2008 ELECTION CYCLE
CPR – SS 08-01(b)

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SECRETARY OF STATE

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate William J. "Billy" McCoy

Address 230 CR 1021, Rienzi MS 38865 County Prentiss

Telephone (Work) 601-359-3300 (Home) 662-728-6434 (Fax) _____

Contact Name Kermit V. Jones JR CPA Email Address kvjonesjrcpa@bellsouth.net

Office Sought State Representative Dist 3 Prentiss/ Alcorn Political Party Democrat

☐ 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**

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

Beg Bal 5,870.98

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$ 52,750.00 + $ 2,500.00	$ 55,250.00	$ 55,250.00
Total amount of disbursements	$ 48,146.06 + $ 1,206.93	$ 49,352.99	$ 49,352.99
Total amount of cash on hand		$ 11,767.99	

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

William J. McCoy 1-12-09

(Signature of Candidate) William J. McCoy (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.

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi House V-PAC		
Mailing Address P O Box 2742	2 /22 /08	$ 5,000.00
City, State, Zip Code Jackson MS 39202	5 /21 /08	$ 1,000.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ See Below
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Same as Above		
Mailing Address	10 / 24/ 08	$ 10,000.00
City, State, Zip Code	10 / 31/ 08	$ 6,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ See Below
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Same as Above		
Mailing Address	11 / 10/ 08	$ 4,000.00
City, State, Zip Code	11 / 26/ 08	$ 2,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 28,500.00
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Banner Independent		
Mailing Address P O Box 10	7 / 2 /08	$ 690.00
City, State, Zip Code Booneville MS 38829	9 /8 /08	$ 195.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ See Below
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Same as Above		
Mailing Address	11/ 11/ 08	$ 175.00
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,060.00
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
William J. "Billy" McCoy		
Mailing Address 259 CR 1021	9/ 11/ 08	$ 11,000.00
City, State, Zip Code Rienzi MS 38865	__/__/__	$
Purpose of Disbursement (Optional) Repay loan	Aggregate Year-to-date	$ 11,000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name Jones & Jones CPAs	10/6/08	$ 350.00
Mailing Address P O Box 250	11/26/08	$ 260.00
City, State, Zip Code Booneville MS 38829	11 26 08	90.00
Purpose of Disbursement (Optional) Accounting	Aggregate Year-to-date	$ 700.00
B. Full name Colonial Country Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5835 Canton Road	10/23/08	$ 5,067.58
City, State, Zip Code Jackson MS 39211	/ /	$
Purpose of Disbursement (Optional) Golf Tournament Fall Festival	Aggregate Year-to-date	$ 5,067.58
C. Full name Don Richardson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 28 Blackberry Lane	10/23/08	$ 1,173.48
City, State, Zip Code Madison MS 39110	11/13/08	$ 200.00
Purpose of Disbursement (Optional) Fall Festival Golf Tournament	Aggregate Year-to-date	$ 1,373.48
D. Full name Kevin Eubank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 707 Old Hwy 45	12/23/08	$ 235.00
City, State, Zip Code Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional) Advertising Supplies	Aggregate Year-to-date	$ 235.00
E. Full name WBIP Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 356	2/06/08	$ 150.00
City, State, Zip Code Booneville MS 38829	5/19/08	$ 60.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 210.00
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 William J. "Billy" McCoy

