

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Lee Yancey  
Full Address P.O. Box 4093 Brandon, MS 39047  
Telephone 601 832 0882 (Fax) 601 957 6986  
E-mail lyancey@senate.ms.gov  
Office Sought State Senate District 20 Political Party Republican

**RECEIVED**  
JAN 04 2010

Secretary of State  
Capitol Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ 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	\$ 21,725	\$ 21,725	\$ 21,725
Total amount of disbursements	\$ 7,451	\$ 7,451	\$ 7,451
Total amount of cash on hand		\$ 40,279	

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

1/4/10  
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.

## 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>AFFINITY BUSINESS TECHNOLOGIES</u>		<u>2/17/09</u>	\$ <u>1000</u>
Mailing Address <u>513 Cobblestone Ct.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>NUCOR STEEL</u>		<u>4/7/09</u>	\$ <u>1000</u>
Mailing Address <u>3630 Fourth Street</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</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>ADVANCE AMERICA</u>		<u>7/13/09</u>	\$ <u>500</u>
Mailing Address <u>1323 W. Government Street, Ste. D</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</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</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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MADA Auto PAC</u>		<u>8/13/09</u>	\$ <u>1000</u>
Mailing Address <u>800 Woodlands Pkwy, Ste. 100</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>



Name of Candidate or Committee

YANCEYReporting period JAN 1 2009 through DEC 31 2009

## 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>CHEVRON PASCAGOULA REFINERY</u>	<u>81 131 09</u>	\$ <u>500</u>
Mailing Address <u>1300 Industrial Road</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39581</u>	<u>1 1</u>	\$
Name of Employer (Required) _____	<u>1 1</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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>Eastwind Management Company</u>	<u>81 131 09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 320219</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Flowood, MS 39232-0219</u>	<u>1 1</u>	\$
Name of Employer (Required) _____	<u>1 1</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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>FRIENDS OF PHIL BRYANT</u>	<u>81 131 09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 5141</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>	<u>1 1</u>	\$
Name of Employer (Required) _____	<u>1 1</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</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>Charles A. Myers</u>	<u>81 131 09</u>	\$ <u>500</u>
Mailing Address <u>215 Katherine Drive</u>	<u>1 1</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1 1</u>	\$
Name of Employer (Required) <u>Self</u>	<u>1 1</u>	\$
Occupation (Required) <u>Business</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee

YANCEY

Reporting period

JAN 2009

through

DEC 2009

## 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>W. D. Mounger</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>200 E. Capitol Street Ste. 1601</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2201</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Oil</u>		Aggregate year-to-date	\$ <u>500</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>JAMES L. Morris</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 1897</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Emp. Procon. Inc.</u>		<u>1/1/</u>	\$
Occupation (Required) <u>owner</u>		Aggregate year-to-date	\$ <u>500</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>MAYOR GARY Rhoads</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>225 Birch Lane</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>City of Flowood</u>		<u>1/1/</u>	\$
Occupation (Required) <u>mayor</u>		Aggregate year-to-date	\$ <u>500</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>Home-Land Title</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 321408</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>



Name of Candidate or Committee

YANCEY

Reporting period

JAN 1

2009

through

Dec 31 2009

## 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 Health Management Associates MS PAC		8/13/09	\$ 500
Mailing Address 2550 Flowood Dr. Ste 402		1/1/	\$
City, State, Zip Code Flowood, MS 39232		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
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 Brentwood Behavioral Healthcare of MS		8/13/09	\$ 500
Mailing Address 3531 Lakeland Drive		1/1/	\$
City, State, Zip Code Flowood, MS 39232		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
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 J. Kevin Watson		8/13/09	\$ 500
Mailing Address PO Box 23546		1/1/	\$
City, State, Zip Code Jackson, MS 39225-3546		1/1/	\$
Name of Employer (Required) Self		1/1/	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500
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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name LEN PAC		8/13/09	\$ 500
Mailing Address 3 Lakeland Cir. Ste 201		1/1/	\$
City, State, Zip Code Jackson, MS 39216		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500

Name of Candidate or Committee YancyReporting period Jan 1, 2009through Dec 31, 2009

## 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 Heritage Credit, LLC</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>605 Crescent Blvd, Ste 101</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</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>JAMIE ROSS, DMD</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 19</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Morton, MS 39117</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Dentist</u>		Aggregate year-to-date	\$ <u>500</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>Billy Powell</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>136 Swan Sea Lane</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Madison, MS 39110-9429</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Oil</u>		Aggregate year-to-date	\$ <u>500</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>TOWER LOAN</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 320001</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</u>



