2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 08 2010
Campaign Finance
Secretary of State
DATE STAMP

Candidate's Name William J. "Billy" McCoy

Full Address 230 CR 1021 Rienzi MS 38865

Telephone 662-728-6434 (Fax) NA

E-mail NA

Office Sought State Representative District 3, Prentiss/Alcorn Co Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

(3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Beginning bal 11,767.99

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions 68,450.00 + 13,600.00	$ 82,050.00	$ 82,050.00
Total amount of disbursements 53,146.02 + 1,259.47	$ 54,405.49	$ 54,405.49
Total amount of cash on hand	$ 39,412.50	

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

Date 1-8-10

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.

SOS 01-05

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

Reporting period January 1, 2009 through December 31, 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
World War II Vets 304 Pinehill Dr Booneville MS 38829 Contribution to Veteran monument fund	1 /11 /09	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 500.00
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Jones & Jones CPA of Booneville P.A. P O Box 250 Booneville MS 38829 Accounting and preparation campaign fund report	1 11 09	$ 90.00
	2 23 09	$ 440.00
	Aggregate Year-to-date	$ 0
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Same as above N/A N/A See above	9 /4 09	$ 650.00
	12 /31/09	$ 475.00
	Aggregate Year-to-date	$ 1,655.00
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Bill Miles Associates P O Box 246 Fulton MS 38843 Consulting	2 /1 /09 ~~4 / 4 / 09~~	$ 2,100.00 2,500.00
	5 /6 /09 ~~3 / 30 / 09~~	$ 750.00 2,000.00
	Aggregate Year-to-date	$ 0
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Same as above N/A N/A Same as above	7 2 09 ~~8 / 4 / 09~~	$1,500.00 600.00
	2 1 09 __/__/__	$1,600.00
	Aggregate Year-to-date	$ 11,050.00
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	Date (Mo., Day, Year)	Amount of each disbursement this period
Holiday Inn Express 310 Gremont Avenue Jackson MS 39202 Pages and parents lodging	2 /19/09	$ 1,018.25
	__/__/__	$
	Aggregate Year-to-date	$ 1,018.25

SS04-06

01/08/2010 16:24 6672283181 JONES & JONES PAGE 03/04

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

Reporting period January 1, 2009 through December 31, 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
J N T Web Designs Inc	3 /12/09	$ 1,432.45
P O Box 5466	/ /	$
Pearl MS 39288	Aggregate Year-to-date	$ 1,432.45
Developing MS House website		
B. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
The Banner Independent	3 5 09	$ 100.00
P O Box 10	~~6 29 09~~	300.00
Booneville MS 38829	7 16 09	~~350.00~~
	11 /11/09	$ 405.61
Advertising	Aggregate Year-to-date	$ 1,155.61
C. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
WBIP AM	3 ,5 ,09	$ 245.00
P O Box 356	6 29 09	150.00
Booneville MS 38829	1 ,11 ,09	$ 147.50
	12 15 09	100.00
Advertising	Aggregate Year-to-date	$ 642.50
D. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Booneville JR Auxilliary	4 /4 /09	$ 600.00
200 Oakhaven Circle	/ /	$
Booneville MS 38829	Aggregate Year-to-date	$ 600.00
Advertising - Charity Ball		
E. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
MS House V-pac	4 ,17 ,09	$5,000.00
P O Box 2742	6 1 09	10,000.00
Jackson MS 39202	7 , 2 ,09	$2,000.00
	7 21 09	3,000.00
Contribution	Aggregate Year-to-date	$ 0
F. Full name / Mailing Address / City, State, Zip Code / Purpose of Disbursement (Optional)	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Same as above	10 / 9 /09	$4,000.00
N/A	~~10 15 09~~	~~1,000.00~~
N/A	/ /	$
Same as above	Aggregate Year-to-date	$ 25,000.00