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Band of Choctaw Indians	2/23/08	$ 3000.00
Mailing Address: P O Box 6090	__/__/__	$
City, State, Zip Code: Choctaw MS 39350	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 3000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Enpac Mississippi	2/23/08	$ 1000.00
Mailing Address: P O Box 1640	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William L. & Lynn Touchstone	8/8/08	$ 500.00
Mailing Address: 15 Bimaka Drive	__/__/__	$
City, State, Zip Code: Ellisville MS 39437	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Pawn dealer	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: Brian Smith	8/8/08	$ 500.00
Mailing Address: 150 St Davids Wy	__/__/__	$
City, State, Zip Code: Madison MS 39437	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Pawn dealer	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie's Pawn Shop Inc	8/8/08	$ 500.00
Mailing Address: 5320 B Clinton Blvd	/ /	$
City, State, Zip Code: Jackson MS 39209	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Silver Dollar Exchange Inc	8/8/08	$ 500.00
Mailing Address: 810 14th Street	/ /	$
City, State, Zip Code: Meridian MS 39301	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Big Daddy's Scrap Gold Exchange & Jewelry Inc	8/8/08	$ 500.00
Mailing Address: 4463 North State St	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Merck & Co Inc	8/8/08	$ 1000.00
Mailing Address: P O Box 4	/ /	$
City, State, Zip Code: Westpoint PA 19486	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UnitedHealthCare Services Inc	8 / 8 / 08	$ 1000.00
Mailing Address: P O Box 1459	/ /	$
City, State, Zip Code: Minneapolis MN 55440	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Keith & Patricia A. Crosby	10/ 8/08	$ 500.00
Mailing Address: 12405 Morton Place	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Attorney	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: Thomas S. Elmore	9 / 11/ 08	$ 5000.00
Mailing Address: P O Box 36	/ /	$
City, State, Zip Code: Aberdeen MS 39730	/ /	$
Name of Employer (Required): Eutaw Construction Co	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 5000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kimes & Stone Construction Co Inc	10 / 8 / 08	$ 500.00
Mailing Address: 484 Hwy 145 South	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

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A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MHA Solutions Inc	10/ 8/08	$ 1000.00
Mailing Address P O Box 1909	__/__/__	$
City, State, Zip Code Madison MS 39130	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 The Blain Companies	10/ 8/ 08	$ 250.00
Mailing Address P O Box 1208	__/__/__	$
City, State, Zip Code Mount Olive MS 39119	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 NMHA V Pac	10/ 8/ 08	$ 500.00
Mailing Address P O Box 320369	__/__/__	$
City, State, Zip Code Flowood MS 39232	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 Nissan North America Inc	10/13/08	$ 250.00
Mailing Address 983 Nissan Drive	__/__/__	$
City, State, Zip Code Smyma TN 37167	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 250.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wayne W. Weide	10/13/08	$ 250.00
Mailing Address: 3908 Cambridge St	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): Adams & Reese	/ /	$
Occupation (Required): Attorney	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: Mississippi Power Company State PAC	10/13/08	$ 1000.00
Mailing Address: P O Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Hospitatility & Restaurant Assn PAC	10/13/08	$ 250.00
Mailing Address: 120 Riverview Dr Suite A	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Mississippi Concrete Industries Assn Inc PAC	10/13/08	$ 250.00
Mailing Address: 144 President St	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William J. "Billy" McCoy

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Manufactures Assn PAC	10/13/08	$ 250.00
Mailing Address: 720 N President St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Electric Power Assn of MS State PAC	10/13/08	$ 1000.00
Mailing Address: P O Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent RX PAC	10/13/08	$ 1000.00
Mailing Address: 4209 Lakeland Dr Ste 399	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Stephen A. Dickson	10/17/08	$ 2000.00
Mailing Address: P O Box 1157	__/__/__	$
City, State, Zip Code: Canton MS 39046	__/__/__	$
Name of Employer (Required): Campaign Media Group	__/__/__	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 2000.00

Name of Candidate or Committee William J. "Billy" McCoy

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank C. & Jennifer P. Kessler	10/17/08	$1000.00
Mailing Address: 1140 Birmingham Ridge Road	__/__/__	$
City, State, Zip Code: Saltillo MS 38866	__/__/__	$
Name of Employer (Required): Brunin, Grantham, Growd, Newes LLC	__/__/__	$
Occupation (Required): Consultant	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: Buddy Medlin & Associates Inc	10/17/08	$ 500.00
Mailing Address: 1009 North West St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: W B Consolidated	10/17/08	$ 1000.00
Mailing Address: 770 North West St	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: N L Carson Construction Co Inc	10/17/08	$ 1000.00
Mailing Address: 2221 Waggoner Rd	__/__/__	$
City, State, Zip Code: Carthage MS 39051	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

