2008 ELECTION CYCLE CPR - SS 08-01(b)

OFFICE USE OMLY

CANDIDATE REPORT OF 2008

RECEIPTS AND DISBURSEMENTS
Name of Candidate Lee Yancey
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 Tyancey esenate ms. gov Office Sought State Senate District 20 Political Party GOP
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)
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)
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-da
otal amount of contributions \$ 14,400 * \$ 3425 \$ 17,825.00 \$ 17825.00

	(itemiz	ed + no	on-itemized)	T	otal This Period	C	alendar year-to-date
Total amount of contributions \$	14,400	+ \$	3425	\$	17,825.00	\$	17825,00
Total amount of disbursements \$	4,067		20 Maria - Mar		5829.00	\$	5829.00
	Total ar	mount (of cash on hand	\$ 2	27,005,00		
I certify that I have exa	nined this report a	and to the	e best of my knowledg	je and	belief it is true, accurate,	and	d complete.

(Signature of Candidate)

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.



Secretary of State Capitol Office

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Page	0	of <u>O</u>

Name of Candidate or Committee FRIENDS OF LEE YANCEY Reporting period JANI 2008 through DCC.31, 2008 ITEMIZED RECEIPTS

A. Source: □ Corporation ☑ PAC □ Individual □ Loan	Date (Ma. Day Year)	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Full name MS Physicians PAC	91 41 08	\$ 1,000.00
Mailing Address	1 1	\$
404 West Parkway Place, Ridgeland, MS 39157	'	
City, State, Zip Code	, ,	\$
milce Houpt	-'-'-	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1,000.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name (a, 4,00	\$
Gene Smith	914108	500,00
Mailing Address		\$
2212 Avanti Lane, Birmingham, AL 35226	-'-'-	
City, State, Zip Code	9 2	\$
FIRST SOUTHERN SERVICES INC.	//	
Name of Employer (Required)		\$
LOAN OFFICER/PRESIDENT	//	T
Occupation (Required)	Aggregate year-to-date	\$ 500,00
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)	Date	receipt this period
Other (please specify) Full name MAE PAC	Date	receipt this period \$ 500,00
Other (please specify) Full name MAE PAC	Date (Mo., Day, Year)	receipt this period
Gother (please specify)	Date (Mo., Day, Year)	receipt this period \$ 500,00
Full name MAE PAC Mailing Address 814 N. President Street, Jeckson, MS 39236	Date (Mo., Day, Year)	receipt this period \$ 500,00
Full name MAE PAC Mailing Address 814 N. President Street, Jeckson, MS 39236 City, State, Zip Code	Date (Mo., Day, Year) ////////////	receipt this period \$ 500,00
Full name MAE PAC Mailing Address 814 N. fresident Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) //////////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name MAE PAC Mailing Address 814 N. President Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ////////////	receipt this period \$ 500,00
Other (please specify) Full name MAE PAC Mailing Address SIY No president Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name MAE PAC Mailing Address SIM No fresident Street, Jackson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ////////// Aggregate year—to-date Date	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name MAE PAC Mailing Address SIM No fresident Street, Jackson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ Amount of each receipt this period
Other (please specify) Full name MAS PAC Mailing Address S14 N. fresident Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name MAE PAC Mailing Address SIM No fresident Street, Jackson, MS 39236 City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name MAS PAC Mailing Address 814 N. President Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Gorporation PAC Individual Loan Other (please specify) Full name, Billy Powell Mailing Address 136 SWAN SEA LANE, Madison, MS 39110 City, State, Zip Code	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500,00 \$ \$ \$
Full name MAR PAC Mailing Address 814 N. President Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name, Other (please specify) Mailing Address 136 SWAN SEA LANE, Madison, MS 39110 City, State, Zip Code Required) Name of Employer (Required)	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name MAE PAC Mailing Address 814 N. President Street, Jeckson, MS 39236 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name, Billy Powell Mailing Address 136 SWAN SEA LANE, Madism, MS 39110 City, State, Zip Code Retried	Date (Mo., Day, Year) ///////	receipt this period \$ 500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ 500,00 \$ \$ \$

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Name of Candidate or Com		
Reporting period JAN I	2008 through Dec.31,	2008
	ITEMIZED RECE	IPTS

A. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) PAC Individual Loan Date (Mo., Day, Year) Pace P	t ood OO
Full name Ames	00
Mailing Address P.O. Box SO, Dayton, Th 37321 City, State, Zip Code Land Company Name of Employer (Required) Financial Services Occupation (Required) B. Source: Corporation PAC Pindividual Loan Other (please specify) Full name Pagregate (Mo., Day, Year) Full name Pagregate (Mo., Day, Year)	
Mailing Address P.O. Box SO, Dayton, Th 37321 City, State, Zip Code Land Company Name of Employer (Required) Financial Services Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name Single State	
P.O. Box SO, Dayton, The 37321 City, State, Zip Code Land Company Name of Employer (Required) Financial Services Occupation (Required) B. Source: Corporation PAC Pindividual Loan Other (please specify) Full name GI 41.00 \$	
City, State, Zip Code Land Company Name of Employer (Required) Financial Services Occupation (Required) B. Source: Corporation PAC Pindividual Loan Other (please specify) Full name State Company Aggregate year-to-date Mo., Day, Year) Amount of receip this peri	
Name of Employer (Required) Financial Services Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name	
Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name Aggregate year-to-date (Mo., Day, Year) Amount of receip this peri	
Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name Aggregate year-to-date (Mo., Day, Year) Amount of receip this peri	
Occupation (Required) Aggregate year-to-date B. Source: Corporation PAC Individual Loan Other (please specify) Full name Amount of receip this peri	0.0
B. Source: Corporation PAC Individual Loan Other (please specify) Full name Date (Mo., Day, Year) Amount of receip this peri	0.0
B. Source: Corporation PAC Individual Loan Other (please specify) Full name Date (Mo., Day, Year) Amount of receip this peri	10
Other (please specify) Full name Date (Mo., Day, Year) receip this peri	
□ Other (please specify) (Mo., Day, Year) this peri	
Full name GI 4100 \$	
1 71 71 00 1 7	Ju
RNOX ROSS	20
reit X Veos	-0
Mailing Address \$	
PO Box 369, Pelahatchie, MS 39145	
Mailing Address Po Box 369, Pelahat chie, MS 39145 City, State, Zip Code \$	
Himself	
Name of Employer (Required) \$	
CPA	
Occupation (Required) Aggregate \$ 500.0	00
year-to-date year	,,,
C. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan Amount of	each
/Ma Date receip	1
□ Other (please specify) this peri	od
Full name	
Prosperity PAC. (Community Bank) 914108 500.	00
Prosperity PAC (Community Bank) 91 4108 \$ 500. Mailing Address (1)	
POBOX 1869, BRANDON, MS 39043	
City, State, Zip Code	
Name of Employer (Required) , , \$	
Occupation (Required) Aggregate year-to-date \$ 500, 0	~
year-to-date year-to-date	U
D. Source: Corporation PAC Individual Loan Amount of	each
/Ma Day Year) receipt	
Other (please specify) this period	od
Full name 91 4108 \$ 500	
GARY AND CLANDIA PHILLIPS -11 9108 \$ 500.	00
Ba-ili Address	
6020 Highland Rd. Baton Rouge LA 70808 \$	
City, State, Zip Code	
LOAN COMPAN	
1/4 30/14/4	
Name of Employer (Required)	
Name of Employer (Required) シンパードルト *** *** *** *** ** *	
Name of Employer (Required)	0

	Page	_3_	of 8
Name of Candidate or Committee LCC Tancey Reporting period Jan 1 2008 through bec 31, 2	-		
Reporting period Jan. 1 2008 through bec 31, 2			

A. Source: □ Corporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	91 4108	\$ 500,00
MAC PAC	11 11 00	300,00
Mailing Address 711 N. President Street, Jackson, M539205		\$
City, State, Zip Code	1_1_1_	\$
Name of Employer (Required)	1 1	\$
Occupation (Required)	Aggregate	\$ 500,00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Baxton AND WANDA BURNS	<u>91 41 08</u>	\$ 500.00
Mailing Address 212 Arthur's Court, Brandon, MS 39047		\$
City, State, Zip Code	11	\$
Name of Employer (Required)	E 10	\$
Gort Relations VP	 ''	•
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: □ Corporation □ PAC ☑ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)	(wo., bay, roar,	this period
Full name Buddy Medlin Mailing Address	91 41 08	\$ 500,00
Mailing Address 1009 N. West Street, Jackson, MS 39202 City, State, Zip Code		\$
City, State, Zip Code	1 1	\$
Self	-'-'-	
Name of Employer (Required)		\$
Occupation (Required)	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 LEN PAC	91 41 08	\$ 500,00
ne tit Address	11	\$
		\$
Mailing Address P.O. Box 6000 Jeckson, MS 39788 City, State, Zip Code	''	
Mailing Address P.O. Box 6000 Jeckson, MS 39288	//////////	

Name of Candidate or Committee _	Lee	Yancey		Page _	4	of	
Traine or Garranaare 1	N		-1-0-1	CV			