SS04-06

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Joe Eaton Campaign Fund		
Mailing Address 1300 West College St	7/9/09	$ 500.00
City, State, Zip Code Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 500.00
B. Full name Shariel Perkins Campaign Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 8404	7/7/09	$ 500.00
City, State, Zip Code Greenwood MS 38934	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 500.00
C. Full name Jim Hood - Attorney General	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 101 The Hills Dr	9/29/09	$ 1,000.00
City, State, Zip Code Brandon MS 39042	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 1,000.00
D. Full name Colonial Country Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5635 Old Canton Road	10/29/09	$ 6,296.34
City, State, Zip Code Jackson MS 39211	/ /	$
Purpose of Disbursement (Optional) Golf tournament fund raiser	Aggregate Year-to-date	$ 6,296.34
E. Full name Don Richardson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5635 Old Canton Road	10/29/09	$ 575.87
City, State, Zip Code Jackson MS 39211	/ /	$
Purpose of Disbursement (Optional) Golf tournament mgmt & expenses	Aggregate Year-to-date	$ 575.87
F. Full name Johnny Stringer Campaign Fund	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 167 CR 2349	11/20/09	$ 1,000.00
City, State, Zip Code Montrose MS 39338	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 1,000.00

SS04-06

01/08/2010 14:07 6622283181 JONES & JONES PAGE 03/27

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
U S Post Office		
Mailing Address 515 North Second St	12/19/09	$ 220.00
City, State, Zip Code Booneville MS 38829	__/__/__	$
Purpose of Disbursement (Optional) Postage	Aggregate Year-to-date	$ 220.00
B. 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	$
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

SS04-06

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Thomas H. Kline	4/17/09	$ 1,000.00
Mailing Address: P O Box 121	/ /	$
City, State, Zip Code: Fulton MS 38843	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Construction	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Morgan Logistics LLC	4/17/09	$ 500.00
Mailing Address: P O Box 365	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Morgan Van Lines Inc	4/17/09	$ 1,000.00
Mailing Address: P O Box 419	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MOCO Transportation LLC	4/17/09	$ 1,000.00
Mailing Address: P O Box 905	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): NA	/ /	$
Occupation (Required): NA	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: WALPAC	4 / 17 / 09	$ 750.00
Mailing Address: 702 SW 8th St	11 / 23 / 09	$ 750.00
City, State, Zip Code: Bentonville AR 72716	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,500.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Committee for Clean Environment	4 / 17 / 09	$ 300.00
Mailing Address: 3000 No State Street	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 300.00
C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name: Presous Martin Sr. & Asso LLC	6 / 1 / 09	$ 250.00
Mailing Address: P O Box 373	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Gill, Ladner & Priest LLC	6 / 1 / 09	$ 250.00
Mailing Address: 403 South Second St	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Porter & Malouf PA	6 / 1 / 09	$ 250.00
Mailing Address: P O Box 12768	/ /	$
City, State, Zip Code: Jackson MS 39236	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Tabor Chabro & Gibbs PA	6 / 1 / 09	$ 500.00
Mailing Address: 120 No Congress St Suite 200	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Ingrams & Associates	6 / 1 / 09	$ 250.00
Mailing Address: P O Box 15039	/ /	$
City, State, Zip Code: Hattiesburg MS 39404	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Denbury Inc	6 / 1 / 09	$1,000.00
Mailing Address: 5100 Tennyson Pkwy Suite 1200	/ /	$
City, State, Zip Code: Plano TX 75024	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

01/08/2010 14:07 6622283181 JONES & JONES PAGE 07/27

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: Zata 3 Consulting Inc	6 / 1 / 09	$ 500.00
Mailing Address: 458 New Jersey Ave SE	/ /	$
City, State, Zip Code: Washington DC 20003	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Tyson Inc	6 / 1 / 09	$ 1,000.00
Mailing Address: P O Box 2020	/ /	$
City, State, Zip Code: Springdale AR 72765	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: South Central Carpenter PAC	6 / 1 / 09	$ 2,500.00
Mailing Address: 7970 Crestood Blvd Ste B	/ /	$
City, State, Zip Code: Irondale AL 35210	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Optometry for Progress PAC	6 / 1 / 09	$ 250.00
Mailing Address: 141 Executive Drive Ste 5	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: JAM PAC	6 / 1 / 09	$ 250.00
Mailing Address: P O Box 1992	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: George Schimmel	6 / 1 / 09	$ 250.00
Mailing Address: 3630 Kings Hwy	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): Self employed	/ /	$
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: Correction Corp of America	7 / 2 / 09	$ 500.00
Mailing Address: 10 Burton Hills Blvd	/ /	$
City, State, Zip Code: Nashville TN 37215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Danny E. Cupit	7 / 2 / 09	$ 250.00
Mailing Address: P O Box 22929	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

