2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 10 2011
Campaign Finance
Secretary of State
DATE STAMP

Name of Candidate William J. "Billy" McCoy

Address 230 CR 1021 Rienzi MS 38865

Telephone 662-728-6434 Fax NA

Contact Name Kermit V. Jones, Jr CPA Email kvjonesjrcpa@bellsouth.net

Office Sought State Representative District 2 Prentiss/Alcorn Counties Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

___ **May 26, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....**Mandatory**

___ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....**Runoff Candidates**

___ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....**All Candidates**

___ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

X **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....**All Candidates and Political Committees**

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

IMPORTANT

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

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

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

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
	Beg Bal		39412.50	
Total amount of contributions	$ 71500.00	+$ 4000.00	$ 75500.00	$ 75500.00
Total amount of disbursements	$ 47700.39	+$ 1251.05	$ 48951.44	$ 48951.39
Total amount of cash on hand			$ 65961.06	

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 1-7-11

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 01-10

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

Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Verizon Wireless	1/2/10	$1,000.00
Mailing Address: P O Box 2167	/ /	$
City, State, Zip Code: Folsom CA 95763	/ /	$
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: Valley Services	1/2/10	$1,000.00
Mailing Address: P O Box 5454	/ /	$
City, State, Zip Code: Jackson MS 39288	/ /	$
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: Isle of Capri Casino Inc	1/2/10	$1,000.00
Mailing Address: 600 Emerson Rd	/ /	$
City, State, Zip Code: St Louis MO 63141	/ /	$
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: State Farm Agents PAC	1/2/10	$1,000.00
Mailing Address: P O Box 600	/ /	$
City, State, Zip Code: Iuka MS 38852	/ /	$
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, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Correction Corporation of America	1/23/10	$ 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

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: General Electric Co	1/23/10	$ 1,000.00
Mailing Address: P O Box 9544	/ /	$
City, State, Zip Code: Fort Myers FL 33906	/ /	$
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: Optometry for Progress	1/23/10	$ 1,000.00
Mailing Address: 141 Executive Drive Suite 5	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
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: Centene Management Co LLC	1/23/10	$ 1,000.00
Mailing Address: Centene Complex	/ /	$
City, State, Zip Code: St Louis MO 63105	/ /	$
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, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Robert & Pam Wells	1/23/10	$ 1,000.00
Mailing Address: 226 Westfield Road	7/23/10	$ 1,000.00
City, State, Zip Code: Ridgeland MS 39157	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Attorney	Aggregate year-to-date	$ 2,000.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Katherine & L. Chad Driskel	1/23/10	$ 1,000.00
Mailing Address: 128 Sunset Hills Drive	/ /	$
City, State, Zip Code: Florence MS 39073	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Real Estate	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: Kimes & Stone Construction Co Inc	5/7/10	$ 1,000.00
Mailing Address: 484 Hwy 145 South	/ /	$
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: Enterprise Holdings Inc PAC	5/7/10	$ 1,000.00
Mailing Address: 600 Corporate Park Ave	/ /	$
City, State, Zip Code: St Louis MO 63105	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: W.B. Consolidated	6/11/10	$ 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

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Allstate Ins Co PAC	6/11/10	$ 1,000.00
Mailing Address: 2775 Sanders Road Suite 5	/ /	$
City, State, Zip Code: Northbrook IL 60062	/ /	$
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: MS Hospital Assn	6/11/10	$ 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

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: H B Lindsey	6/11/10	$ 500.00
Mailing Address: Lindsey Road	/ /	$
City, State, Zip Code: Booneville MS 38829	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Insurance Sales	Aggregate year-to-date	$ 500.00

