## Candidate and Political Committees' REPORT OF RECEIPTS AND DISBURSEMENTS.

ILLI OKT OF RECEIVED BIODORGEMENTS	
Candidate's Name Lee Yancey	DECEIVE
Full Address P.O. Box 4093 Brandon, ms 39047	JAN 0 4 2010
Telephone 601 832 0882 (Fax) 601 957 6986	Secretary of State
Full Address P.O. Box 4093 Brandon, MS 39047  Telephone 601 832 0882 (Fax) 6019576986  E-mail Yancey & Senate. MS. gov  Office Sought State Senate District 20 Political Party Republican	
Office Sought State Senate District 20 Political Party Kepublian	
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)  Requir obligation	red to terminate reporting tions
<ul> <li>(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In s shall submit a report indicating "0" (Zero) for total amount of reported contributions and expend</li> <li>(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accurate Ann. § 23-15-807 (b) (ii) and (iii).</li> <li>(3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m.</li> </ul>	itures during this period. cordance with Miss. Code
before the deadline. Faxed reports are acceptable.	
REPORTED CONTRIBUTIONS AND DISBURSEMENT	
(itemized + non-itemized) This Period	Calendar year-to-date
Total amount of contributions \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	x21,725
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,  Signature of Candidate  Date	accurate, and complete.
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	re to submit valid reports shall

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

result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

		r.		1-10-16	Page	 of _	9	
Name of Candidate of	r Commit	ttee	18/1/2	OF LEE YANG	E 9			
Reporting period	JA~	2009	through	DEC 2009	1			

ITEMIZED RECEIPTS

A. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
AFFINITY BUSINESS TECHNOLOGIES	21 171 09	\$ 1000
Mailing Address 513 Cobblestone Ct.		\$
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$1000
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  NUCOR STEEL  Mailing Address	417109	\$ 1000
3630 Fourth Street City, State, Zip Code		\$
Flowood MS 39232		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000
C. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ADVANCE AMERICA Mailing Address	_7113109	\$ 500
Mailing Address 1323 W. Government Street, Ste. D City, State, Zip Code		\$
Brandon, MS 39043		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500
D. Source: □ Corporation ☑ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name im A DA Auto PAC	<u>81 131 09</u>	\$1000
800 Woodlands Pkwy, Ste. 100		\$
City, State, Zip Code Ridgeland, ms 39157		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$1000

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Reporting period ノトン I

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 Chevrol PASCAGONER REFINERY	81 131 09	•
Mailing Address 1300 Thoughirl Road		\$
City, State, Zip Code		\$
Pascagoila MS 3958   Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eastwind Management Company Mailing Address	81 131 09	\$ 500
Mailing Address Po Box 320219 City, State, Zip Code		\$
City, State, Zip Code Flowood MS 39232-0219		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
FULLNOS OF PHIL BRYANT	81 131 09	\$ 500
Mailing Address POBOX 5141 City, State, Zip Code		\$
Brandon MS 39047		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles A. Myers	81 13109	\$ 500
215 Katherine Drive		\$
Flowed MS 39232		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500

Name of Candidate	or Commi	ttee	YANCEY			Page	3	of	9
Reporting period	JAN	2009	through	Dec	209	<del>.</del> ==			
	1	TEM	ZED	RE	CEIP	TS			

20 NO 100 NO			
A. Source: □ Corporation □ PAC ☑ Individual □ Loan		Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)		81 131 09	this period
W. D. Mounger  Mailing Address	-	01-121-1	
Mailing Address  200 E. Capitol Street Str. 1601  City, State, Zip Code		1 1	\$
200 8. Capital Street Str. 1601		'	
City, State, Zip Code		1 1	\$
ackson ms 31201-2201		-'-'-	
Name of Employer (Required)		1 1	\$
Self		-'-'-	
Occupation (Required)		Aggregate	\$ 500
011-		year-to-date	200
B. Source: □ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt
Full name			this period
James L. Morris		81 131 29	500
Mailing Address		, ,	\$
PO BOX 1897		''-	
City, State, Zip Code			\$
Brandon MS 39043 Name of Employer (Required) Emp. Procon. Inc.	H	11	*
Name of Employer (Required)			\$
Emp. Process Inc.	li	//	Þ
Occupation (Required)		Aggregate	e .
owner		year-to-date	\$ 500
C. Source:   Corporation PAC Individual Loan  Other (please specify)	The state of the s	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>81 13 109</u>	\$
Mailing Address		2,12,-	500
225 Birch Lane			\$
City, State, Zip Code			\$
Floward, MS 39232	1	'	
Name of Employer (Required)  City of Floward		11	\$
Occupation (Required)		Aggregate	\$ 60
major		year-to-date	\$ 500
D. Source:   □ Corporation □ PAC □ Individual □ Loan			Amount of each
□ Other (please specify)	_	Date (Mo., Day, Year)	receipt this period
Full name Home-Land title		81 13109	\$ 500
Mailing Address POBOX 321408			\$
City, State, Zip Code Flowood, MS 39232		11	\$
Name of Employer (Required)	$\dashv$		
		''	\$
Occupation (Required)		Aggregate year–to-date	\$ 500

