2009 ELECTION CYCLE
CPR – SS 09-01(b)

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JAN 04 2010
Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2009 RECEIPTS AND DISBURSEMENTS

Name of Candidate Bill Marcy

Address 3428 17th Ave County Lauderdale

Telephone (Work) (601) 480-7113 (Home) (601) 846-4706 (Fax) n/a

Contact Name Bill Marcy Email Address blmarcy421@yahoo.com

Office Sought Mississippi House of Representatives Dist. 82 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT
• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

____ June 2, 2009 Pre-Election Report (period from January 1, 2009 to May 30,2009).....Mandatory

____ June 23, 2009 Pre-Election Report (period from May 31, 2009 to June 20, 2009).....Runoff Candidates

____ January 31, 2010 Annual Report (January 1, 2009 through December 31, 2009).....Mandatory

✓ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate 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 $	29,837.25 + 1,600.00	$ 4,000.00	$ 31,437.25
Total amount of disbursements $	30,607.90	$ 4,994.82	$ 30,607.90
Total amount of cash on hand $		829.35	

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

Bill Marcy
(Signature of Candidate)

12-29-2009
(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.

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Name of Candidate or Committee Bill Marcy

Reporting period June 28, 2009 through Dec. 29, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Miss. Republican Party	6/25/09	$ 3,700.00
Mailing Address: P.O. Box 60	__/__/__	$
City, State, Zip Code: Jackson, Miss 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 18,200.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Individual Contributions of $100	6/27/09	$ 300.00
Mailing Address: from 3 people	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
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	__/__/__	$
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	$

B 4,000.00

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Name of Candidate or Committee Bill Marcy

Reporting period June 20, 2009 through Dec. 29, 2009

ITEMIZED DISBURSEMENTS

Name	Address	Purpose	Date (Mo., Day, Year)	Amount of each disbursement this period	Aggregate Year-to-date
A. Winning Edge	P.O Box 269, Alexandria, AL 36250	push cards	6/25/09	$ 3556.07	$ 7,624.58
B. U.S. Post Office	Downtown, Meridian Ms.	stamps	6/26/09	$ 84.56	$ 97.61
C. S.T. McFallar	3428 17th Av., Merridian Ms 39305	reimburbement for gas	6/26/09	$ 200.00	$ 1,245.43
D. WNBN Radio	266 23rd St, Meridian, Ms	Radio Ads.	6/26/09	$ 200.00	$ 400.00
E. Cash (For Canvas Workers)		need on runoff election day	6/29/09	$ 200.00	$
F. Joe Sherman	Meridian, Ms.	Caterer/Food: Watch Party	6/30/09	$ 300.00	$ 900.00

Total this page $ 4,540.63

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Name of Candidate or Committee Bill Marcy

Reporting period June 22, 2009 through Dec. 29, 2009

ITEMIZED DISBURSEMENTS

A. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Shane Tate	6/30/09	$ 154.19
Atlanta, Ga	__/__/__	$
Political Assitant	Aggregate Year-to-date	$

B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Cash (For Poll-Watchers)	6/30/09	$ 300.00
	__/__/__	$
$100 each for 3 watchers	Aggregate Year-to-date	$ 600.00

C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
	__/__/__	$
	__/__/__	$
	Aggregate Year-to-date	$

Total this page 454.19

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