

2016 ELECTION CYCLE



Dolbert Hosmann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report



Name of Candidate Jenifer B. Branning
 Address 235 West Beacon Street, Philadelphia MS County Neshoba
 Telephone 601-656-6152 Fax 601-656-6153
 Office Sought MS Senate, District 18 Email Address jbranning@jbranninglaw.com

Check here if above is different from previous report

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

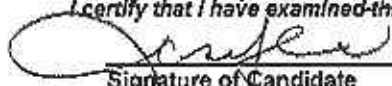
IMPORTANT

(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	\$ 2750.00 +\$ 599.99	\$ 3,349.99	\$ 3,349.99
Total amount of disbursements	\$ 4500.00 +\$ 511.00	\$ 5011.00	\$ 5011.00
Total amount of cash on hand		\$ 2,757.70	

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 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:

- 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.
- Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Jenifer Branning for Senate

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BNSF Railway</u>	<u>1</u> / <u>21</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>5280 E. Shelby Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Memphis, TN 38118-7503</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Carthage Eye Clinic</u>	<u>5</u> / <u>19</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>201 Highway 16 East</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Carthage, MS 39021</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jenifer Branning</u>	<u>7</u> / <u>29</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>238 West Bencon Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, MS 39350</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT&T PAC</u>	<u>10</u> / <u>5</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 East Capitol Street, Suite 6030</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Jenifer Branning for Senate

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Comcast Corporation</u>		<u>10</u> / <u>19</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>One Comcast Center, 1701 JFK Blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia PA 19103-2838</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Monsanto Company</u>		<u>8</u> / <u>18</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>800 North Lindbergh</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>St. Louis, MO 63167</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Advance America</u>		<u>9</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>135 North Church Street</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Jenifer Branning for SenateReporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Gail Goss Photography	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 134 Parkway Road	1 / 5 / 16	\$ 350.00
City, State, Zip Code Walnut Grove, MS 39189	10 / 28 / 16	\$ 300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 650.00
B. Full name Lindell Floyd	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 709 West College Street	4 / 7 / 16	\$ 500.00
City, State, Zip Code Booneville, MS 38829	7 / 26 / 16	\$ 850.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1350.00
C. Full name Nanih Waiya Attendance Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13937 Highway 397	4 / 27 / 16	\$ 250.00
City, State, Zip Code Louisville MS 39339	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation for Scholarship	Aggregate Year-to-date	\$ 250.00
D. Full name Leake Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 41 Rebel Drive	4 / 27 / 16	\$ 250.00
City, State, Zip Code Madison, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Donation for Scholarship	Aggregate Year-to-date	\$ 250.00
E. Full name Cover Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2400 Riverfront Drive #241	6 / 30 / 16	\$ 2,000.00
City, State, Zip Code Little Rock, AR 72202	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,000.00
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	\$