SS04-05

01/08/2010 14:07 6672283181 JONES & JONES PAGE 09/27

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Patricia L. Eaves	7/2/09	$ 250.00
Mailing Address: 753 N Old Canton Rd	/ /	$
City, State, Zip Code: Canton MS 39046	/ /	$
Name of Employer (Required): Self employed	/ /	$
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: E B Robinson Jr	7/2/09	$ 250.00
Mailing Address: 49 Eastbrooke	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): Self employed	/ /	$
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: James Ashley Ogden	7/2/09	$ 500.00
Mailing Address: 500 East Capitol St Suite 3	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Attorney	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: Merrida P. Coxwell Jr	7/2/09	$ 250.00
Mailing Address: 505 Heatherstone Ct	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 250.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check to Cash of Mississippi Inc	7/7/09	$ 1,000.00
Mailing Address: P O Box 550	/ /	$
City, State, Zip Code: Cleveland TN 37374-0550	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Buck Boatner Jr	7/21/09	$ 1,000.00
Mailing Address: P O Box 307	/ /	$
City, State, Zip Code: Sherman MS 38869	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William E. Stone	7/21/09	$ 2,000.00
Mailing Address: P O Box 550	10/30/09	$ 1,000.00
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): Stone Construction Inc	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 3,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Bail Agents Assn	9/9/09	$ 1,000.00
Mailing Address: 413 President St Suite 111	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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: Anheuser Busch Co Inc	9 / 9 / 09	$ 1,000.00
Mailing Address: One Busch Place	/ /	$
City, State, Zip Code: St Louis MO 63118	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walgreens	9 / 9 / 09	$ 1,000.00
Mailing Address: 104 Wilmot Rd	/ /	$
City, State, Zip Code: Deerfield IL 60015	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Preston Sullivan	9 / 9 / 09	$ 500.00
Mailing Address: 1601 CR 410	/ /	$
City, State, Zip Code: Okolona MS 38860	/ /	$
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: Kevin Altman	9 / 9 / 09	$1,000.00
Mailing Address: 10226 Doncastle Ct	/ /	$
City, State, Zip Code: Mechanicsville VA 23116	/ /	$
Name of Employer (Required): Self employed	/ /	$
Occupation (Required): Consultant	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Associations of MS St PAC	10 / 9 / 09	$ 1,000.00
Mailing Address: P O Box 3300	/ /	$
City, State, Zip Code: Ridgeland MS 39158	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Mfg Assn PAC	10 / 9 / 09	$ 250.00
Mailing Address: 720 President St	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Health Management Assn PAC	10 / 9 / 09	$ 1,000.00
Mailing Address: 2550 Flowood Dr Ste 402	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Roadbuilders Assn PAC	10 / 9 / 09	$ 1,000.00
Mailing Address: 601 George St	/ /	$
City, State, Zip Code: Jackson MS 39202	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Lignite Mines Co Inc	10 / 9 /09	$ 250.00
Mailing Address: 1000 McIntire	/ /	$
City, State, Zip Code: Ackermon MS 39735	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Friedkin Business Services	10 / 9 /09	$ 1,000.00
Mailing Address: P O Box 441887	/ /	$
City, State, Zip Code: Houston TX 77244	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Northorp Grumman	10 / 9 /09	$ 1,000.00
Mailing Address: 4101 Washington Ave	/ /	$
City, State, Zip Code: Newport News VA 23607	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Hospital Assn PAC	10 / 9 /09	$ 1,000.00
Mailing Address: P O Box 16444	/ /	$
City, State, Zip Code: Jackson MS 39236	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Butler Snow PAC	10 / 5 / 09	$1,000.00
Mailing Address: P O Box 22567	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Realtors PAC	10 / 15 / 09	$ 250.00
Mailing Address: P O Box 321000	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Mississippi Health Care PAC	10 / 15 / 09	$1,000.00
Mailing Address: 114 Market Ridge Dr	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$1,000.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Asphalt Contractors PAC	10 / 15 / 09	$1,250.00
Mailing Address: P O Box 904	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$1,250.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Diana C. Peranich	10/15/09	$ 500.00
Mailing Address: 25176 Lechene Dr	/ /	$
City, State, Zip Code: Pass Christian MS 39571	/ /	$
Name of Employer (Required): Mississippi House Representatives	/ /	$
Occupation (Required): Representative	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: Mississippi Pace	10/15/09	$ 250.00
Mailing Address: P O Box 5599	/ /	$
City, State, Zip Code: Pearl MS 39208	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Capitol Coverage LLC	10/15/09	$ 250.00
Mailing Address: P O Box 105	/ /	$
City, State, Zip Code: Canton MS 39046	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: U S Consolidated Group LLC	10/15/09	$ 250.00
Mailing Address: 4785 I-55 North Suite 102	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