SS04-05

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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: Thomas S. Elmore	6/11/10	$ 5,000.00
Mailing Address: P O Box 36	/ /	$
City, State, Zip Code: Aberdeen MS 39730	/ /	$
Name of Employer (Required): Eutaw Construction Company Inc	/ /	$
Occupation (Required): Manager	Aggregate year-to-date	$ 5,000.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Walgreens Inc	7/23/10	$ 500.00
Mailing Address: Walgreen Center	/ /	$
City, State, Zip Code: Deerfield IL 60015	/ /	$
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: M & B Railroad LLC	7/23/10	$ 1,000.00
Mailing Address: 1200 C Scottsvillage Road Suite 200	/ /	$
City, State, Zip Code: Rochester NY 14624	/ /	$
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: Columbus & Greenville Railway	7/23/10	$ 1,000.00
Mailing Address: 1200 C Scottsvillage Road Suite 200	/ /	$
City, State, Zip Code: Rochester NY 14624	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

SS04-05

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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: MAE PAC	7/23/10	$ 2,000.00
Mailing Address: 711 N Provident St	9/17/10	$ 1,000.00
City, State, Zip Code: Jackson MS 39205	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 3,000.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: KCS Rail PAC	7/23/10	$ 1,000.00
Mailing Address: P O Box 219335	/ /	$
City, State, Zip Code: Kansas City MO 64121	/ /	$
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: Merck Sharp & Dohme Corp	8/13/10	$ 500.00
Mailing Address: One Merck Drive	/ /	$
City, State, Zip Code: Whitehouse Station NJ 08889	/ /	$
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: Mike Kidd	8/13/10	$ 300.00
Mailing Address: 1407 W Main St	/ /	$
City, State, Zip Code: Tupelo MS 38801	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Pawn shop	Aggregate year-to-date	$ 300.00

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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: RAL Reynolds America	9/13/10	$ 1,000.00
Mailing Address: P O Box 464	/ /	$
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

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Power Co State PAC	9/18/10	$ 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: MS Roadbuilders ASSN PAC	9/3/10	$ 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

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Co	9/3/10	$ 1,000.00
Mailing Address: 2500 Lou Mink Drive	/ /	$
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

SS04-05

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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: Duckworth Realty Inc	9/3/10	$ 250.00
Mailing Address: 208 Pearl St Suite 200	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
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: Hines Investment Inc	9/3/10	$ 250.00
Mailing Address: 4226 Athens Drive	/ /	$
City, State, Zip Code: Jackson MS 39211	/ /	$
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: Spectra Energy Corp PAC	9/17/10	$ 1,000.00
Mailing Address: 5400 Westheimer Court	/ /	$
City, State, Zip Code: Houston TX 77056	/ /	$
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: Miss Asphalt Pavement PAC	9/17/10	$ 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	$ 250.00

SS04-05

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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 Dental PAC	9/17/10	$ 1,000.00
Mailing Address: 2630 Ridgewood Road Ste C	/ /	$
City, State, Zip Code: Jackson MS 39216	/ /	$
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: ENPAC	9/17/10	$ 1,250.00
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	$ 1,250.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MHA PAC	9/17/10	$ 1,000.00
Mailing Address: P O Box 1909	/ /	$
City, State, Zip Code: Madison MS 39130	/ /	$
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 Malt Beverages PAC	9/17/10	$ 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

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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: MS Independent RX PAC	9/17/10	$ 1,000.00
Mailing Address: 4209 Lakeland Dr Ste 399	/ /	$
City, State, Zip Code: Flowood MS 39232	/ /	$
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 Healthcare Assn PAC	9/17/10	$ 1,000.00
Mailing Address: 1076 Highland Colony Pkwy Ste 125	/ /	$
City, State, Zip Code: Ridgeland MS 39157	/ /	$
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: Electric Power Assn of MS PAC	9/17/10	$ 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

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Retail Assn of MS PAC	9/17/10	$ 250.00
Mailing Address: 4785 I-55 N Ste 103	/ /	$
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

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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: MS Petroleum Marketers PAC	9 / 17 / 10	$ 500.00
Mailing Address: P O Box 3859	/ /	$
City, State, Zip Code: Jackson MS 39207	/ /	$
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: MS Concrete Industries Assn PAC	9 / 17 / 10	$ 1,000.00
Mailing Address: 6700 Old Canton Road	/ /	$
City, State, Zip Code: Ridgeland MS 39207	/ /	$
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: MS Title Pledge Assn PAC	9 / 17 / 10	$ 1,000.00
Mailing Address: P O Box 57	/ /	$
City, State, Zip Code: Fulton MS 38843	/ /	$
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 Bail Agents Assn PAC	9 / 17 / 10	$ 1,000.00
Mailing Address: 413 So President St Ste 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

