2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 31 2017
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Michael Watson

Address PO Box 964, Pascagoula, MS 39568 County Jackson

Telephone 228.901.0877 Fax

Office Sought State Senate, District 51 Email Address mwatson@senate.ms.gov

☐ **Check here if above is different from previous report**

X **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	$ 43,850 +$ 3,900	$ 47,750 —	$ 47,750 —
Total amount of disbursements	$ 9,728.25 +$ 4,359.11	$ 14,087.36	$ 14,087.36
Total amount of cash on hand		$ 185,015.23	

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

1.31.17
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: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jim Williams	9 / 23 / 16	$ 1,000
Mailing Address: 3310 Washington Ave	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Insurance	Aggregate year-to-date	$ 1,000

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Rhonda Donaway	9 / 29 / 16	$ 1,000
Mailing Address: 10673 Oakcrest Dr.	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Pharmacist	Aggregate year-to-date	$ 1,000

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Benny Lossiffer	8 / 22 / 16	$ 1,000
Mailing Address: 17717 John Cumbest Rd	/ /	$
City, State, Zip Code: Moss Point, MS 39562	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): construction	Aggregate year-to-date	$ 1,000

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. Alfred McNair	9 / 21 / 16	$ 1,000
Mailing Address: 2953 Bienville Blvd	/ /	$
City, State, Zip Code: OS, MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$ 1,000

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Coca-Cola	9 / 12 / 16	$ 1,000-
Mailing Address: 7400 MS 57	/ /	$
City, State, Zip Code: Vancleave, MS 39565	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Omega Protein	9 / 8 / 16	$ 500-
Mailing Address: 5735 Elder Ferry Rd	/ /	$
City, State, Zip Code: Moss Point, MS 39563	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: EMS Management	9 / 15 / 16	$ 1,000-
Mailing Address: 12020 Intraplex Pkwy	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Melanie Moore	8 / 22 / 17	$ 500-
Mailing Address: 1408 Washington Ave.	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 500-

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Janna Montwell	9 / 30 / 16	$ 1,000 -
Mailing Address: 3203 Pascagoula St	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 1,000 -

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Butch Ostalet	10 / 4 / 16	$ 500 -
Mailing Address: 9274 Hwy 49	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): self-employed	/ /	$
Occupation (Required): Auto dealer	Aggregate year-to-date	$ 500 -

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. D. Payne	10 / 5 / 16	$ 500 -
Mailing Address: 441 Jordan Ridge Pl	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): self employed	/ /	$
Occupation (Required): consultant	Aggregate year-to-date	$ 500 -

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Jennifer Jones	10 / 6 / 16	$ 500 -
Mailing Address: 605 Rue Maupassant	/ /	$
City, State, Zip Code: OS, MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): realtor	Aggregate year-to-date	$ 500 -

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bruno Milanese	9 / 30 / 16	$ 500 -
Mailing Address: 4053 Brandon James Dr.	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): pest control	Aggregate year-to-date	$ 500 -

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Donna Bosco	9 / 30 / 16	$ 1,000 -
Mailing Address: 1005 Beach Blvd	/ /	$
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 1000 -

C. Source ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. Bailey	9 / 7 / 16	$ 500 -
Mailing Address: 5413 Griffin St.	/ /	$
City, State, Zip Code: Moss Point MS 39563	/ /	$
Name of Employer (Required): SMS	/ /	$
Occupation (Required): Physician	Aggregate year-to-date	$ 500 -

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Brad Patano	9 / 20 / 16	$ 500 -
Mailing Address: 147 Pittman Rd	/ /	$
City, State, Zip Code: Ocean Springs, MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): engineer	Aggregate year-to-date	$ 500 -

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pascagoula Bar Pilots	9 / 27 / 16	$ 500-
Mailing Address: PO Box 2156	/ /	$
City, State, Zip Code: Pascagoula, MS 39569	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Wal-Mart	10 / 25 / 16	$ 500-
Mailing Address: 4253 Denny Ave	/ /	$
City, State, Zip Code: Pascagoula, MS 39581	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Golden Earth Moving	10 / 10 / 16	$ 400-
Mailing Address: PO Box 5188	/ /	$
City, State, Zip Code: Vancleave, MS 39565	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400-

D. Source: ☑ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Check Into Cash of MS	12 / 15 / 16	$ 1,000-
Mailing Address: 201 Keith St	/ /	$
City, State, Zip Code: Cleveland, TN	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dukes, Dukes, Keating Faneca	10 / 7 / 16	$ 300 -
Mailing Address: Po Drawer W	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 300 -

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Novartis	10 / 10 / 16	$ 350 -
Mailing Address: 6201 South Freeway WR-5	/ /	$
City, State, Zip Code: Ft Worth, TX	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 350 -

