

Candidate's Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2024 Annual Report

RECEIVED

By Mississippi Secretary of State at 2:42 pm, Jan 03, 2025

Name of Candidate Friends of Lee YanceyAddress PO Box 4215City/State/Zip Brandon, MS 39047

Telephone (Work) _____

(Home) 6018320882

(Fax) _____

Contact Name Lee YanceyEmail Address lyancey@house.ms.govOffice Sought House of Representatives District 74

Check here if above information is different from previous report

TYPE OF REPORT☒ **Friday, January 31, 2025** (January 1, 2024 through December 31, 2024) **Annual Report**☐ **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures,
has no outstanding campaign debt obligation)**Required to terminate
reporting obligations****IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day *before* the deadline. Reports may be faxed or emailed. Candidates who have previously run for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED PRIOR TO JANUARY 1, 2018**

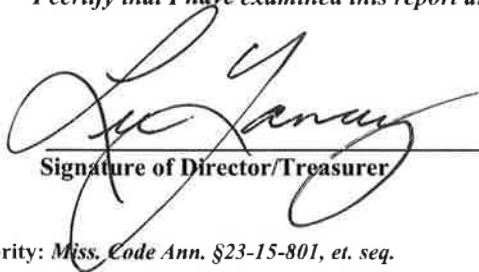
JAN. 1, 2024 CASH ON HAND BALANCE		\$0	
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS ¹	\$	\$	\$0
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$0
DEC. 31, 2024 CASH ON HAND BALANCE		\$0	

¹ Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE	\$ 138,454.47		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 47,700	\$ 8817.32	\$ 56,517.32
TOTAL AMT OF DISBURSEMENTS	\$ 10,279.43	\$ 0	\$ 10,279.43
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 184,692.36		