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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: Swisher International Inc	9/17/10	$ 1,000.00
Mailing Address: P O Box 2230	/ /	$
City, State, Zip Code: Jacksonville FL 32203	/ /	$
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: Grand Truck Western RR Co	9/17/10	$ 750.00
Mailing Address: P O Box 5025	/ /	$
City, State, Zip Code: Troy Michigan	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 750.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Band of Choctaw Indians	9/17/10	$ 1,000.00
Mailing Address: P O Box 6090	/ /	$
City, State, Zip Code: Choctaw MS 39350	/ /	$
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 Farm Bureau Casualty Ins Co	9/17/10	$ 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

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

Reporting period: January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gloria & Edward Williamson	9/17/10	$ 250.00
Mailing Address: 509 A Church Ave	/ /	$
City, State, Zip Code: Philadelphia MS 39350	/ /	$
Name of Employer (Required): Self	/ /	$
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: Michael & Sylvia Caple	9/17/10	$ 1,000.00
Mailing Address: 303 Vince Cove	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): Butler Snow	/ /	$
Occupation (Required): Attorney	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: MS MFG ASSN	9/27/10	$ 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: T L Wallace Const Inc	9/27/10	$ 250.00
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	$ 250.00

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

Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Lignite Mining Co	9/27/10	$ 250.00
Mailing Address: 1000 McIntire Rd	/ /	$
City, State, Zip Code: Ackerman 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: Ergon Asphalt & Emulsions Inc	9/27/10	$ 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

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Realtors PAC	9/27/10	$ 250.00
Mailing Address: P O Box 321000	/ /	$
City, State, Zip Code: Flowers MS 39232	/ /	$
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: MMHA PAC	9/27/10	$ 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

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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: MS MFG Assn PAC	9 / 27 / 10	$ 250.00
Mailing Address: 720 No 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

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Waste Management Inc	10 / 8 / 10	$ 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: Zeneca Service Inc	10 / 18 / 10	$ 500.00
Mailing Address: 1860 Concord Pike P O Box 15437	/ /	$
City, State, Zip Code: Washington DC 19850-5437	/ /	$
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: Bayer Health Care LLC	10 / 25 / 10	$ 1,000.00
Mailing Address: 444 Pembrooke Drive	/ /	$
City, State, Zip Code: Madison MS 39110	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 1,000.00

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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: Checking Cash of Mississippi Inc	10/25/10	$ 1,000.00
Mailing Address: P O Box 550	/ /	$
City, State, Zip Code: Cleveland, TN 37364	/ /	$
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: Northrop Gruman Inc	10/25/10	$ 1,000.00
Mailing Address: 4101 Washington Ave	/ /	$
City, State, Zip Code: New Port News VA 23607	/ /	$
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: Wal PAC	11/5/10	$ 1,000.00
Mailing Address: 702 SW 8th St	/ /	$
City, State, Zip Code: Bentonville AR 72716	/ /	$
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: General Electric Co	11/5/10	$ 500.00
Mailing Address: P O Box 9544	/ /	$
City, State, Zip Code: Fort Myers FL 33906	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	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: CCA of TN LLC	11/5/10	$ 750.00
Mailing Address: 10 Burton Hills	__/__/__	$
City, State, Zip Code: Nashville TN 37215	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$ 750.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Health Mgmt Assn PAC	11/15/10	$ 2,000.00
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	$ 2,000.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Norfolk Southern Corp	11/15/10	$ 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: Entertainment Software Assn	11/15/10	$1,000.00
Mailing Address: 575 7th Street NW Ste 200	__/__/__	$
City, State, Zip Code: Washington DC 20004	__/__/__	$
Name of Employer (Required): N/A	__/__/__	$
Occupation (Required): N/A	Aggregate year-to-date	$1,000.00

