



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Carl L. Mickens
 Address P.O. Box 427 County NOXUBEE
 Telephone 662-425-1804 Fax _____
 Office Sought MS House of Representatives Email Address cmickens@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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>1,250.00</u> ⁺ \$	\$ <u>1,250.00</u>	\$ <u>1,250.00</u>
Total amount of disbursements	\$ _____ +\$	\$ _____	\$ _____
Total amount of cash on hand		\$ _____	

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

Carl L. Mickens
Signature of Candidate

01/31/2017
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 Carl L. MCKENSReporting period 01/01/2016 through 12/31/2016

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>AFT Political Action Committee</u>	<u>12/05/16</u>	\$ <u>250.00</u>
Mailing Address <u>2310 7th Street</u>	□ □ □	\$ _____
City, State, Zip Code <u>Meridian, MS 39301</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Power Company State</u>	<u>09/02/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 4079</u>	□ □ □	\$ _____
City, State, Zip Code <u>Culpeper, MS 39502-4079</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. 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>Electric Cooperative of Mississippi</u>	<u>12/18/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	□ □ □	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39158</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. 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>Energy Mississippi Corp</u>	<u>11/10/16</u>	\$ <u>250.00</u>
Mailing Address <u>308 E. Pearl Street</u>	□ □ □	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	□ □ □	\$ _____
Name of Employer (Required)	□ □ □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>