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Corban Gunn	10 / 10 / 16	$ 500 -
Mailing Address: P.O. Box 1466	/ /	$
City, State, Zip Code: Biloxi, MS 39533	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): atty	Aggregate year-to-date	$ 500 -

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☑ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: SMS	10 / 7 / 16	$ 800 -
Mailing Address: 2525 Telephone Rd	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 800 -

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: I+CS Inc.	10 / 4 / 16	$ 400 -
Mailing Address: 2301 Petit Bois St.	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 400 -

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Fred Moran	10 / 15 / 16	$ 500 -
Mailing Address: 712 Washington Ave	/ /	$
City, State, Zip Code: OS MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Realtor	Aggregate year-to-date	$ 500 -

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Law Firm of A. Luckey	9 / 23 / 16	$ 500 -
Mailing Address: PO Box 724	/ /	$
City, State, Zip Code: OS, MS 39566	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500 -

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Southern Light, LLC	9 / 28 / 16	$ 500 -
Mailing Address: 107 St. Francis St.	/ /	$
City, State, Zip Code: Mobile AL	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500 -

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: GSE	12 / 16 / 16	$ 500-
Mailing Address: 1816 Pass Rd	/ /	$
City, State, Zip Code: Gulfport, MS 39501	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: TCS of MS	12 / 13 / 16	$ 250-
Mailing Address: 15701 Lemoyne Blvd	/ /	$
City, State, Zip Code: Biloxi, MS 39532	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250-

C. Source ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Chevron	12 / 15 / 16	$ 1,000-
Mailing Address: 280 Industrial Rd	/ /	$
City, State, Zip Code: Pascagoula, MS 39581	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Good Gov't PAC	12 / 15 / 16	$ 250-
Mailing Address: PO Box 4019	/ /	$
City, State, Zip Code: Gulfport, MS 39502	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250-

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MS	10 / 17 / 16	$ 350-
Mailing Address: PO Box 1640	/ /	$
City, State, Zip Code: Jackson MS 39215	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 350-

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Int'l Welding & Fab	10 / 6 / 16	$ 1,000-
Mailing Address: 1140 HWY 63	/ /	$
City, State, Zip Code: Moss Point, MS 39562	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Eagle Enterprises	12 / 15 / 16	$ 500-
Mailing Address: 6919 Washington Ave	/ /	$
City, State, Zip Code: OS MS 39564	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lowelling Agency	12 / 13 / 16	$ 500-
Mailing Address: 3586 Sangani Blvd	/ /	$
City, State, Zip Code: D'Iberville, MS 39540	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Stacy Rotolo	10 / 29 / 16	$ 1,000-
Mailing Address: 1740K Muirfield Dr	/ /	$
City, State, Zip Code: Baton Rouge, LA 70810	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 1,000-

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Lisa Hollister	10 / 13 / 16	$ 250-
Mailing Address: 3164 Midtown Park So	/ /	$
City, State, Zip Code: Mobile, AL 36606	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250-

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T MS PAC	10 / 10 / 16	$ 250-
Mailing Address: 111 E Cap St.	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250-

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MS Realtors	/ /	$ 250-
Mailing Address: PO Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250-

Name of Candidate or Committee: Michael Watts

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Shawn Strunk	12 / 14 / 16	$ 1,000
Mailing Address: 3601 Beach Blvd	/ /	$
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Developer	Aggregate year-to-date	$ 1,000

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ed Tracher	12 / 13 / 16	$ 1,000
Mailing Address: 205 E. Beach	/ /	$
City, State, Zip Code: OS, MS 39564	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): developer	Aggregate year-to-date	$ 1,000

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify): LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Lloyd Co.	12 / 13 / 16	$ 1,000
Mailing Address: 433 E. Beach	/ /	$
City, State, Zip Code: OS, MS 39564	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John McKinney	10 / 13 / 16	$ 2,000
Mailing Address: 5100 Maple St	/ /	$
City, State, Zip Code: Moss Point, MS 39563	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Pharmacist	Aggregate year-to-date	$ 2,000

Name of Candidate or Committee: Michael Watson

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Roy Williams	12 / 14 / 16	$ 500-
Mailing Address: 816 Harbor Dr	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 500-

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: C. Hebert	12 / 22 / 16	$ 500-
Mailing Address: 190 Teagarden Rd	/ /	$
City, State, Zip Code: Gulfport, MS 39503	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): develop	Aggregate year-to-date	$ 500-

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Atmos Energy PAC	12 / 29 / 16	$ 500-
Mailing Address: 4155 Industrial Dr.	/ /	$
City, State, Zip Code: Jackson, MS 39209	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Hood Bauman + Assoc	12 / 20 / 16	$ 500-
Mailing Address: 616 Spanish Town Rd	/ /	$
City, State, Zip Code: Baton Rouge LA 70802	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

