2009 ELECTION CYCLE
SOS-ME

Delbert Hosemann
SECRETARY OF STATE

Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 20 2010
Secretary of State
Capitol Office

Candidate's Name Tommy Woods

Full Address 115 Quinn Mills Rd. PO Box 388 Byhalia 38611

Telephone 662-838-6201 (Fax) 662-838-7210

E-mail

Office Sought House of Rep. Dist. 52 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

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

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

IMPORTANT

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

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

(3) **The 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

(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	$ 9413.37	$ 9413.37
Total amount of disbursements	$ 7304.13	$ 7304.13
Total amount of cash on hand	$ 4110.64	

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

Tommy Woods
Signature of Candidate

1-20-09
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of $50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED DISBURSEMENTS

A. Full name Piggly Wiggly	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 196 Fuller ST.	3/2/09	$ 385.53
City, State, Zip Code Byhalia, Ms. 38611	5/27/09	$ 157.54
Purpose of Disbursement (Optional) Meat for BBQ	Aggregate Year-to-date	$ 543.07
B. Full name Piggly Wiggly	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 196 Fuller ST.	7/2/09	$ 247.87
City, State, Zip Code Byhalia, Ms-38611	9/29/09	$ 366.75
Purpose of Disbursement (Optional) Meat for BBQ	Aggregate Year-to-date	$ 614.62
C. Full name PLANTATION Golf	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1619 GermanTown Rd	10/30/09	$ 3889.00
City, State, Zip Code Olive Branch, Ms. 38654	__/__/__	$
Purpose of Disbursement (Optional) Golf Tourney	Aggregate Year-to-date	$ 3889.00
D. Full name North west Comm Coll.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1221 Hwy 51	8/30/09	$ 375.00
City, State, Zip Code Senatobia, Ms.	__/__/__	$
Purpose of Disbursement (Optional) Scholarship	Aggregate Year-to-date	$ 375.00
E. Full name Olive Branch Chamber of Comm.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 116 Pleasant Roost	8/10/09	$ 360.00
City, State, Zip Code Olive Branch, Ms. 38654	9/12/09	$ 57.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 417.00
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 Tommy Woods

Reporting period JAN 1 2009 through Dec. 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: Memphis Stone & Gravel Co	10/1/09	$ 400.00
Mailing Address: PO Box 1683	__/__/__	$
City, State, Zip Code: Memphis, TN. 38101 (Golf)	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required)	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: CLM Insurance Corp.	10/1/09	$ 400.00
Mailing Address: PO Box 345	__/__/__	$
City, State, Zip Code: Byhalia, Ms. 38611	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): Same	Aggregate year-to-date	$ 400.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF R.R.	10/1/09	$ 400.00
Mailing Address: 3553 E. Chestnut Exp.	__/__/__	$
City, State, Zip Code: Springfield Mo. 65802	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: James E. Woods	10/1/09	$ 300.00
Mailing Address: PO Box 456	__/__/__	$
City, State, Zip Code: Olive Branch, Ms. 38654	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: M.C. Herrington Oil Co.	10/1/09	$ 300.00
Mailing Address: 11206 M.C. Herrington Memorial Dr.	__/__/__	$
City, State, Zip Code: Olive Branch, Ms 38654	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 300.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mid South Ag Equipt.	10/1/09	$ 300.00
Mailing Address: 3044 Hwy 302	__/__/__	$
City, State, Zip Code: Byhalia, Ms. 38611	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	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: Smith Trans. Equipment	10/1/09	$ 400.00
Mailing Address: 9045 Hwy 178 W	__/__/__	$
City, State, Zip Code: Byhalia, Ms. 38611	__/__/__	$
Name of Employer (Required):	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mississippi Power Co.	10/1/09	$ 400.00
Mailing Address: 2605 13th St.	__/__/__	$
City, State, Zip Code: Gulf Port Ms. 39501	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Albert Broadway	10/1/09	$ 300.00
Mailing Address: 1895 Thousand Oaks	__/__/__	$
City, State, Zip Code: Hernando, Ms. 38632	__/__/__	$
Name of Employer (Required): —	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 300.00

B. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gunner Good	10/1/09	$ 300.00
Mailing Address: 337 N. Broadway	__/__/__	$
City, State, Zip Code: Tupelo, Ms. 38804	__/__/__	$
Name of Employer (Required): AT&T	__/__/__	$
Occupation (Required): —	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: Methodist LeBonheur	10/1/09	$ 400.00
Mailing Address: 1211 Union Ave	__/__/__	$
City, State, Zip Code: Memphis, TN. 38104	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 400.00

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Terry Rogers	10/1/09	$ 300.00
Mailing Address: 2042 Hwy 309 N.	__/__/__	$
City, State, Zip Code: Byhalia, Ms. 38611	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required):	Aggregate year-to-date	$ 300.00

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Concerned Executives for Health PAC	10/1/09	$ 300.00
Mailing Address: 5100 Poplar Aves. Fl 30	__/__/__	$
City, State, Zip Code: Memphis, TN. 38137	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bank of Holly Springs	10/1/09	$ 400.00
Mailing Address: 114 S. Memphis, ST.	__/__/__	$
City, State, Zip Code: Holly Springs, Ms. 38635	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bridgeforth Properties, Inc.	10/1/09	$ 300.00
Mailing Address: 3606 Bridgeforth Rd.	__/__/__	$
City, State, Zip Code: Olive Branch, Ms. 38654	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.00

D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Citizens Bank	10/1/09	$ 400.00
Mailing Address: PO Box 669	__/__/__	$
City, State, Zip Code: Byhalia, Ms. 38611	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 400.00

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MTPA PAC	12/5/09	$ 250.00
Mailing Address: 345 Hwy 6 W.	__/__/__	$
City, State, Zip Code: Batesville, Ms. 38606	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	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: AT&T PAC	12/4/09	$ 500.00
Mailing Address: 175 E. Capitol Rm 703	__/__/__	$
City, State, Zip Code: Jackson, Ms. 39201	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 500.00

C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Georgia Pacific	12/7/09	$ 250.00
Mailing Address: PO Box 61270	__/__/__	$
City, State, Zip Code: Phoenix, Az. 85082-1270	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	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: Grand Trunk Western R.R.	12/17/09	$ 250.00
Mailing Address: 2800 Livernois Suite 300	__/__/__	$
City, State, Zip Code: Troy, Michigan, 48007	__/__/__	$
Name of Employer (Required): Same	__/__/__	$
Occupation (Required): —	Aggregate year-to-date	$ 250.00

Name of Candidate or Committee Tommy Woods

Reporting period Jan 1, 09 through Dec. 31, 09

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SPA's of Ms.	12/29/09	$ 500.00
Mailing Address: PO Box 3300	__/__/__	$
City, State, Zip Code: Ridgeland, Ms. 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$