Reporting period)an 1 2008 through bec 31, 2008

TEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	91 438	
First Tower Corp.		
P.O. Box 6000, Jackson, MS 39288	'	\$
City, State, Zip Code	1 1	\$
Name of Employer (Required)		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt
☐ Other (please specify)	(INIO., Day, Teal)	this period
Full name Tour Loan	11 41 38	\$ 500,00
Mailing Address		\$
PO Box 6000 Jackson, MS 39288	_'_'_	
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
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
		por
Full name Dana Stringer Mailing Address	<u> 1 41 08</u>	\$ 250,00
Mailing Address 104 Boxwood Cover, Brandon, ms 39047 City, State, Zip Code		\$
City, State, Zip Code	1 1	\$
Homemalcer	—'—'—	
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
John Laws III	914108	\$ 250,00
PO Box 2611, madison, ms 39130		\$
City State Zin Code	, ,	¢
Name of Employer (Required)	-'-'-	\$
PRESIDENT-	'	\$
Occupation (Required)	Aggregate year–to-date	\$250.00

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of		Page _
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Name of Candidate or Committee Lee Lancey

Reporting period 1/2008 through 1/2008

TEMIZED RECEIPTS

A. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Clinton Graham	91 4108	\$ 250,00
Mailing Address	11	\$
City, State, Zip Code 124 Riverriew Dr. Floward, ms 39232		\$
MS Independent Insurance		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	91 4108	\$ 400.00
MS Power Company Mailing Address		\$
Po Box 4079 Gulfprost MS 39502	_'_'_	
City, State, Zip Code	11	\$
Name of Employer (Required)	11	\$
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 Thomas and Michella Harris	<u> 9 4108</u>	\$ 500.00
Mailing Address LOD Buckingham Place, Brandon, MS 39047		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)		\$ (20.2)
	Aggregate year⊸to-date	\$500.00
D. Source: □ Corporation □ PAC □ Individual □ Loan	year⊸to-date Date	Amount of each receipt
□ Other (please specify)	year⊸to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name Full name Fran (C Pu cylows 1C)	year⊸to-date Date	Amount of each receipt
Other (please specify)	year⊸to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name Full name Frank Pucylows Ici Mailing Address 206 W. Hamiton Street, Ridgeland, ms 39157 City, State, Zip Gode	year⊸to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full name Full name Frank Pucylows Ici Mailing Address 206 W. Hamiton Street, Ridgeland, ms 39157	year⊸to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250,00
Full name Full name Frank Pucylows Ici Mailing Address 206 W. Hamiton Street, Ridgeland, ms 39157 City, State, Zip Gode Sch	year⊸to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250,00

	ina Lee Yancey	Page _	_6_0	f <u>8</u>	
lame of Candidate or Comn	illee				
Reporting period	2008 through Dec. 31,	2008			
	ITEMIZED RECE	IPTS			

	10	
A. Source: Corporation A. Source: Corporation A. Source: Corporation Corpora	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	111 41 58	\$ 500.00
Mailing Address 916 Lily Creck Resor + Road City, State, Zip Code		\$
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
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	10115108	\$ 250,00
Advance America Mailing Address 135 N. Church Street City, State, Zip Code Spartanburg, SC 29306		\$
City, State, Zip Code Spartanburg, SC 29306		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eli Lilly and Co. Mailing Address (T.) 1/1/2005	12/15/38	\$ ZS0.00
Mailing Address (Indianapolis, IN 46285 City, State, Zip Code		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
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 A. A. Mapello Inc: DBA blube Dist.	12115108	\$ 500,00
Mailing Address 1 120 E. Frutlin St. Thoch, MS 38801		\$
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year–to-date	\$500,00