Name of Candidate or Committee

YANCEY

Reporting period

2009

through

2009

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name

GA PACIFIC/KOCHDate  
(Mo., Day, Year)11/17/09Amount of each  
receipt  
this period\$ 500

Mailing Address

PO Box 61270

City, State, Zip Code

Phoenix, AZ 85082-1270

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date\$ 500B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name

Comp Medical, LLCDate  
(Mo., Day, Year)8/13/09Amount of each  
receipt  
this period\$ 100

Mailing Address

PO Box 5463

City, State, Zip Code

Brandon, MS 39047

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date\$ 600C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name

A T & T PACDate  
(Mo., Day, Year)12/14/09Amount of each  
receipt  
this period\$ 500

Mailing Address

175 E. Capitol Street room 203

City, State, Zip Code

Jackson, MS 39201

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date\$ 500D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) \_\_\_\_\_

Full name

MS Association for HomecareDate  
(Mo., Day, Year)12/28/09Amount of each  
receipt  
this period\$ 300

Mailing Address

134 Fairmont St. Ste B

City, State, Zip Code

Clinton, MS 39056

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date\$ 300

Name of Candidate or Committee YANCYReporting period 2009 March through 2009

## 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>FRIENDS of Alan Nunnelee</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>PO Box 4080</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, MS 38803-4080</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</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>Senator Billy Hewes</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 2387</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Gulfport, MS 39505</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>self</u>		<u>1/1/</u>	\$
Occupation (Required) <u>insurance, real estate - state</u>		Aggregate year-to-date	\$ <u>500</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>Journey and Company</u>		<u>8/13/09</u>	\$ <u>500</u>
Mailing Address <u>200 Arthur's Ct</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500</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>Reed Food Technology</u>		<u>8/13/09</u>	\$ <u>300</u>
Mailing Address <u>3151 Greenfield Road</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Pearl, MS 39208-8706</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300</u>



Name of Candidate or Committee YancyReporting period Jan 1, 2009 through Dec 31, 2009

## ITEMIZED RECEIPTS

A. Source: <input checked="" 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>BAYER Healthcare PAC</u>		<u>8/13/09</u>	\$ <u>300</u>
Mailing Address <u>444 Pembroke Drive</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300</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>DBA Group Services of MS</u>		<u>8/13/09</u>	\$ <u>250</u>
Mailing Address <u>Po Box 6236</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39288-6236</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</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>Comcast PAC</u>		<u>10/16/09</u>	\$ <u>250</u>
Mailing Address <u>120 N Congress Street Ste. 640</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson MS 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GRAND TRUNK WESTERN RAILROAD CO. PAC</u>		<u>11/10/09</u>	\$ <u>250</u>
Mailing Address <u>2800 Livernois, Ste. 300</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Troy, MI 48007-5025</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee YANCEY  
Reporting period JAN. 1 2009 through DEC. 31 2009

## 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>NOVARTIS</u>		<u>12/28/09</u>	\$ <u>500</u>
Mailing Address <u>One Health Plaza</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>EAST MANHATTAN, NJ 07936-1080</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</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>MAE-PAC State Farm</u>		<u>12/31/09</u>	\$ <u>500</u>
Mailing Address <u>118 Service Drive, Ste 18</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Brandon, MS 39042</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</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 2009 through DEC 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Chase Card SERVICES</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 94014</u>		<u>1/14/09</u>	\$ <u>2500</u>
City, State, Zip Code <u>Palatka, FL 60094-4014</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>2500</u>
B. Full name <u>NWR Football Radio AD</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5805 HWY 25</u>		<u>8/4/09</u>	\$ <u>500</u>
City, State, Zip Code <u>Flowood, MS 39047</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500</u>
C. Full name <u>NWR BASEBALL AD</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5805 HWY 25</u>		<u>10/19/09</u>	\$ <u>500</u>
City, State, Zip Code <u>Flowood, MS 39047</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>500</u>
D. Full name <u>NWR BASEBALL</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5805 HWY 25</u>		<u>11/16/09</u>	\$ <u>270</u>
City, State, Zip Code <u>Flowood, MS 39047</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>270</u>
E. Full name <u>Cellular South</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 519</u>		<u>1/1/</u>	\$ <u>1401.60</u>
City, State, Zip Code <u>meadville, MS 39653</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1401.60</u>
F. Full name <u>RCREC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>10 River Bend Place</u>		<u>11/30/09</u>	\$ <u>1000.00</u>
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1000.00</u>