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A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ERGON	10/17/08	$ 1000.00
Mailing Address P O Box 1639	__/__/__	$
City, State, Zip Code Jackson MS 39215	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 Retail Assn of Mississippi	10/17/08	$ 500.00
Mailing Address 4785 I-55 N Ste 103	__/__/__	$
City, State, Zip Code Jackson MS 39206	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 Cable PAC MCTA	10/17/08	$ 1000.00
Mailing Address P O Box 55867	__/__/__	$
City, State, Zip Code Jackson MS 39296	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 ENPAC Mississippi	10/24/08	$ 1000.00
Mailing Address P O Box 1640	__/__/__	$
City, State, Zip Code Jackson MS 39215	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1000.00

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Bankers Assn PAC	10/24/08	$ 1000.00
Mailing Address: P O Box 1091	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Mississippi Dental PAC	10/24/08	$ 1000.00
Mailing Address: 2630 Ridgewood Rd Ste C	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Automotive Properties LLC	10/24/08	$ 250.00
Mailing Address: P O Box 12846	__/__/__	$
City, State, Zip Code: Jackson MS 39236	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: AMFED Companies LLC	10/24/08	$ 500.00
Mailing Address: P O Box 1380	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

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ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Spectrum Capital LLC	10/24/08	$ 1000.00
Mailing Address: P O Box 2475	__/__/__	$
City, State, Zip Code: Jackson MS 39225	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Redspeed USA Corporation	10/24/08	$ 500.00
Mailing Address: 387 Shuman Blvd Ste 340W	__/__/__	$
City, State, Zip Code: Naperville IL 60563	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Pfizer	10/24/08	$ 500.00
Mailing Address: 235 E 42nd St	__/__/__	$
City, State, Zip Code: New York NY 10017	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Entertainment Software Assn	10/24/08	$1000.00
Mailing Address: 575 7th St NW Ste 300	__/__/__	$
City, State, Zip Code: Washington DC 20004	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert O. Houston	10/24/08	$ 500.00
Mailing Address: 2660 Ridgewood Rd	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Attorney	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: Keith L. & Camille S. Young	10/24/08	$ 250.00
Mailing Address: 556 Twin Cedars Drive	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required): Watkins, Ludlam & Stennis	__/__/__	$
Occupation (Required): Attorney	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: Dennis W. Miller	10/24/08	$ 250.00
Mailing Address: 529 Windsor Dr	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required): Watkins, Ludlum, & Stennis	__/__/__	$
Occupation (Required): Attorney	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: Richard Brown	10/24/08	$1000.00
Mailing Address: P O Box 1132	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Atorney	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The GEO Group Inc PAC	10/31/08	$ 1000.00
Mailing Address: 621 N W 53rd St	__/__/__	$
City, State, Zip Code: Boca Raton FL 33487	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: MACPAC	10/31/08	$ 1000.00
Mailing Address: P O Box 904	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Assn of Realtors PAC	10/31/08	$ 500.00
Mailing Address: P O Box 321000	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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 Petroleum Marketers	10/31/08	$ 1000.00
Mailing Address: P O Box 3859	__/__/__	$
City, State, Zip Code: Jackson MS 39207	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Northrop Grumman Systems Corp	11/10/08	$ 1000.00
Mailing Address 8710 Freeport Parkway Ste 200	__/__/__	$
City, State, Zip Code Irving TX 75063	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 A T & T Mississippi PAC	11/10/08	$ 1000.00
Mailing Address 175 E Capitol St	__/__/__	$
City, State, Zip Code Jackson MS 39201	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MRBAPAC	11/10/08	$ 1000.00
Mailing Address 601 George St	__/__/__	$
City, State, Zip Code Jackson MS 39202	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 Anheuser Busch Inc	11/26/08	$ 1000.00
Mailing Address One Busch Place	__/__/__	$
City, State, Zip Code St Louis MO 63118	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