Name of Candidate or Committee	Page	_ of
Reporting period Jan. 1, 2008 through Dec 31, 200,	y TS	
A. Source: Description Descrip	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WAL MART Mailing Address	<u>81 15108</u>	\$ 250.00
Mailing Address 321 Highland Park Blad, Ridgeland, ms 39157		\$
City, State, Zip Code		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: Corporation FAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MRBA PAC MS RAD BUILDERS ASSOC.	81 41-8	\$ 250,00
MRBA PAC (MS RAND BUILDERS ASSOC.) Mailing Address 601 George Street, Jackson, MS 39202		\$
City, State, Zip Code		\$
N		¢.
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$250.00
A PRODUCTION OF THE PRODUCTION		
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Grandia Pacific	year-to-date Date	\$250, 00 Amount of each receipt
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Grandia Pacific	year-to-date Date (Mo., Day, Year)	\$250, 00 Amount of each receipt this period
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Grandia Pacific	year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Georgic Pacific Mailing Address Po Box 61270 Phoenix AZ 85082-1770 City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Corsic Pacific Mailing Address Po Box 61270 Phoenix AZ 85082-1770 City, State, Zip Code Name of Employer (Required)	year-to-date Date (Mo., Day, Year) 10/3(108) 11/11 11/11 Aggregate	\$250,00 Amount of each receipt this period \$500,00 \$
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Corporation Pacific Mailing Address Po Box 61270 Phoenix AZ 85082-1770 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation CPAC Individual Loan	year-to-date Date (Mo., Day, Year) 10/3(/08) 1/1/1 1/1/1 Aggregate year-to-date Date	\$250,00 Amount of each receipt this period \$500,00 \$ \$ Amount of each receipt this period
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Corporation PAC Phoenix A Z 85082-1770 City, State, Zip Code Corporation PAC Individual Loan Other (please specify) Full name Address PAC PAC Individual Loan Other (please specify) Full name Address PAC PA	year-to-date Date (Mo., Day, Year) 10/3(/08) 1/1/2 1/1/2 Aggregate year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00 \$ \$ \$ Amount of each receipt this period
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Corporation Pacific Mailing Address Po Box 61270 Phoenix A 2 85082-1770 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name AT AC Mailing Address PAC Mailing Address	year-to-date Date (Mo., Day, Year) 10/3(/08) 1/1/2 1/1/2 Aggregate year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00 \$ \$ \$ Amount of each receipt this period \$500,00 \$
Occupation (Required) C. Source: Corporation PAC Individual Loan Other (please specify) Full name Grant Pacific Mailing Address Po Box 61270 Phoenix AZ 85082-1270 City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation CPAC Individual Loan Other (please specify) Full name AT AC Mailing Address Capitol Street, Jackson MS 39201 The Company of the County of the Coun	year-to-date Date (Mo., Day, Year) 10/3(/08) 1/1/2 1/1/2 Aggregate year-to-date Date (Mo., Day, Year)	\$250,00 Amount of each receipt this period \$500,00 \$ \$ \$ \$ Amount of each receipt this period \$500,00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Name of Candidate or Committee le /ancey Reporting period lan. through bec. 3 through bec. 3	Page	of 8		
Name of Candidate or Committee	08			
ITEMIZED RECEIPTS				
ITEMIZED RECEIP	13			
A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
	101 15 108	\$ 500.00		
Full name Capital Advocacy Group Mailing Address Po Box 217 Jackson, MS 39205 City, State, Zip Code		\$		
City, State, Zip Code		\$		
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	10115108	\$1000,00		
Mailing Address Po Box 217 Jackson, MS 39205		\$		
City, State, Zip Code		\$		
Name of Employer (Required)		\$		
Occupation (Required)	Aggregate year–to-date	\$1000,00		
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period		
Full name		\$		
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)	1 1	s		

Occupation (Required)

\$

Aggregate year-to-date

Name of Candidate or Committee	Lee	Yancey		Page	l of	<u> </u>	
Reporting period	w sa	08	through	Dec. 31	2008		

ITEMIZED DISBURSEMENTS

A. Full name Gellular Sonth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	8126108	\$ 242.09
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 117 Someday lane, Plovence, m \$ 39073 City, State, Zip Code	918108	\$ 325.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional) Blandwidt Ta Se	Aggregate Year-to-date	\$
Banquet Table C. Full name Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/16/08	\$ 567.99
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name NWR Baseball - NWR High School	Date (Mo., Day, Year)	Amount of each disbursement this period
D. Full name NWR Baseball - NWR High School Mailing Address Brandon MS 39047 City, State, Zip Code	111 191 08	\$ 300.00
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name Winning Edge Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
M. W. Address	.0 1/ "	\$ 250115
POBOX 269 Klepandria AL 36250	121 41 28	2581.65
POBOX 269 Klepandria, AL 36250 City, State, Zip Code	_/_//	\$
POBOX 269 Mexandria, AL 36250	///	
PO Box 269 Klepandria, AL 36250 City, State, Zip Code Christmas CARD MAICING Purpose of Disbursement (Optional)	//Aggregate	\$
PO Box 269 Mexandria, AL 36250 City, State, Zip Code Christmas CARD MAILING Purpose of Disbursement (Optional) F. Full name	Aggregate Year-to-date Date	\$ Amount of each
PO Box 269 Klepandria AL 36250 City, State, Zip Code Christmas CARD MAICING Purpose of Disbursement (Optional) F. Full name	Aggregate Year-to-date Date	\$ Amount of each disbursement this period