

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Committee Friends of Ashley Henley
 Address 2128 Brookhaven Drive, Southaven, MS 38671 County DeSoto
 Telephone 901-647-6255 Fax N/A
 Treasurer Michael Brandon Henley Email Address ashley.henley@outlook.com

Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....**Mandatory**
All Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot.

____ **Termination Report** (Committee will no longer accept contributions or 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 during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.

(2) Until a political committee 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 authority 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 legal 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. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 850. ⁰⁰ +\$ \emptyset	\$ 850. ⁰⁰	\$ 850. ⁰⁰
Total amount of disbursements	\$ 610. ⁵² +\$ 182. ⁰⁰	\$ 792. ⁵²	\$ 792. ⁵²
Total amount of cash on hand		\$ 57. ⁴⁸	

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

Ashley Henley
Signature of Director or Treasurer

01/30/2017
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 statute(s) 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:
 Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
 Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.
 Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Name of Candidate or Committee Friends of Ashley Henley

Reporting period Jan. 1, 2016 through Dec. 31, 2016

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>AT&T Mississippi PAC</u>	<u>10/05/16</u>	\$ <u>200.00</u>
Mailing Address <u>111 East Capitol Street, Suite 6030</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□/□/□	\$ _____
Name of Employer (Required) <u>N/A</u>	□/□/□	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>200.00</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>Al Williams Bail Bond</u>	<u>12/28/16</u>	\$ <u>200.00</u>
Mailing Address <u>3402 Industrial Drive W</u>	□/□/□	\$ _____
City, State, Zip Code <u>Hernando, MS 38632</u>	□/□/□	\$ _____
Name of Employer (Required) <u>N/A</u>	□/□/□	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>200.00</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>Baker Donelson Bearman Caldwell &</u>	<u>12/21/16</u>	\$ <u>200.00</u>
Mailing Address <u>Berkowitz MS 100 Vision Drive Suite 400/ P.O. Box 14167</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39211 / 39236</u>	□/□/□	\$ _____
Name of Employer (Required) <u>N/A</u>	□/□/□	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>200.00</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>CEAFT PAC</u>	<u>12/21/16</u>	\$ <u>250.00</u>
Mailing Address <u>3000-B North State Street</u>	□/□/□	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>	□/□/□	\$ _____
Name of Employer (Required) <u>N/A</u>	□/□/□	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Friends of Ashley Henley
 Reporting period Jan. 1, 2016 through Dec. 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Get Go / Dee's Oil</u>	<u>05/17/16</u>	\$ <u>15.82</u>
Mailing Address <u>8279 Highway 515</u>	<u>05/17/16</u>	\$ <u>15.82</u>
City, State, Zip Code <u>Southaven, MS 38671</u>	<u>08/02/16</u>	\$ <u>7.00</u>
Purpose of Disbursement (Optional) <u>Fuel for attending community functions</u>	<u>12/5/16</u>	\$ <u>12.00</u>
	Aggregate Year-to-date	\$ 35.92
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Starbucks</u>	<u>06/17/16</u>	\$ <u>10.57</u>
Mailing Address <u>977 Goodman Rd. W</u>	<u>06/17/16</u>	\$ <u>10.57</u>
City, State, Zip Code <u>Horn Lake, MS 38637</u>	<u>09/20/16</u>	\$ <u>13.80</u>
Purpose of Disbursement (Optional) <u>Meetings with stakeholders</u>		\$ <u>24.37</u>
	Aggregate Year-to-date	\$ 24.37
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Nina's Cleaners</u>	<u>05/30/16</u>	\$ <u>53.00</u>
Mailing Address <u>2583 Stateline Rd W</u>	<u>05/30/16</u>	\$ <u>53.00</u>
City, State, Zip Code <u>Southaven, MS 38671</u>	<u>06/30/16</u>	\$ <u>53.00</u>
Purpose of Disbursement (Optional) <u>Maintenance of required attire</u>		\$ <u>106.00</u>
	Aggregate Year-to-date	\$ 106.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>USPS</u>	<u>06/30/16</u>	\$ <u>49.00</u>
Mailing Address <u>7550 Airways Blvd.</u>	<u>06/30/16</u>	\$ <u>49.00</u>
City, State, Zip Code <u>Southaven, MS 38671</u>	<u>11/15/16</u>	\$ <u>49.00</u>
Purpose of Disbursement (Optional) <u>Postage</u>		\$ <u>98.00</u>
	Aggregate Year-to-date	\$ 98.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Nina's Cleaners</u>	<u>07/30/16</u>	\$ <u>53.00</u>
Mailing Address <u>2583 Stateline Rd W</u>	<u>07/30/16</u>	\$ <u>53.00</u>
City, State, Zip Code <u>Southaven, MS 38671</u>	<u>08/20/16</u>	\$ <u>53.00</u>
Purpose of Disbursement (Optional) <u>Maintenance of required attire</u>	<u>11/30/16</u>	\$ <u>53.00</u>
	Aggregate Year-to-date	\$ 159.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dillard's</u>	<u>12/29/16</u>	\$ <u>187.23</u>
Mailing Address <u>230 Town Center Loop</u>	<u>12/29/16</u>	\$ <u>187.23</u>
City, State, Zip Code <u>Southaven, MS 38671</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Required attire for business professional</u>		\$ <u>187.23</u>
	Aggregate Year-to-date	\$ 187.23