## Reporting period JAN 1 2004 through Dec 31 2009 ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Health Management Associates MS PAC Mailing Address	81 131 09	\$500
Mailing Address	1 1	\$
2550 Floward Dr. Ste 402 City, State, Zip Code		
Flowsod, MS 39232  Name of Employer (Required)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500
B. Source:   ☑ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Brentwood Behavioral Health care of M8	81 131 09	\$ 500
Mailing Address 3531 Lakeland Drive		\$
City, State, Zip Code Flowood, MS 39232		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$500
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ). Kevin Watson	81 13109	\$ 500
Mailing Address Po Box 23546 City, State, Zip Code		\$
City, State, Zip Code Jackson MS 39225-3546	11	\$
Name of Employer (Required)		\$
Occupation (Required)  Afterney	Aggregate year-to-date	\$500
D. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name LEN PAC	8113109	\$ 500
Mailing Address 3 Lakeland G. Ste 201		\$
City, State, Zip Code Jackson, MS 39216		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$500

V		Page	_ of _ <i>9</i>
Name of Candidate or Committee	_	A	
Reporting period JAN ( 4114 through 1/16.31	JD	7	
Name of Candidate or Committee Ancommittee Reporting period AN 1, 419 through 1/10, 31, 20 ITEMIZED RECEIF	Э,	TS	
A. Source:   © Corporation □ PAC □ Individual □ Loan		Date	Amount of each
□ Other (please specify)		(Mo., Day, Year)	receipt this period
First Heritage Credit, LLC		<u>81 13109</u>	\$ 500
Mailing Address 605 Crescent Blvd, Ste 101			\$
City, State, Zip Code	1	1 1	\$
Rilgeland MS 39157 Name of Employer (Réquired)		'	
Name of Employer (Réquired)	1		\$
Occupation (Required)		Aggregate year-to-date	\$ 500
B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	$\neg$	Date	Amount of each
□ Other (please specify)		(Mo., Day, Year)	receipt this period
Full name		81 13109	\$500
JAMIE ROSS DMD  Mailing Address	4		\$
PO BOX 19		11	\$
City State 7in Code	+	, ,	\$
Morton MS 39117  Name of Employer (Required)			
Name of Employer (Required)			\$
Occupation (Required)	7	Aggregate	\$500
C. Source: Corporation PAC Individual Loan	+	year-to-date	300
C. Source: □ Corporation □ PAC ☑ Individual □ Loan		Date	Amount of each
□ Other (please specify)		(Mo., Day, Year)	receipt this period
Full name Billy Powell	1	81 13109	\$ 500
Mailing Address ( 136 Swan Sea Lane		//	\$
City, State, Zip Code 39 110 - 942 9		1 1	\$
Name of Employer (Required)	+		
Self		//	\$
Occupation (Required)	T	Aggregate year-to-date	\$ 500
D. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	T	Date	Amount of each
□ Other (please specify)		(Mo., Day, Year)	receipt this period
Full name TOWER LOAN	†	8113109	\$ 500
Mailing Address	$\dagger$	, ,	
PO BOX 320001	$\downarrow$	_'-'-	\$
Flowood MS 39232			\$

Name of Employer (Required)

Occupation (Required)

