

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Margaret Ellis Rogers  
 Address 619 Owen Road County Union  
 Telephone New Albany MS Fax \_\_\_\_\_  
 Office Sought Representative #14 Email Address mrogers@house.ms.gov

☐ 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.

51,546.21

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

|                               | Itemized + Non-itemized =         | This Period  | Calendar Year-To-Date |
|-------------------------------|-----------------------------------|--------------|-----------------------|
| Total amount of contributions | \$ 1750.00 <sup>+</sup> 0         | \$ 1,750.00  | \$ 1750.00            |
| Total amount of disbursements | \$ 42,443.25 <sup>+</sup> 1261.00 | \$ 43,404.25 | \$ 43,404.25          |
| Total amount of cash on hand  |                                   | \$ 9891.96   |                       |

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

Margaret Ellis Rogers  
Signature of Candidate

January 29, 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 Margaret Ellis Rogers  
 Reporting period 1-1-2016 through 12-31-2016

## ITEMIZED DISBURSEMENTS

|   |  |                           |  |
|---|--|---------------------------|--|
| A. Full name<br><u>WNAK Radio</u>                               |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>P O Box 808</u>                           |  | <u>4 / 4 / 16</u>         | \$ <u>200.00</u>                           |
| City, State, Zip Code<br><u>New Albany MS 38652</u>             |  | <u>6 / 2 / 16</u>         | \$ <u>200.00</u>                           |
| Purpose of Disbursement (Optional)                              |  | <u>7 / 1 / 16</u>         | \$ <u>100.00</u>                           |
|   |  | Aggregate<br>Year-to-date | \$ <u>500.00</u>                           |
| B. Full name<br><u>NE MS DAILY JOURNAL</u>                      |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address   |  | <u>4 / 4 / 16</u>         | \$ <u>76.50</u>                            |
| City, State, Zip Code   |  | <u>9 / 26 / 16</u>        | \$ <u>148.00</u>                           |
| Purpose of Disbursement (Optional)                              |  | Aggregate<br>Year-to-date | \$ <u>224.50</u>                           |
| C. Full name<br><u>National Rifle Assn</u>                      |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>11250 Waples Mill Road</u>                |  | <u>6 / 25 / 16</u>        | \$ <u>500.00</u>                           |
| City, State, Zip Code<br><u>Fairfax VA 22033</u>                |  | <u>   /   /   </u>        | \$   |
| Purpose of Disbursement (Optional)                              |  | Aggregate<br>Year-to-date | \$ <u>500.00</u>                           |
| D. Full name<br><u>AT and T</u>                                 |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>P O Box 105503</u>                        |  | <u>7 / 11 / 16</u>        | \$ <u>120.44</u>                           |
| City, State, Zip Code<br><u>Atlanta GA 30348-5503</u>           |  | <u>9 / 9 / 16</u>         | \$ <u>120.44</u>                           |
| Purpose of Disbursement (Optional)                              |  | Aggregate<br>Year-to-date | \$ <u>240.88</u>                           |
| E. Full name<br><u>Margaret Rogers</u>                          |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address<br><u>619 Owen Rd</u>                           |  | <u>9 / 30 / 16</u>        | \$ <u>40,000.00</u>                        |
| City, State, Zip Code<br><u>New Albany MS 38652</u>             |  | <u>   /   /   </u>        | \$   |
| Purpose of Disbursement (Optional)<br><u>Repay loan to self</u> |  | Aggregate<br>Year-to-date | \$ <u>40,000.00</u>                        |
| F. Full name  |  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address   |  | <u>   /   /   </u>        | \$   |
| City, State, Zip Code   |  | <u>   /   /   </u>        | \$   |
| Purpose of Disbursement (Optional)                              |  | Aggregate<br>Year-to-date | \$   |

Name of Candidate or Committee Margaret Ellis Rogers  
 Reporting period 1-1-2016 through 12-31-2016