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	11/26/08	$ 1000.00
Mailing Address: 135 N Church St	__/__/__	$
City, State, Zip Code: Spartanburg SC 29306	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: UST Public Affairs Inc	11/26/08	$ 1000.00
Mailing Address: 6 High Ridge Park Bldg A	__/__/__	$
City, State, Zip Code: Stamford CT 06905	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brian Cooper	11/26/08	$ 500.00
Mailing Address: 916 Lily Creek Resort Rd	__/__/__	$
City, State, Zip Code: Jamestown KY 42629	__/__/__	$
Name of Employer (Required): Self Employed	__/__/__	$
Occupation (Required): Consultant	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: Friedkin Business Services	11/26/08	$ 1000.00
Mailing Address: P O Box 41143	__/__/__	$
City, State, Zip Code: Houston TX 77241	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Power Company State PAC	12/22/08	$ 1500.00
Mailing Address P O Box 4079	__/__/__	$
City, State, Zip Code Gulfport MS 39502	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A & A of Tupelo Inc	12/23/08	$ 1000.00
Mailing Address 120 E Franklin St	__/__/__	$
City, State, Zip Code Tupelo MS 38804	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Corrections Corp of America	12/31/08	$ 1000.00
Mailing Address 10 Burton Hills Blvd	__/__/__	$
City, State, Zip Code Nashville TN 37215	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	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 Glaxo Smith Kline	12/31/08	$ 1000.00
Mailing Address 200 N 16th St	__/__/__	$
City, State, Zip Code Philadelphia PA 19102	__/__/__	$
Name of Employer (Required) NA	__/__/__	$
Occupation (Required) NA	Aggregate year-to-date	$ 1000.00

2008 ELECTION CYCLE
CPR – SS 08-01(b)

RECEIVED
JAN 12 2009
Campaign Finance
Secretary of State

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

Name of Candidate William J. "Billy" McCoy

Address 230 CR 1021, Rienzi MS 38865 County Prentiss

Telephone (Work) 601-359-3300 (Home) 662-728-6434 (Fax)

Contact Name Kermit V. Jones JR CPA Email Address kvjonesjrcpa@bellsouth.net

Office Sought State Representative Dist 3 Prentiss/Alcorn Political Party Democrat

☐ 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
X	January 31, 2009	Annual Report (January 1, 2008, through December 31, 2008)	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

Beg Bal 5,870.98

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	$ 52,750.00 + $ 2,500.00	$ 55,250.00	$ 55,250.00
Total amount of disbursements	$ 48,146.06 + $ 1,206.93	$ 49,352.99	$ 49,352.99
Total amount of cash on hand		$ 11,767.99	

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

(Signature of Candidate) William J. McCoy (Date) 1-12-09

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 601-576-2619.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SS07-01

