

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Angela Y. Cockerham
 Address 2518 Pilgrim Rest Road County Amite
 Telephone 601.783.499 Fax 601.783.3670
 Office Sought House of Representatives, District 96 Email Address angelaycockerham@yahoo.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	\$ 11,300.00 + \$ 780.00	\$ 12,080.00	\$ 12,080.00
Total amount of disbursements	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of cash on hand		\$ 46,404.02	

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

January 31, 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 Angela Y. CockerhamReporting period January 1, 2016 through December 31, 2016

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>Roy Hutcheson</u>	<u>4</u> / <u>29</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>1904 Roseberry Drive</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Scottsboro, AL 35769</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Attempted to Discern Name of Employer: Unknown</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Attempted to Discern Occupation: Unknown</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. 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>Friends of Jason White</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 701</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Kosciusko, MS 39090</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Law Office of Jason White/State of Mississippi</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Attorney/Legislator</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"/> Other (please specify) <u>Limited Liability Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denmiss, LLC</u>	<u>4</u> / <u>29</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 320579</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Flood, MS 39232-0579</u>	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lenders Political Action Committee</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>600.00</u>
Mailing Address <u>Post Office Box 24087</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jackson, MS 39225-4087</u>	____ / ____ / ____	\$ _____
Name of Employer (Required)	____ / ____ / ____	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>600.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>Limited Liability Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tellus Operating Group, LLC</u>	<u>5</u> / <u>5</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>602 Crescent Place</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</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>
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) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Malt Beverage Association Six-Pac Political Action Committee</u>	<u>5</u> / <u>16</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 1132</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39215-1132</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"/> Other (please specify) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert A. Taggart</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>1022 Highland Colony Parkway#101</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Taggart Rimes & Graham</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,000.00</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) <u> </u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie A. O'neal, Jr.</u>	<u>5</u> / <u>11</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 1327</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Canton, MS 39046</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Attempted to Discern Name of Employer: Unknown</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attempted to Discern Occupation: Unknown</u>	Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Angela Y. CockerhamReporting period January 1, 2016 through December 31, 2016

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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>MTPA, PAC</u>	<u>5</u> / <u>5</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>345 Highway 6 W.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Batesville, MS 38606</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</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) <u>Limited Liability Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J5 GBL, LLC</u>	<u>5</u> / <u>16</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 2446</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Columbus, MS 39704</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</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>Ben Stone</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 130</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Gulfport, MS</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Balch & Bingham</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</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) <u>Limited Liability Company</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Partners</u>	<u>5</u> / <u>9</u> / <u>16</u>	\$ <u>600.00</u>
Mailing Address <u>708 Stillwood Court</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Brandon, MS 39407-6911</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>600.00</u>

Name of Candidate or Committee Angela Y. Cockerham
 Reporting period January 1, 2016 through December 31, 2016

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A. 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>MGM Resorts International MS Employee State PAC</u>	<u>5</u> / <u>4</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>Post Office Box 7327</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Diberville, MS 39540</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>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>Mississippi Power Company State PAC</u>	<u>5</u> / <u>4</u> / <u>16</u>	\$ <u>750.00</u>
Mailing Address <u>Post Office Box 4079</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39502</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>750.00</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) _____		
Full name <u>Electric Power Associations of Mississippi State PAC</u>	<u>5</u> / <u>5</u> / <u>16</u>	\$ <u>300.00</u>
Mailing Address <u>Post Office Box 3300</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Ridgeland, MS 39158</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>300.00</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) _____		
Full name <u>Clare Hester</u>	<u>5</u> / <u>5</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 North Congress Street, Suite 500</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>Capitol Resources, LLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Government Relations</u>	Aggregate year-to-date	\$ <u>1,000.00</u>