\$

Aggregate year-to-date \$500

Name of Candidate or Committee YANCEY	Page 6	of
Reporting period 2009 through 2009		
ITEMIZED RECEIF	PTS	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
GA PACIFIC/KoCH Mailing Address	11117109	\$ 500
POBOX 61270 City, State, Zip Code	_'_'_	\$
City, State, Zip Códe  Phocnix, AZ 85082-1270  Name of Employer (Required)		\$
Name of Employer (Required)		\$ 500
Occupation (Required)	Aggregate year-to-date	\$ 500
B. Source: © Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comp Medical LLC	8113109	\$ 100
Comp Medical LLC  Mailing Address PO Box: 5463  City, State, Zip Code Brandon, MS 39047	121 14109	\$ 500
City, State, Zip Code Brandon, MS 39047		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$600
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name A T 4 T PAC	121 14 109	\$ 500
Mailing Address 175 E. Capital Street room 203		\$
City, State, Zip Code  Jackson MS 39201		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS Association for Home care	12128109	\$300
Mailing Address	1 1	A

134 Fairment St. Ste B

39056

City, State, Zip Code
Clin on MS
Name of Employer (Required)

Occupation (Required)

\$

\$

300

Aggregate

year-to-date

Name of Candidate	or Committee YANCGY	Page
	2009 Many through 2009	
	ITEMIZED REC	EIPTS

	0.000 - 22.0000	
A. Source: □ Corporation	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)	(Mo., Day, Tear)	this period
Full name FRIENDS OF Alan Nunnelee	81 13 109	\$ 500
Mailing Address POBOX 4080 City, State, Zip Code		\$
City, State, Zip Code		\$
Tupelo, MS 38803-4080  Name of Employer (Required)	-'-'-	
		\$
Occupation (Required)	Aggregate year-to-date	\$500
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	81 13109	\$
Senator Billy Hewes Mailing Address		500
P. O. Box 2387 City, State, Zip Code		\$
Gulfoort, MS 39505		\$
Name of Employer (Required)		\$
Occupation (Required) insurance, real estate - Swate	Aggregate year-to-date	\$ 500
C. Source: ☐ €orporation ☐ PAC ☐ Individual ☐ Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name Journeay and Company	8113109	\$ 500
Mailing Address  200 Arthur's Ct  City, State, Zip Code	//_	\$
City, State, Zip Code	, ,	\$
Brandon MS 39047	''	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source:   ☐ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Reed Food Technology	8113109	\$ 300
3151 Green field Road		\$
City, State, Zip Code Pearl MS 39208-8706	11	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	*
	year-to-date	\$300

Name of Candidate or Committee  Reporting period Jan 1 1009 through Dec 31, 109  ITEMIZED RECEIPTS  A. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)	
A. Source: PAC Individual Loan  Date  (Mo. Day Yoar)	
A. Source: PAC Individual Loan  Date  (Mo. Day Yoar)	
(Mo. Day Year)	
(Mo. Day Year)	Amount of each
Other (please specify)	receipt this period
Full name BAYER Health care PAC	\$ 300
BAYGR Health care PAC  Mailing Address 444 Pembroke Drive  —1—1—	\$
City, State, Zip Code  Madison MS 39/10  —1—1—	\$
Name of Employer (Required)	\$
Occupation (Required)  Aggregate year-to-date	\$300
B. Source: D'Corporation D PAC D Individual D Loan	Amount of each
□ Other (please specify) □ Date (Mo., Day, Year)	receipt this period
Tell name  DBA Group Services of MS  Mailing Address  Mailing Address	\$ 250
Po Box 6236  City, State, Zip Code	\$
City, State, Zip Code 39288-6236	\$
Name of Employer (Required)	\$
Occupation (Required)  Aggregate year-to-date	\$250
C. Source: Corporation PAC Individual Loan	Amount of each
□ Other (please specify) Date (Mo., Day, Year)	receipt this period
Full name Comcast PAC 10116109	\$ 250
Mailing Address 120 N. Congress Street Ste 640 _1_1_	\$
City, State, Zip Code	\$
Name of Employer (Required)	\$
	\$ 0.50
D. Source: Corporation PAC Individual Loan	250 Amount of each
D. Source: Corporation PAC Individual Loan  Other (please specify)  Date (Mo., Day, Year)	
D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  GRAND TRUNK WESTERN RALLROAD CO. PAC  1110109	Amount of each receipt
D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  GRAND TRUNK WESTERN RALLROAD CO, PAC  Mailing Address	Amount of each receipt this period
D. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)  Full name   GRAND TRUNK WESTERN RALLROAD CO. PAC   1110109  Mailing Address   Z800 Livernois, Stc. 300   -1   -1    City. State. Zip Code	Amount of each receipt this period
D. Source: Corporation PAC   Individual   Loan   Date (Mo., Day, Year)  Full name   GRAND TRUNK WESTERN RALLROAD CO. PAC   1110109    Mailing Address   Z800 Livernois, Stc. 300   -1-1-    City, State, Zip Code   TRUNK WESTERN ROLLROAD CO. PAC   1-1-    Name of Employer (Required)	Amount of each receipt this period  \$ 250