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Band of Choctaw Indians	2/23/08	$ 3000.00
Mailing Address: P O Box 6090	/ /	$
City, State, Zip Code: Choctaw MS 39350	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 3000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Enpac Mississippi	2/23/08	$ 1000.00
Mailing Address: P O Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William L. & Lynn Touchstone	8/8/08	$ 500.00
Mailing Address: 15 Bimaka Drive	/ /	$
City, State, Zip Code: Ellisville MS 39437	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Pawn dealer	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: Brian Smith	8/8/08	$ 500.00
Mailing Address: 150 St Davids Wy	/ /	$
City, State, Zip Code: Madison MS 39437	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Pawn dealer	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Charlie's Pawn Shop Inc	8/8/08	$ 500.00
Mailing Address: 5320 B Clinton Blvd	/ /	$
City, State, Zip Code: Jackson MS 39209	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Silver Dollar Exchange Inc	8/8/08	$ 500.00
Mailing Address: 810 14th Street	/ /	$
City, State, Zip Code: Meridian MS 39301	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Big Daddy's Scrap Gold Exchange & Jewelry Inc	8/8/08	$ 500.00
Mailing Address: 4463 North State St	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Merck & Co Inc	8/8/08	$ 1000.00
Mailing Address: P O Box 4	/ /	$
City, State, Zip Code: Westpoint PA 19486	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: UnitedHealthCare Services Inc	8 / 8 / 08	$ 1000.00
Mailing Address: P O Box 1459	/ /	$
City, State, Zip Code: Minneapolis MN 55440	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Keith & Patricia A. Crosby	10/ 8/08	$ 500.00
Mailing Address: 12405 Morton Place	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Attorney	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: Thomas S. Elmore	9 / 11/ 08	$ 5000.00
Mailing Address: P O Box 36	/ /	$
City, State, Zip Code: Aberdeen MS 39730	/ /	$
Name of Employer (Required): Eutaw Construction Co	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 5000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Kimes & Stone Construction Co Inc	10 / 8 / 08	$ 500.00
Mailing Address: 484 Hwy 145 South	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA Solutions Inc	10/ 8/08	$ 1000.00
Mailing Address: P O Box 1909	__/__/__	$
City, State, Zip Code: Madison MS 39130	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: The Blain Companies	10/ 8/ 08	$ 250.00
Mailing Address: P O Box 1208	__/__/__	$
City, State, Zip Code: Mount Olive MS 39119	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: NMHA V Pac	10/ 8/ 08	$ 500.00
Mailing Address: P O Box 320369	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Nissan North America Inc	10/13/ 08	$ 250.00
Mailing Address: 983 Nissan Drive	__/__/__	$
City, State, Zip Code: Smyma TN 37167	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wayne W. Weide	10/13/08	$ 250.00
Mailing Address: 3908 Cambridge St	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): Adams & Reese	/ /	$
Occupation (Required): Attorney	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: Mississippi Power Company State PAC	10/13/08	$ 1000.00
Mailing Address: P O Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Hospitatility & Restaurant Assn PAC	10/13/08	$ 250.00
Mailing Address: 120 Riverview Dr Suite A	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	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: Mississippi Concrete Industries Assn Inc PAC	10/13/08	$ 250.00
Mailing Address: 144 President St	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Manufactures Assn PAC	10/13/08	$ 250.00
Mailing Address: 720 N President St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Electric Power Assn of MS State PAC	10/13/08	$ 1000.00
Mailing Address: P O Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Independent RX PAC	10/13/08	$ 1000.00
Mailing Address: 4209 Lakeland Dr Ste 399	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Stephen A. Dickson	10/17/08	$ 2000.00
Mailing Address: P O Box 1157	__/__/__	$
City, State, Zip Code: Canton MS 39046	__/__/__	$
Name of Employer (Required): Campaign Media Group	__/__/__	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 2000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank C. & Jennifer P. Kessler	10/17/08	$1000.00
Mailing Address: 1120 Birmingham Ridge Road	__/__/__	$
City, State, Zip Code: Saltillo MS 38866	__/__/__	$
Name of Employer (Required): Brunin, Grantham, Growd, Newes LLC	__/__/__	$
Occupation (Required): Consultant	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: Buddy Medlin & Associates Inc	10/17/08	$ 500.00
Mailing Address: 1009 North West St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: W B Consolidated	10/17/08	$ 1000.00
Mailing Address: 770 North West St	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: N L Carson Construction Co Inc	10/17/08	$ 1000.00
Mailing Address: 2221 Waggoner Rd	__/__/__	$
City, State, Zip Code: Carthage MS 39051	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ERGON	10/17/08	$ 1000.00
Mailing Address: P O Box 1639	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Retail Assn of Mississippi	10/17/08	$ 500.00
Mailing Address: 4785 I-55 N Ste 103	__/__/__	$
City, State, Zip Code: Jackson MS 39206	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Cable PAC MCTA	10/17/08	$ 1000.00
Mailing Address: P O Box 55867	__/__/__	$
City, State, Zip Code: Jackson MS 39296	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: ENPAC Mississippi	10/24/08	$ 1000.00
Mailing Address: P O Box 1640	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period Jahuary 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Bankers Assn PAC	10/24/08	$ 1000.00
Mailing Address: P O Box 1091	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Mississippi Dental PAC	10/24/08	$ 1000.00
Mailing Address: 2630 Ridgewood Rd Ste C	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Automotive Properties LLC	10/24/08	$ 250.00
Mailing Address: P O Box 12846	__/__/__	$
City, State, Zip Code: Jackson MS 39236	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: AMFED Companies LLC	10/24/08	$ 500.00
Mailing Address: P O Box 1380	__/__/__	$
City, State, Zip Code: Ridgeland MS 39158	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Spectrum Capital LLC	10/24/08	$ 1000.00
Mailing Address: P O Box 2475	__/__/__	$
City, State, Zip Code: Jackson MS 39225	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Redspeed USA Corporation	10/24/08	$ 500.00
Mailing Address: 387 Shuman Blvd Ste 340W	__/__/__	$
City, State, Zip Code: Naperville IL 60563	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Pfizer	10/24/08	$ 500.00
Mailing Address: 235 E 42nd St	__/__/__	$
City, State, Zip Code: New York NY 10017	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Entertainment Software Asan	10/24/08	$1000.00
Mailing Address: 575 7th St NW Ste 300	__/__/__	$
City, State, Zip Code: Washington DC 20004	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert O. Houston	10/24/08	$ 500.00
Mailing Address: 2060 Ridgewood Rd	__/__/__	$
City, State, Zip Code: Jackson MS 39215	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Attorney	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: Keith L. & Camille S. Young	10/24/08	$ 250.00
Mailing Address: 556 Twin Cedars Drive	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required): Watkins, Ludlam & Stennis	__/__/__	$
Occupation (Required): Attorney	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: Dennis W. Miller	10/24/08	$ 250.00
Mailing Address: 529 Windsor Dr	__/__/__	$
City, State, Zip Code: Madison MS 39110	__/__/__	$
Name of Employer (Required): Watkins, Ludlum, & Stennis	__/__/__	$
Occupation (Required): Attorney	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: Richard Brown	10/24/08	$1000.00
Mailing Address: P O Box 1132	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required): Self employed	__/__/__	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The GEO Group Inc PAC	10/31/08	$ 1000.00
Mailing Address: 621 N W 53rd St	__/__/__	$
City, State, Zip Code: Boca Raton FL 33487	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: MACPAC	10/31/08	$ 1000.00
Mailing Address: P O Box 904	__/__/__	$
City, State, Zip Code: Jackson MS 39205	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Assn of Realtors PAC	10/31/08	$ 500.00
Mailing Address: P O Box 321000	__/__/__	$
City, State, Zip Code: Flowood MS 39232	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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 Petroleum Marketers	10/31/08	$ 1000.00
Mailing Address: P O Box 3859	__/__/__	$
City, State, Zip Code: Jackson MS 39207	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Northrop Grumman Systems Corp	11/10/08	$ 1000.00
Mailing Address: 8710 Freeport Parkway Ste 200	__/__/__	$
City, State, Zip Code: Irving TX 75063	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: A T & T Mississippi PAC	11/10/08	$ 1000.00
Mailing Address: 175 E Capitol St	__/__/__	$
City, State, Zip Code: Jackson MS 39201	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MRBAPAC	11/10/08	$ 1000.00
Mailing Address: 601 George St	__/__/__	$
City, State, Zip Code: Jackson MS 39202	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Anheuser Busch Inc	11/26/08	$ 1000.00
Mailing Address: One Busch Place	__/__/__	$
City, State, Zip Code: St Louis MO 63118	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