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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	11/15/10	$ 1,000.00
Mailing Address: 625 State 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

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pfizer Inc	11/15/10	$ 1,000.00
Mailing Address: 235 East 42nd St	/ /	$
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

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Abbott Labs PAC	11/29/10	$ 450.00
Mailing Address: 100 Abbott Park Road	/ /	$
City, State, Zip Code: Abbott Park IL 60064	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 450.00

D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A T & T PAC	12/23/10	$ 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

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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: Atmos Energy Corp PAC	12/23/10	$ 1,000.00
Mailing Address: 5430 LBJ Drive	/ /	$
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: Denbury Inc	12/23/10	$ 1,000.00
Mailing Address: 5100 Tennison Parkway Ste 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

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ameristar Casino	12/23/10	$ 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

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Buck Boatner	12/31/10	$ 2,000.00
Mailing Address: P O Box 307	/ /	$
City, State, Zip Code: Belden MS 38826	/ /	$
Name of Employer (Required): Self	/ /	$
Occupation (Required): Engineer	Aggregate year-to-date	$ 2,000.00

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

Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WBIP AM		
Mailing Address P O Box 356	3/11/10	$ 188.88
City, State, Zip Code Booneville MS 38829	12/12/10	$ 280.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 480.00
B. Full name MS House V PAC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P O Box 2742	3/5/10 5/7/10	$ 2,000.00 5,000.00
City, State, Zip Code Jackson MS 39207	7/14/10 8/11/10	$ 5,000.00 2,000.00
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 14,000.00
C. Full name Jones & Jones CPA's	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P O Box 250	2/19/10 8/6/10 9/3/10	$ 800.00 300.00 100.00
City, State, Zip Code Booneville MS 38829	9/17/10 11/5/10 12/22/10	$ 100.00 375.00 150.00
Purpose of Disbursement (Optional) Accounting	Aggregate Year-to-date	$ 1825.00
D. Full name Booneville Auxillary Charity Ball	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 100 W Church St	2/20/10	$ 300.00
City, State, Zip Code Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 300.00
E. Full name Bill Miles Associates	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address P O Box 246	3/11/10 4/13/10	$ 1000.00 600.00
City, State, Zip Code Fulton MS 38843	11/24/10 12/27/10	$ 500.00 600.00
Purpose of Disbursement (Optional) Consulting	Aggregate Year-to-date	$ 2700.00
F. Full name Amazon.com	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1200 12th Ave So Ste 1200	4/6/10	$ 3636.47
City, State, Zip Code Seattle WA 98144	/ /	$
Purpose of Disbursement (Optional) Camera to televise house proceedings	Aggregate Year-to-date	$ 3636.47

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Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Robert Hooks		
Mailing Address: 756 Belhaven St #28	5/12/10 ~~6/2/10~~	$ 2000.00 2000.00
City, State, Zip Code: Jackson MS 39202	6/30/10 ~~6/11/10~~	$ 2000.00 117.66
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 6117.16
B. Full name: Willie L. Bailey	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P O Box 189	6/9/10	$ 350.00
City, State, Zip Code: Greenville MS 38702	/ /	$
Purpose of Disbursement (Optional): Consulting	Aggregate Year-to-date	$ 350.00
C. Full name: Don Richardson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 28 Blackberry Lane	6/11/10	$ 1000.00
City, State, Zip Code: Madison MS 39110	9/23/10 6/7/10	$ ~~166.82~~ 116.50
Purpose of Disbursement (Optional): Airline travel and expense	Aggregate Year-to-date	$ 1283.32
D. Full name: Brandon Jones Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 3007 Magnolia Street	7/14/10	$ 1000.00
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Purpose of Disbursement (Optional): Contribution	Aggregate Year-to-date	$ 1000.00
E. Full name: Charwetta Johnson	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 676 Fletcher Rd	7/20/10	$ 500.00
City, State, Zip Code: Brandon MS 39042	9/27/10	$ 100.00
Purpose of Disbursement (Optional): Golf tournament consulting	Aggregate Year-to-date	$ 600.00
F. Full name: Apple Computer	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 1000 Highland Colony Pkwy	7/20/10	$ 1228.36
City, State, Zip Code: Jackson MS 39157	/ /	$
Purpose of Disbursement (Optional): Camera support	Aggregate Year-to-date	$ 1228.36

