2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 30 2017
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Steve Hopkins

Address 1205 Worthington Dr County Desoto

Telephone 901-827-0755 Fax _____

Office Sought State Representative Email Address shopkins@house.ms.gov

☐ **Check here if above is different from previous report**

X **January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) **Required to terminate reporting obligations**

IMPORTANT

(1) **Annual 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 the reporting period.**

(2) **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).**

(3) **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.**

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	$ 5900	+$ 150	$ 6050	$ 6050
Total amount of disbursements	$ 1000	+$ 2771.25	$ 3771.25	$ 3771.25
Total amount of cash on hand			$ 4854.64	

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

Steve Hopkins
Signature of Candidate

1/30/2017
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) *et. seq.* for statutory requirements.
Penalties: 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 813 (1972).

SEND TO:

1. ***Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.***
2. ***Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.***
3. ***Candidates for municipal office file all required report with the Municipal Clerk's Office.***

Name of Candidate or Committee: Steve Hopkins

Reporting period: Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Elaine Vechorik	11 / 3 / 16	$ 5,000.00
Mailing Address: 89 Earles Fork Rd	/ /	$
City, State, Zip Code: Sturgis MS 39769	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Business Owner	Aggregate year-to-date	$ 5,000.00

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Committe for Clean Environment & Fair Taxation	12 / 23 / 16	$ 250.00
Mailing Address: 3000 N State St	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 1250.00

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T PAC	12 / 20 / 16	$ 200.00
Mailing Address: 111 E Capitol St	/ /	$
City, State, Zip Code: Jackson MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): PAC	Aggregate year-to-date	$ 200.00

D. Source: ☑ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: A2 Williams Bail Bond Company	12 / 29 / 16	$ 200.00
Mailing Address: 3402 Industrial Dr. West	/ /	$
City, State, Zip Code: Hernando MS 38632	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: Steve Hopkins

Reporting period: Jan 1 2016 through Dec 31 2016

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: BNSF Railway Company	12 / 1 / 16	$ 250.00
Mailing Address: 2500 Lou Menk Dr. AOB-3	/ /	$
City, State, Zip Code: Fort Worth TX 76131	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): Corp	Aggregate year-to-date	$ 250.00

B. 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	$

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):	/ /	$
Occupation (Required):	Aggregate year-to-date	$