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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	11/26/08	$ 1000.00
Mailing Address: 135 N Church St	__/__/__	$
City, State, Zip Code: Spartanburg SC 29306	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: UST Public Affairs Inc	11/26/08	$ 1000.00
Mailing Address: 6 High Ridge Park Bldg A	__/__/__	$
City, State, Zip Code: Stamford CT 06905	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brian Cooper	11/26/08	$ 500.00
Mailing Address: 916 Lily Creek Resort Rd	__/__/__	$
City, State, Zip Code: Jamestown KY 42629	__/__/__	$
Name of Employer (Required): Self Employed	__/__/__	$
Occupation (Required): Consultant	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: Friedkin Business Services	11/26/08	$ 1000.00
Mailing Address: P O Box 41143	__/__/__	$
City, State, Zip Code: Houston TX 77241	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Company State PAC	12/22/08	$ 1500.00
Mailing Address: P O Box 4079	__/__/__	$
City, State, Zip Code: Gulfport MS 39502	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1500.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A & A of Tupelo Inc	12/23/08	$ 1000.00
Mailing Address: 120 E Franklin St	__/__/__	$
City, State, Zip Code: Tupelo MS 38804	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Corrections Corp of America	12/31/08	$ 1000.00
Mailing Address: 10 Burton Hills Blvd	__/__/__	$
City, State, Zip Code: Nashville TN 37215	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	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: Glaxo, Smith Kline	12/31/08	$ 1000.00
Mailing Address: 200 N 16th St	__/__/__	$
City, State, Zip Code: Philadelphia PA 19102	__/__/__	$
Name of Employer (Required): NA	__/__/__	$
Occupation (Required): NA	Aggregate year-to-date	$ 1000.00