## ITEMIZED DISBURSEMENTS

|   |                           |  |
|---|---------------------------|--|
| A. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| <u>AT&amp;T Mobility</u>                              | <u>4 / 4 / 16</u>         | \$ <u>84.64</u>                            |
| Mailing Address<br><u>P O Box 536216</u>              | <u>5 / 3 / 16</u>         | \$ <u>84.61</u>                            |
| City, State, Zip Code<br><u>Atlanta GA 30353-6216</u> | <u>7 / 11 / 16</u>        | \$ <u>51.27</u>                            |
| Purpose of Disbursement (Optional)                    | <u>8 / 1 / 16</u>         | \$ <u>71.94</u>                            |
|   | Aggregate<br>Year-to-date | \$   |
| B. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                       | <u>8 / 30 / 16</u>        | \$ <u>97.62</u>                            |
| City, State, Zip Code                                 | <u>10 / 3 / 16</u>        | \$ <u>97.62</u>                            |
| Purpose of Disbursement (Optional)                    | <u>11 / 10 / 16</u>       | \$ <u>97.56</u>                            |
|   | <u>6 / 2 / 16</u>         | \$ <u>92.61</u>                            |
|   | Aggregate<br>Year-to-date | \$ <u>677.87</u>                           |
| C. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                       | ___ / ___ / ___           | \$   |
| City, State, Zip Code                                 | ___ / ___ / ___           | \$   |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$   |
| D. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                       | ___ / ___ / ___           | \$   |
| City, State, Zip Code                                 | ___ / ___ / ___           | \$   |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$   |
| E. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                       | ___ / ___ / ___           | \$   |
| City, State, Zip Code                                 | ___ / ___ / ___           | \$   |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$   |
| F. Full name  | Date<br>(Mo., Day, Year)  | Amount of each<br>disbursement this period |
| Mailing Address                                       | ___ / ___ / ___           | \$   |
| City, State, Zip Code                                 | ___ / ___ / ___           | \$   |
| Purpose of Disbursement (Optional)                    | Aggregate<br>Year-to-date | \$   |

Name of Candidate or Committee Margaret Ellis Rogers  
 Reporting period 1-1-16 through 12-31-16

# 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<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>BNSF Railway Company</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>2500 Lou Merik Dr AOB-3</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Ft Worth TX 76131</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>BNSF Railway Co</u>  |  | <u>8</u> / <u>29</u> / <u>16</u>  | \$ <u>250.00</u>                         |
| Occupation (Required)<br><u>Railway Co</u>   |  | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>MPC PAC</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>2992 West Beach Blvd, PO Box 4079</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Gulfport MS 39502-4079</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>11</u> / <u>4</u> / <u>16</u>  | \$ <u>250.00</u>                         |
| Occupation (Required)<br>_____   |  | Aggregate<br>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 type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Advance America</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>135 N Church St</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Spartanburg, S. Car. 29306</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>11</u> / <u>17</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Occupation (Required)<br>_____   |  | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |
| D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>ENPAC Mississippi</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>PO Box 1640</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Jackson MS 39215-1640</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Entergy</u>  |  | <u>12</u> / <u>23</u> / <u>16</u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____   |  | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |

Name of Candidate or Committee Margaret Ellis Rogers  
 Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>AT&amp;T MISS PAC</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>111 E Capitol St Ste 6030</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Jackson MS 39201</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>12</u> / <u>23</u> / <u>16</u> | \$ <u>250.00</u>                         |
| Occupation (Required)<br>_____   |  | Aggregate<br>year-to-date         | \$ <u>250.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>ECM Electric Power Trans of MS State PAC</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br><u>Po Box 3300</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Ridgeland MS 39158</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>12</u> / <u>23</u> / <u>16</u> | \$ <u>500.00</u>                         |
| Occupation (Required)<br>_____   |  | Aggregate<br>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<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____   |  | Aggregate<br>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<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____   |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |