

2016 ELECTION CYCLE



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Loyd B "Rob" Roberson
Address 1108 Hwy 182 West Starkville County Okfuskee
Telephone 662-324-3810 Fax 662-461-8956
Office Sought House Representative D43 Email Address RobersonLaw@aol.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	\$ 1000. ⁰⁰ + \$ 200.00	\$ 1200.00	\$ 42250.94
Total amount of disbursements	\$ 6200. ⁰⁰ + \$ 174.00	\$ 6374.00	\$ 41953.53
Total amount of cash on hand	<u>2 include Robs Money</u>	<u>(Loan) \$ 2702.60</u>	

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

Loyd B. Rob Roberson
Signature of Candidate

JAN 27 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 Loyd B "Rob" RobersonReporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Lamar Company	<u>01</u> / <u>12</u> / <u>16</u>	\$ 1300.00
Mailing Address 1538 Gamer Blvd	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Columbus, MS 39703	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Asvertising	Aggregate Year-to-date	\$ 54400.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Roberson Law Firm	<u>02</u> / <u>01</u> / <u>16</u>	\$ 3000.00
Mailing Address 212 East Main Street	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Starkville, MS 39759	<u>02</u> / <u>15</u> / <u>16</u>	\$ 1500.00
Purpose of Disbursement (Optional) Repay Self	Aggregate Year-to-date	\$ 4500.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tiffany Harris	<u>09</u> / <u>09</u> / <u>16</u>	\$ 400.00
Mailing Address 212 East Main Street	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code Starkville, MS 39759	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Repay for fundraisng expenses	Aggregate Year-to-date	\$ 400.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Loyd B "Rob" Roberson
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. 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>MS Road Builders Association</u>	<u>8</u> / <u>30</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>601 George Street</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39202</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>500.00</u>
B. 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>Comcast Corporation</u>	<u>10</u> / <u>24</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Comcast Center 1701 JFK Blvd</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Philadelphia, PA 19103</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>500.00</u>
C. 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>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </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>	\$ <u> </u>
Mailing Address <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u> </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> </u>