SS04-05

01/08/2010 14:07 6622728318 JONES & JONES PAGE 16/27

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Retail Assn of MS	10/15/09	$ 250.00
Mailing Address: 4785 I-55 No Suite 103	/ /	$
City, State, Zip Code: Jackson MS 39206	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MS Speech Language-Hearing Assn	10/15/09	$ 250.00
Mailing Address: P O Box 22664	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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 Farm Bureau Casualty Ins Co	10/15/09	$ 250.00
Mailing Address: P O Box 1972	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Eutaw Construction Co Inc	10/15/09	$1,000.00
Mailing Address: P O Box 36	/ /	$
City, State, Zip Code: Aberdeen MS 39730	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Grand Trunk Western RR	10 / 30 / 09	$1,000.00
Mailing Address: 2800 Livernois Suite 300	/ /	$
City, State, Zip Code: Troy MI 48007	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Co	10 / 30 / 09	$ 1,000.00
Mailing Address: 2500 Lou Mink Drive ADB 3	/ /	$
City, State, Zip Code: Fort Worth TX 76131	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp	10 / 30 / 09	$ 500.00
Mailing Address: Three Commercial Place	/ /	$
City, State, Zip Code: Norfolk VA 23510	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: W B Consolidated	10 / 30 / 09	$1,000.00
Mailing Address: 770 Northwest St	/ /	$
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Comcast	10/30/09	$ 1,000.00
Mailing Address: One Comcast Center	/ /	$
City, State, Zip Code: Philadelphia PA 19103	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hays Dent Public Strategies LLC	10/30/09	$ 250.00
Mailing Address: 120 No Congress St Ste 900	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: Entertainment Software Inc	10/30/09	$ 1,000.00
Mailing Address: 575 7th St NW	/ /	$
City, State, Zip Code: Washington DC 20004	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Cellular South	10/30/09	$ 750.00
Mailing Address: 1018 Highland Colony Pky Suite 330	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 750.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: X Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Swisher International Inc	10 / 30 / 09	$ 1,000.00
Mailing Address: P O Box 2230	/ /	$
City, State, Zip Code: Jacksonville FL 32703	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: X Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Merck & Co Inc	10 / 30 / 09	$ 500.00
Mailing Address: P O Box 1000	/ /	$
City, State, Zip Code: North Wales, PA 19454	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

C. Source: X Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bloomfield Equities LLC	10 / 30 / 09	$ 1,000.00
Mailing Address: 781 Larson St	/ /	$
City, State, Zip Code: Jackson MS 39225	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☐ Corporation X PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Dental PAC	10 30 /09	$1,000.00
Mailing Address: 2630 Ridgewood Road Ste 2	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atmos Energy Corp PAC	10 / 30 / 09	$ 1,000.00
Mailing Address: 5430 LBJ Freeway	/ /	$
City, State, Zip Code: Dallas TX 75240	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Malt Beverage Assn PAC	10 / 30 / 09	$ 1,000.00
Mailing Address: P O Box 1132	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MMHA PAC	10 / 30 / 09	$ 500.00
Mailing Address: P O Box 320369	/ /	$
City, State, Zip Code: Jackson MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: MMHA V PAC	10/30/09	$ 500.00
Mailing Address: P O Box 320369	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

