailing Address: 314 N. 37th Ave.		
City, State, Zip Code: Hattiesburg, MS 39401	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 24,000.00

B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cellular South	8/14/09	$ 623.52
Mailing Address: 4930 Hardy St.		
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 623.52

C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Standard Office Supply	8/21/09	$ 722.25
Mailing Address: 400 W. Pine St.		
City, State, Zip Code: Hattiesburg, MS 39403	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 722.25

D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Place, Inc.	9/3/09	$ 521.40
Mailing Address: 4400 Hardy St., Ste. B-9		
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 521.40

E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Carebrake Country Club	9/21/09	$ 4625.00
Mailing Address: 1 Care Drive		
City, State, Zip Code: Hattiesburg, MS 39402	__/__/__	$
Purpose of Disbursement (Optional): Golf Tournament	Aggregate Year-to-date	$ 4625.00

F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Joey Fillingane	9/24/09	$ 3000.00
Mailing Address: 8 Westbrook Dr.		
City, State, Zip Code: Sumrall, MS 39482	12/21/09	$ 2000.00
Purpose of Disbursement (Optional): Repayment of Campaign Loan to Self	Aggregate Year-to-date	$ 5000.00