

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate MARK FORMBY  
 Address 911 Hwy 43, NORTH County Pearl River  
 Telephone 601-916-8596 Fax \_\_\_\_\_  
 Office Sought House-108 Email Address mark@mark-formby.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	\$ 9,700 +\$ 1200.00	\$	\$ 10,900
Total amount of disbursements	\$ 7868.74 +\$ 5894.46	\$	\$ 13,763.32
<b>Total amount of cash on hand</b>		<b>\$ 92,174.29</b>	

*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

\_\_\_\_\_  
Date

1-31-16

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.

Fundraiser  
12-10-16

2 of 5  
12-10-16

NAME	COMPANY	STREET ADDRESS	CITY, ST, ZIP	AMT
B. Alexander	Baker Donnell et al	100 Vision Dr	Jackson MS 39211	500 <sup>00</sup>
Randy Russell	AT&T PAC	111 E. Capitol St	Jackson MS 39201	500 <sup>00</sup>
J.M. Hughes	J.M. Hughes Group LLC	147 Highland Ct	Jackson MS 39211	250 <sup>00</sup>
Lisa Shoemaker	COBLE PAC MCTA	P.O. Box 55867	Jackson, MS 39256	500 <sup>00</sup>
Clark Wise	MAR PAC	P.O. BY 72100	Jackson, MS 39232	1,000 <sup>00</sup>
Sandy Sanford	Adams & Reese	1018 Highland Ctry	Ridgeland, MS 39157	500 <sup>00</sup>
Ren Aldridge	Comm. for Clean Environment	3000 N. State	Jackson MS 39216	300 <sup>00</sup>
Karen Thornhill	Tyson Foods	745 N. Press St	Jackson MS 39202	500 <sup>00</sup>
Karen Thornhill	Mansanto Co	"	"	250 <sup>00</sup>
Tanna Casio	Shelter Ins	4785 I-55-S-200	Jackson, MS 39206	250 <sup>00</sup>
Paul Purnell	EPA - PAC	P.O. Bx 3300	Ridgeland MS 39158	500 <sup>00</sup>
Dennis Miller	Jane Wolke	190 E. Capitol	Jackson MS 39205	500 <sup>00</sup>
Dennis Miller	Express Scripts	"	"	500 <sup>00</sup>
Steve Corbitt	Corbitt Coop LLC	P.O. Bx 14925	Jackson, MS 39236	200 <sup>00</sup>
Bucky Murphy	Corp Relations Mgmt	P.O. Bx 84	Canton, MS 39046	500 <sup>00</sup>
Russell Bennett	Entersy	P.O. Bx 1640	Jackson MS 39215	250 <sup>00</sup>
Joe Sims	Cornerstone/Denbury	188 E Capitol St	Jackson, MS 39201	1,000 <sup>00</sup>
Perry Cartledge	Farm Bureau	P.O. Bx 1972	Jackson, MS 39215	200 <sup>00</sup>
Kel Villarubbia	Coca Cola	5601 Citrus Blvd	Harahan, LA 70123	500 <sup>00</sup>
				8,700 <sup>00</sup>

Name of Candidate or Committee M. Formby

Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. 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>Den Thompson</u>	<u>2/18/16</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>513 N. States St</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>MS Life Underwriter</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Gov AFFAIRS</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input 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>Beth CLAY</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Mailing Address <u>625 North St</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Jackson, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Anheuser Busch</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Gov AFFAIRS</u>	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input checked="" 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>Frank Castiglia</u>	<u>10/25/16</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>P.O. Box 4079</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Baldport, MS</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>MS Power</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Gov AFFAIR</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input 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>Joel Yelverton</u>	<u>10/25/16</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>188 E. CAPITAL Suite 910</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Clinton MS 39056</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>Norfolk Southern</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Gov AFFAIRS</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee M. Formby  
 Reporting period 1-1-16 through 12-31-16

## ITEMIZED DISBURSEMENTS

A. Full name <u>MS Republican Party</u>	Date (Mo., Day, Year) <u>2/29/16</u>	Amount of each disbursement this period \$ <u>3,000<sup>00</sup></u>
Mailing Address <u>415 Yozoo St</u>	<u>2/29/16</u>	\$ <u>3,000<sup>00</sup></u>
City, State, Zip Code <u>Jackson Ms</u>	<u>5/29/16</u>	\$ <u>400<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Pay Candidate debt retirement/Convention</u>	Aggregate Year-to-date	\$ <u>3,400<sup>00</sup></u>
B. Full name <u>M. Nejam Properties</u>	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address <u>904 Morning side St.</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, Ms 39202</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Rent/Utilities</u>	Aggregate Year-to-date	\$ <u>7,868.74</u>
C. 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	\$
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	\$

Name of Candidate or Committee M. Formby  
 Reporting period 1-1-16 through 12-31-16

# NON-ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Visa - Capital One</u>	<u>1/26/16</u>	\$ <u>2057.81</u>
Mailing Address <u>P/O 60599 City of Industry CA</u>	<u>2/2/16</u>	\$ <u>321.65</u>
City, State, Zip Code <u>City of Industry, CA 00599</u>		
Purpose of Disbursement (Optional) <u>Misc Legislative, Const., Campaigne</u>	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>3/25/16</u>	\$ <u>332.58</u>
Mailing Address	<u>4/22/16</u>	\$ <u>180.46</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>5/20/16</u>	\$ <u>336.74</u>
Mailing Address	<u>9/8/16</u>	\$ <u>2127.08</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>10/19/16</u>	\$ <u>538.14</u>
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>5894.46</u>
<u>Total</u>		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/16</u>	\$
Mailing Address	<u>1/1/16</u>	\$
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
	<u>1/1/16</u>	\$
Mailing Address	<u>1/1/16</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$