SS04-05

01/08/2010 14:07 6627283181 JONES & JONES PAGE 21/27

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MS	10 / 30 / 09	$ 1,000.00
Mailing Address: P O Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Co St PAC	10 / 30 / 09	$ 1,000.00
Mailing Address: P O Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: New Jersey PAC	10 / 30 / 09	$ 500.00
Mailing Address: 1503 Ventura Blvd Bldg B	/ /	$
City, State, Zip Code: Sherman Oaks CA 91403	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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 Concrete Ind PAC	10 / 30 / 09	$ 1,000.00
Mailing Address: 6700 Old Canton Rd Ste K	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A T & T MS PAC	10/30/09	$1,000.00
Mailing Address: 175 E Capitol St	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John Lundy	10/30/09	$ 250.00
Mailing Address: 458 Greenwood Lane	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Consultant	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	/ /	$
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: Clare L. Hester	10/30/09	$ 250.00
Mailing Address: 148 Oakhurst Trail	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): None	/ /	$
Occupation (Required): Housewife	Aggregate year-to-date	$ 250.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Labs Employee PAC	11/11/09	$ 400.00
Mailing Address: 100 Abbott Park Rd	/ /	$
City, State, Zip Code: Abbott Park, IL 60064	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 400.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Waste Management	11/11/09	$ 1,000.00
Mailing Address: P O Box 3027	/ /	$
City, State, Zip Code: Houston TX 77253	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: T L Wallace Constr	11/11/09	$ 1,000.00
Mailing Address: P O Box 523	/ /	$
City, State, Zip Code: Columbia MS 39429	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

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	11/11/09	$ 250.00
Mailing Address: 983 Nissan Drive	/ /	$
City, State, Zip Code: Smyrna TN 37167	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00

SS04-05

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

Reporting period Januar through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Harrahs Operating Co Inc	11 / 20 / 09	$ 1,000.00
Mailing Address: P O Box 22232	/ /	$
City, State, Zip Code: Tulsa OK 74121	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J Baxter Burns II	12 / 15 / 09	$ 250.00
Mailing Address: 212 Arthur Court	/ /	$
City, State, Zip Code: Brandon MS 39047	/ /	$
Name of Employer (Required): Self Employed	/ /	$
Occupation (Required): Consultant	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: Mississippi Furniture Assn	12 / 15 / 09	$ 1,000.00
Mailing Address: P O Box 288	/ /	$
City, State, Zip Code: Tupelo MS 38802	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Reynolds America	12 / 15 / 09	$ 1,000.00
Mailing Address: P O Box 2990	/ /	$
City, State, Zip Code: Winston Salem NC 27102	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ergon	12/15/09	$ 1,000.00
Mailing Address: P O Box 1639	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Bankers Assn PAC	12/31/09	$ 2,500.00
Mailing Address: P O Box 1091	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 2,500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Co PAC	12/31/09	$ 1,500.00
Mailing Address: P O Box 4079	/ /	$
City, State, Zip Code: Gulfport MS 39502	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,500.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GlaxoSmithKline PAC	12/31/09	$ 500.00
Mailing Address: 5 Moore Drive	/ /	$
City, State, Zip Code: Research Triangle Park NC 27709	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00

SS04-05

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

Reporting period Januar 1, 2009 through December 31, 2009

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 / 31 / 09	$ 1,000.00
Mailing Address: 238 East 42nd Street	/ /	$
City, State, Zip Code: New York NY 10017	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ameristar Casino Vicksburg	12 / 31 / 09	$ 1,000.00
Mailing Address: 4116 Washington St	/ /	$
City, State, Zip Code: Vicksburg MS 39180	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

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	$

SS04-05