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



Signature of Director/Treasurer

01/03/2025

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Small VTC Businesses Association</u>		<u>06 / 27 / 24</u>	\$ <u>2000.00</u>
Mailing Address <u>5610 Old Canton Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cadence Bank PAC</u>		<u>08 / 26 / 24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 789</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo, MS 38802-789</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>		<u>09 / 12 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</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>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PhRMA</u>		<u>10 / 18 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>670 Maine Avenue, Ste. 1000</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Washington, D.C. 20024</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cigna PAC</u>		<u>10</u> / <u>24</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>1601 Chestnut Street, TL16B</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19192</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>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lyft, Inc.</u>		<u>10</u> / <u>28</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>185 Berry Street, Ste. 5000</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>San Francisco, CA 94107</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC State PAC</u>		<u>10</u> / <u>30</u> / <u>24</u>	\$ <u>300.00</u>
Mailing Address <u>2992 W. Beach Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Elevance Health, Inc.</u>		<u>11</u> / <u>08</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>3075 Vandercar Way</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Cincinnati, OH 45209</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC		11 / 14 / 24	\$ 1000.00
Mailing Address 439B Katherine Drive		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tower Loan of MS		11 / 20 / 24	\$ 2500.00
Mailing Address PO Box 320001		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 2500.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fulton Telephone Company		11 / 20 / 24	\$ 1000.00
Mailing Address PO Box 1680		___ / ___ / ___	\$
City, State, Zip Code Bay Springs, MS 39422		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brian E. Drennan		11 / 20 / 24	\$ 1000.00
Mailing Address 215 Sawbridge Dr.		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) Capital City Beverages		___ / ___ / ___	\$
Occupation (Required) President		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Realtors PAC		11 / 20 / 24	\$ 1000.00
Mailing Address PO Box 3210001		___ / ___ / ___	\$
City, State, Zip Code Flowood, MS 39232		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Pharmacists Association		11 / 20 / 24	\$ 1000.00
Mailing Address PO Box 16861		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39236		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 3MA		11 / 20 / 24	\$ 1000.00
Mailing Address PO Box 2592		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Capitol Resources PAC		11 / 20 / 24	\$ 1000.00
Mailing Address 200 N. Congress St., Ste. 500		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rootdown MS LLC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>1428 15th Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Denver, CO 80202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RAI Services Company</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>401 Main Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Winston-Salem, NC 27101</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Theo P. Costas Jr.</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>270 Highland Colony Parkway</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>Southern Beverage</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHS Shared Business Operations, LLC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 5006</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Antioch, TN 37013</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group, PAC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 217</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Friends of MS Hospitals</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>116 Woodgreen Crossing</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Friedkin Group</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 441887</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Houston, TX 77244</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bastillian Strategies</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>810 Annandale Road</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Madison, MS 39110</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bankers Association PAC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1091</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</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="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HOL-MAC Plant #1</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 349</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bay Springs, MS 39422</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>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANEL Corporation</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 986</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bay Springs, MS 39422</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>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ergon State PAC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1639</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Halcyon Holdings LLC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>131 Shadow Ridge Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39402</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="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deloitte Services LP</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>4022 Sells Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hermitage, TN 37076</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>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Group Inc.</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>169 Inverness Drive West</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Englewood, CO 80112</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>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Association of Health Plans</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress St., Ste. 201</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cornerstone Government Affairs, Inc.</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>800 Maine Ave. SW, 7th Floor</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Washington, D.C. 20024</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jones Walker LLP</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>3100 N. State Street, Ste. 300</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WT Consultants LLC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 774</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Watkins and Eager PLLC</u>		<u>11</u> / <u>20</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 650</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Caresource Mission PAC</u>		<u>11 / 20 / 24</u>	\$ <u>250.00</u>
Mailing Address <u>65 E. State Street, Ste. 201</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Columbus, OH 43215</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>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly Cress</u>		<u>11 / 25 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>502 Heatherstone Ct.</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>TenOne Strategies</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nucor Steel Recyclers of MS PAC</u>		<u>11 / 25 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>3630 Fourth St.</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>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Webb Law Firm, PLLC</u>		<u>11 / 25 / 24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 452</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Carthage, MS 39051</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Southern Administration LLC</u>		<u>11</u> / <u>25</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>4820A Poplar Springs Drive 122</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Meridian, MS 39305</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="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bail Agents Association</u>		<u>12</u> / <u>02</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>118 Canton One Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</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 type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John Milner</u>		<u>12</u> / <u>11</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 119</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Brunini Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Trey Jones</u>		<u>12</u> / <u>11</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>413 Arbor View</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Brunini Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Samuel Kelly</u>		<u>12</u> / <u>11</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>111 Spring Oak Drive</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>Brunini Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Kyle Williams</u>		<u>12</u> / <u>11</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>4501 Katherine Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Brunini Law Firm</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Committee for a Clean Environment</u>		<u>12</u> / <u>11</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>3000B N. State Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</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>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ECM PAC</u>		<u>12</u> / <u>13</u> / <u>24</u>	\$ <u>500</u>
Mailing Address <u>PO Box 3300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</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>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Behavioral Health Services		12 / 13 / 24	\$ 500.00
Mailing Address 1000 Chinaberry Dr., Ste. 900		___ / ___ / ___	\$
City, State, Zip Code Bossier City, LA 71111		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A T & T Services, Inc.		12 / 13 / 24	\$ 500.00
Mailing Address 209 E. Capitol Street		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name WALPAC		12 / 19 / 24	\$ 1000.00
Mailing Address 702 SW 8th Street		___ / ___ / ___	\$
City, State, Zip Code Bentonville, AR 72716		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Ambulance Alliance		12 / 24 / 24	\$ 500.00
Mailing Address PO Box 17889		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg, MS 39404		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC MS</u>		<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>350.00</u>
Mailing Address <u>PO Box 1640</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>350.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Financial Service Centers of MS</u>		<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>250.00</u>
Mailing Address <u>219 Panola Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Ferriday, LA 71334</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MMHA - PAC</u>		<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 320369</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ten One PAC</u>		<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>200 N. Congress St., Ste. 403</u>		<u>12</u> / <u>24</u> / <u>24</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Friends of Lee YanceyReporting period January 1, 2024 through December 31, 2024

ITEMIZED CONTRIBUTIONS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Molina Healthcare Inc.</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>200 Oceangate, 2nd Floor</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Long Beach, CA 90802</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="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>500.00</u>
Mailing Address <u>1701 JFK Blvd.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103-283</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>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Build MS PAC</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>5000.00</u>
Mailing Address <u>4209 Lakeland Drive, #214</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>5000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abb Payne</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>1000.00</u>
Mailing Address <u>PO Box 1267</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39403-1267</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Payne Company</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>CEO</u>		Aggregate year-to-date	\$ <u>1000.00</u>

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ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Vector Victory PAC</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>2500.00</u>
Mailing Address <u>PO Box 750</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Southhaven, MS 38671</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Interest Earned</u>		<u>12</u> / <u>31</u> / <u>24</u>	\$ <u>7017.32</u>
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>7017.32</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$

Name of Candidate or Committee Friends of Lee Yancey

Reporting period January 1, 2024 through December 31, 2024

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name Archon Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 279 Fox Run Rd.	11 / 25 / 24	\$ 9,524.43
City, State, Zip Code Brandon, MS 39047	__ / __ / __	\$
Purpose of Disbursement (Optional) mailer	Aggregate Year-to-date	\$ 9524.43
B. Full name Hometown Magazines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1522	11 / 25 / 24	\$ 450.00
City, State, Zip Code Brandon, MS 39043	__ / __ / __	\$
Purpose of Disbursement (Optional) ad	Aggregate Year-to-date	\$ 450.00
C. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 18 / 24	\$ 232.00
City, State, Zip Code Brandon, MS 39047	11 / 21 / 24	\$ 73.00
Purpose of Disbursement (Optional) box rental and stamps	Aggregate Year-to-date	\$ 305.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$