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Banner Independent		
Mailing Address: P O Box 10	8 / 6 / 10	$ 550.00
City, State, Zip Code: Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional): Advertising	Aggregate Year-to-date	$ 550.00
B. Full name: Charlotte Place	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 205 Meeting St	8 / 13 / 10	$ 708.14
City, State, Zip Code: Charlotte SC 29401	8 / 16 / 10	$ 240.63
Purpose of Disbursement (Optional): Travel	Aggregate Year-to-date	$ 948.77
C. Full name: Bo Eaton Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: 503 Gambill St	8 / 13 / 10	$ 1000.00
City, State, Zip Code: Taylorsville MS 39168	/ /	$
Purpose of Disbursement (Optional): Contribution	Aggregate Year-to-date	$ 1000.00
D. Full name: Willie Perkins Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P O Box 8404	9 / 3 / 10	$ 1000.00
City, State, Zip Code: Greenwood MS 38935	/ /	$
Purpose of Disbursement (Optional): Contribution	Aggregate Year-to-date	$ 1000.00
E. Full name: Greg Flaggs Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: P O Box 1674	9 / 3 / 10	$ 1000.00
City, State, Zip Code: Vicksburg MS 39181	/ /	$
Purpose of Disbursement (Optional): Contribution	Aggregate Year-to-date	$ 1000.00
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address: Not Used	/ /	$
City, State, Zip Code	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Prentiss County Habitat for Humanity		
Mailing Address 100 Hotel Street	9 / 13 / 10	$ 500.00
City, State, Zip Code Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	$ 500.00
B. Full name Colonial Country Club	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 5635 Old Canton Road	9 / 23 / 10	$ 5039.28
City, State, Zip Code Jackson MS 39211	/ /	$
Purpose of Disbursement (Optional) Rent golf tournament fund raiser	Aggregate Year-to-date	$ 5039.28
C. Full name Lil Miss Sew & Sew	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1679 Old Fannin Rd	9 / 23 / 10	$ 436.65
City, State, Zip Code Flowood MS 39232	/ /	$
Purpose of Disbursement (Optional) Golf tournament trophies	Aggregate Year-to-date	$ 436.65
D. Full name Brandon Presley Campaign	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 182 Verona Dr	11 / 5 / 10	$ 1500.00
City, State, Zip Code Nettleton MS 38858	/ /	$
Purpose of Disbursement (Optional) Contribution	Aggregate Year-to-date	$ 1500.00
E. Full name Delta Airlines	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1030 Delta Blvd	11 / 15 / 10	$ 364.90
City, State, Zip Code Atlanta GA 30320	/ /	$
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	$ 364.90
F. Full name Ricky Prather	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1205 Gaston Rd	11 / 17 / 10	$ 900.00
City, State, Zip Code Booneville MS 38829	/ /	$
Purpose of Disbursement (Optional) Fish fry fund raiser	Aggregate Year-to-date	$ 900.00

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Arizona Biltmore Cheese Cake Factory		
Mailing Address 2400 East Camelback Road	12/20/10	$ 340.48
City, State, Zip Code Phoenix AZ 85016	__/__/__	$
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	$ 340.48
B. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Kim Eubank		
Mailing Address 707 Old Hwy 45	12/28/10	$ 300.00
City, State, Zip Code Booneville MS 38829	__/__/__	$
Purpose of Disbursement (Optional) Advertisement Christmas cards	Aggregate Year-to-date	$ 300.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Nancy Nanney		
Mailing Address 570 Bilge Drive	12/31/10	$ 300.00
City, State, Zip Code Franklin TN	__/__/__	$
Purpose of Disbursement (Optional) Advertising design Christmas card	Aggregate Year-to-date	$ 300.00
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	$

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