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Name of Candidate or Committee /ANCO/	-	- 0	
Reporting period JAN, 1 209 through through	2	209	
Name of Candidate or Committee /ANCE/ Reporting period AN, 1 2009 through 10.31  ITEMIZED RECEI	D	TC	
		10	
A. Source:   Corporation  PAC   Individual   Loan		Date	Amount of each
Cothey (places appoint)		(Mo., Day, Year)	receipt
Other (please specify)	+		this period
		121 281 09	\$ 500
Mailing Address			S
One Heal M. Plaza City, State, Zip Code		''-	*
City, State, Zip Code	1		\$
Rast Mansvan, NJ 07936-1080 Name of Employer (Required)	1		
Name of Employer (Required)		, ,	\$
Occupation (Required)		Aggregate	\$500
B. Source: □ Corporation     PAC □ Individual □ Loan	H	year-to-date	200
B. Source: □ Corporation ➤ PAC □ Individual □ Loan		Date	Amount of each
□ Other (please specify)		(Mo., Day, Year)	receipt this period
Full name	П		\$
MAE. PAC State tanem		12/31/09	500
Mailing Address	П		\$
118 Service DRIVE, Ste 18			1052
City, State, Zip Code	1	, ,	\$
Brandon, MS 37092		'	702
MAE-PAC State Farem  Mailing Address  118 Service Drive, Ste 18  City, State, Zip Code  Brandon, MS 39042  Name of Employer (Réquired)	1	1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
C. Source:  Corporation PAC Individual Loan		your to dute	
And the second s		Date	Amount of each receipt
□ Other (please specify)	1	(Mo., Day, Year)	this period
Full name	П	, ,	\$
Mailing Address		1 1	\$
City, State, Zip Code	+		•
ony, oute, i.p. oout		//	\$
Name of Employer (Required)			\$
		//	Ψ
Occupation (Required)	$\Box$	Aggregate	\$
	4	year-to-date	
D. Source: Corporation PAC Individual Loan		Date	Amount of each
□ Other (please specify)	-	(Mo., Day, Year)	receipt this period
Full name	+		
		''	\$
Mailing Address		, ,	•
01, 01, 71, 0		-'-'-	\$
City, State, Zip Code		I $I$	\$
Name of Employer (Required)	+		
Samuel Company		/	\$
Occupation (Required)	$\top$	Aggregate	\$
		year-to-date	

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Name of Candidate o	or Committee Lee	Yancey	Page	ø of _ ø
Reporting period		through_DEC 2	2009	

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	(Wo., Day, Teal)	disbursement this period
PO Box 94014	1/14/09	2500
Mailing Address  PO Box 9 4014  City, State, Zip Code  Pala Ahe, FL 60094 - 4014  Rurpese of Disbursement (Optional)		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2500
B. Full name	Date	Amount of each
NWR Football RADIO AD	(Mo., Day, Year)	disbursement this period
5805 HWY 25	81 41 09	\$ 500
City, State, Zip Code Flowood, m5 39047		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500
NWR BASEBALC AD	Date (Mo., Day, Year)	Amount of each disbursement this period
NWR BASEBALL AD  Mailing Address  5805 HWY 25  City, State, Zip Code  Plowsod, m 5 39047	10/19/09	\$ 500
City, State, Zip Code  Elautital m ( 39047		\$
Purpose of Disbursement (Optional)	Aggregate	\$
D. Full name	Year-to-date	500
NWR BASEBALL Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  5805 Hwy 25	11/16/09	\$ 270
S805 HWY 25 City, State, Zip Code Ploword M5 39047 Purpose of Disbursement (Optional)		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 270
Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 519 116.80 x12 mHs		\$ 1401.60
City, State, Zip Code Medrille, MS 39653		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1401.60
F. Full name RCREC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/30/09	\$ 1000,00
10 River Bend Place City, State, Zip Code Plawrod, MS 39232		\$
Purpose of Disbursement (Optional)		
,	Aggregate Year-to-date	\$ 1000,00