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi House V-PAC		
Mailing Address P O Box 2742	2/22/08	$ 5,000.00
City, State, Zip Code Jackson MS 39202	5/21/08	$ 1,000.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ See Below
B. Full name Same as Above	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	10/24/08	$ 10,000.00
City, State, Zip Code	10/31/08	$ 6,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ See Below
C. Full name Same as Above	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11/10/08	$ 4,000.00
City, State, Zip Code	11/26/08	$ 2,500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 28,500.00
D. Full name Banner Independent	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P O Box 10	7/2/08	$ 690.00
City, State, Zip Code Booneville MS 38829	9/8/08	$ 195.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ See Below
E. Full name Same as Above	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	11/11/08	$ 175.00
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,060.00
F. Full name William J. "Billy" McCoy	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 259 CR 1021	9/11/08	$ 11,000.00
City, State, Zip Code Rienzi MS 38865	/ /	$
Purpose of Disbursement (Optional) Repay loan	Aggregate Year-to-date	$ 11,000.00

SS03-06

Name of Candidate or Committee William J. "Billy" McCoy

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jones & Jones CPAs		
Mailing Address: P O Box 250	10/6/08	$ 350.00
City, State, Zip Code: Booneville MS 38829	11/26/08 11/26/08	$ 260.00 90.00
Purpose of Disbursement (Optional): Accounting	Aggregate Year-to-date	$ 700.00
B. Full name: Colonial Country Club	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 5835 Canton Road	10/23/08	$ 5,067.58
City, State, Zip Code: Jackson MS 39211	/ /	$
Purpose of Disbursement (Optional): Golf Tournament Fall Festival	Aggregate Year-to-date	$ 5,067.58
C. Full name: Don Richardson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 28 Blackberry Lane	10/23/08	$ 1,173.48
City, State, Zip Code: Madison MS 39110	11/13/08	$ 200.00
Purpose of Disbursement (Optional): Fall Festival Golf Tournament	Aggregate Year-to-date	$ 1,373.48
D. Full name: Kevin Eubank	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 707 Old Hwy 45	12/23/08	$ 235.00
City, State, Zip Code: Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional): Advertising Supplies	Aggregate Year-to-date	$ 235.00
E. Full name: WBIP Broadcasting	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P O Box 356	2/06/08	$ 150.00
City, State, Zip Code: Booneville MS 38829	5/19/08	$ 60.00
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 210.00
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	$

SS03-06