

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Lee Yancey
Address 423 Woodlands Circle, Brandon 39047 County Rankin
Telephone (Work) 601-832-0882 (Home) 601-919-1721 (Fax) _____
Contact Name Lee Yancey Email Address lyancey@senate.ms.gov
Office Sought State Senate District 20 Political Party GOP

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	14,400 + \$ 3425	\$ 17,825.00	\$ 17825.00
Total amount of disbursements \$	4,067 + \$ 1762	\$ 5829.00	\$ 5829.00
Total amount of cash on hand		\$ 27,005.00	

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

Lee Yancey
(Signature of Candidate)

1/28/09
(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 Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee FRIENDS OF LEE YANCEY
 Reporting period JAN 2008 through DEC. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Physicians PAC</u>	<u>91 4 108</u>	\$ <u>1,000.00</u>
Mailing Address <u>404 West Parkway Place, Ridgeland, MS 39157</u>	<u>1 1</u>	\$
City, State, Zip Code <u>milke Houpt</u>	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Gene Smith</u>	<u>91 4 108</u>	\$ <u>500.00</u>
Mailing Address <u>2212 Aranti Lane, Birmingham, AL 35226</u>	<u>1 1</u>	\$
City, State, Zip Code <u>FIRST SOUTHERN SERVICES INC.</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>LOAN OFFICER / PRESIDENT</u>	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MAE PAC</u>	<u>91 4 108</u>	\$ <u>500.00</u>
Mailing Address <u>814 N. President Street, Jackson, MS 39236</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Billy Powell</u>	<u>91 4 108</u>	\$ <u>500.00</u>
Mailing Address <u>136 SWAN SEA LANE, Madison, MS 39110</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Retired</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>OIL AND GAS</u>	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Lee Yancey
 Reporting period JAN 1, 2008 through DEC 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Dill</u>	<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 50, Dayton, TN 37321</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>Loan Company</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>Financial Services</u>	<u>1/1/08</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KNOX ROSS</u>	<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 369, Pelahatchie, MS 39145</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>Himself</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>CPA</u>	<u>1/1/08</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Prosperity PAC (Community Bank)</u>	<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1869, BRANDON, MS 39043</u>	<u>1/1/08</u>	\$
City, State, Zip Code	<u>1/1/08</u>	\$
Name of Employer (Required)	<u>1/1/08</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GARY AND CLAUDIA PHILLIPS</u>	<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>6020 Highland Rd., Baton Rouge, LA 70808</u>	<u>1/1/08</u>	\$
City, State, Zip Code <u>Loan Company</u>	<u>1/1/08</u>	\$
Name of Employer (Required) <u>OWNERS</u>	<u>1/1/08</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Lee Yancey
 Reporting period Jan 1 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAC PAC</u>	<u>91 4 08</u>	\$ <u>500.00</u>
Mailing Address <u>711 N. President Street, Jackson, MS 39205</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Baxter AND WANDA BURNS</u>	<u>91 4 08</u>	\$ <u>500.00</u>
Mailing Address <u>212 Arthur's Court, Brandon, MS 39047</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required) <u>Gov Relations VP</u>	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Buddy Medlin</u>	<u>91 4 08</u>	\$ <u>500.00</u>
Mailing Address <u>1009 N. West Street, Jackson, MS 39202</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>LEN PAC</u>	<u>91 4 08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6000 Jackson, MS 39288</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Lee YanceyReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Tower Corp.</u>		<u>11-1-08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 6000, Jackson, MS 39288</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>FRANC LEE</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>Pres.</u>		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOWER LOAN</u>		<u>11-1-08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 6000 Jackson, MS 39288</u>		<u>1-1-</u>	\$
City, State, Zip Code		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dana Stringer</u>		<u>11-1-08</u>	\$ <u>250.00</u>
Mailing Address <u>104 Boxwood Cove, Brandon, MS 39047</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>Homemaker</u>		<u>1-1-</u>	\$
Name of Employer (Required)		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Laws III</u>		<u>11-1-08</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 2611, Madison, MS 39130</u>		<u>1-1-</u>	\$
City, State, Zip Code <u>LAWS CONSTRUCTION</u>		<u>1-1-</u>	\$
Name of Employer (Required) <u>PRESIDENT</u>		<u>1-1-</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Lee Yancey
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clinton Graham Clinton Graham	<u>9/1/08</u>	\$ <u>250.00</u>
Mailing Address 124 Riverview Dr. Flowood, MS 39232	<u>1/1/</u>	\$
City, State, Zip Code 124 Riverview Dr. Flowood, MS 39232	<u>1/1/</u>	\$
Name of Employer (Required) MS Independent Insurance	<u>1/1/</u>	\$
Occupation (Required) Lobbyist	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Power Company	<u>9/1/08</u>	\$ <u>400.00</u>
Mailing Address PO Box 4079 Gulfport, MS 39502	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas and Michelle Harris	<u>9/1/08</u>	\$ <u>500.00</u>
Mailing Address 100 Buckingham Place, Brandon, MS 39047	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Frank Pucylowski	<u>9/1/08</u>	\$ <u>250.00</u>
Mailing Address 206 W. Hamilton Street, Ridgeland, MS 39157	<u>1/1/</u>	\$
City, State, Zip Code self	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required) Home builder	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Lee Yancey
 Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association for Home Care</u>	<u>11/4/08</u>	\$ <u>500.00</u>
Mailing Address <u>916 Lily Creek Resort Road</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Janestown, KY 42629</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>	<u>10/15/08</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly and Co.</u>	<u>12/15/08</u>	\$ <u>250.00</u>
Mailing Address <u>Indianapolis, IN 46285</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AA/Tupelo Inc; DBA Globe Dist.</u>	<u>12/15/08</u>	\$ <u>500.00</u>
Mailing Address <u>120 E. Franklin St. Tupelo, MS 38801</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Lee Yancey
 Reporting period Jan. 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL-MART</u>	<u>81 15 08</u>	\$ <u>250.00</u>
Mailing Address <u>321 Highland Park Blvd, Ridgeland, MS 39157</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>MRBA PAC (MS ROAD BUILDERS ASSOC.)</u>	<u>81 11 08</u>	\$ <u>250.00</u>
Mailing Address <u>601 George Street, Jackson, MS 39202</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>Georgia Pacific</u>	<u>101 31 08</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 61270 Phoenix, AZ 85082-1270</u>	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>AT and T PAC</u>	<u>101 21 08</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol Street, Jackson, MS 39201</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Suite 702</u>	<u>1 1</u>	\$
Name of Employer (Required)	<u>1 1</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Lee YanceyReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group</u>		<u>10/15/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 217 Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MD Eye PAC</u>		<u>10/15/08</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Box 217 Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Lee Yancey
Reporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name <u>Cellular South</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>8/26/08</u>	\$ <u>242.09</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name <u>NRA</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>117 Someday Lane, Florence, MS 39073</u>	<u>9/8/08</u>	\$ <u>325.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Banquet Table</u>	Aggregate Year-to-date	\$
C. Full name <u>Cellular South</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>10/16/08</u>	\$ <u>567.99</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name <u>NWR Baseball - NWR High School</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Brandon MS 39047</u>	<u>11/19/08</u>	\$ <u>300.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name <u>Winning Edge</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 269 Alexandria, AL 36250</u>	<u>12/4/08</u>	\$ <u>2581.65</u>
City, State, Zip Code <u>Christmas CARD MAILING</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>Blank</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$ <u>Blank</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$