Name of Candidate or Committee: MW

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Royce Cumbest	12 / 14 / 16	$ 500-
Mailing Address: 2041 Lum Cumbest Rd	/ /	$
City, State, Zip Code: Moss Point, MS 39562	/ /	$
Name of Employer (Required): M+M Bank	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500-

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Gerald Wilhut	12 / 15 / 16	$ 500-
Mailing Address: PO Box 1020	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): tech	Aggregate year-to-date	$ 500-

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MAE-PAC	12 / 14 / 16	$ 500-
Mailing Address: 1303 S Market	/ /	$
City, State, Zip Code: Pascagoula, MS 39567	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

D. Source: ☑ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Empress Ardis	10 / 6 / 16	$ 1,000-
Mailing Address: 6080 Hwy 49	/ /	$
City, State, Zip Code: Gulfport, 39501	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000-

Name of Candidate or Committee: MW

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: D & W	10 / 6 / 16	$ 500-
Mailing Address: Po Box 1618	/ /	$
City, State, Zip Code: Pascagoula MS 39568	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Joe Canizaro	9 / 30 / 16	$ 1,000-
Mailing Address: 909 Poydras St.	/ /	$
City, State, Zip Code: New Orleans, LA 70112	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): developer	Aggregate year-to-date	$ 1,000-

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: McCleardon Medical	10 / 6 / 16	$ 500-
Mailing Address: 1161 Robinson St.	/ /	$
City, State, Zip Code: OS, MS 39564	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 500-

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Josh Gregory	10 / 24 / 16	$ 1,000-
Mailing Address: 144 Cedar Cove	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): Communications	Aggregate year-to-date	$ 1,000-

Name of Candidate or Committee: MU

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Marshall Smith	10 / 16 / 16	$ 1,000 -
Mailing Address: 2717 Sawgrass PL	/ /	$
City, State, Zip Code: Gautier, MS 39553	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): industrial sales	Aggregate year-to-date	$ 1,000 -

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Dr. W.T. Avera III	10 / 16 / 16	$ 1,000 -
Mailing Address: 1207 Westwood St	/ /	$
City, State, Zip Code: Pascagoula MS 39567	/ /	$
Name of Employer (Required): SMS	/ /	$
Occupation (Required): physician	Aggregate year-to-date	$ 1,000 -

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tower Loan	8 / 24 / 16	$ 1,000 -
Mailing Address: PO Box 32001	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000 -

D. Source: ☐ Corporation PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Paige Carter	10 / 16 / 16	$ 1,000 -
Mailing Address: 604 Rue Marquesant	/ /	$
City, State, Zip Code: OS MS 39564	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required): retired	Aggregate year-to-date	$ 1,000 -

ITEMIZED RECEIPTS

Name of Candidate or Committee: MW

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

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mahoney + Assoc	10 / 6 / 16	$ 1,000 -
Mailing Address: 1745 Hall Rd	/ /	$
City, State, Zip Code: Edwards, MS 39066	/ /	$
Name of Employer (Required): self	/ /	$
Occupation (Required): consultant	Aggregate year-to-date	$ 1,000 -

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mike Cure	10 / 6 / 16	$ 1,000 -
Mailing Address: 210 Hwy 90 E	/ /	$
City, State, Zip Code: Waveland, MS 39576	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 1,000 -

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Frank Bordeaux	10 / 6 / 16	$ 500 -
Mailing Address: 11633 Bluff Lane	/ /	$
City, State, Zip Code: Gulfport, MS 39507	/ /	$
Name of Employer (Required): Barcop	/ /	$
Occupation (Required): Insurance	Aggregate year-to-date	$ 500 -

D. Source: ☐ Corporation PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Ron Schnoor	10 / 6 / 16	$ 500 -
Mailing Address: 3619 Perryman Rd	/ /	$
City, State, Zip Code: Ocean Springs MS 39564	/ /	$
Name of Employer (Required): Worldwide Marine	/ /	$
Occupation (Required): CEO	Aggregate year-to-date	$ 500 -

Name of Candidate or Committee N/A

Reporting period 1-1-15 through 12-31-15

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike + Rosie	10/4/15	$ 100
Mailing Address 245 Park Ave	/ /	$
City, State, Zip Code Anywhere, NY 34565	/ /	$
Name of Employer (Required) n/a	/ /	$
Occupation (Required) Consultant	Aggregate year-to-date	$ 100
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike Lark	10/5/15	$ 100
Mailing Address 123 Main St	/ /	$
City, State, Zip Code Lake Ann, NY 34526	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 100
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Frank Rodriguez	10/6/15	$ 250
Mailing Address 1122 Pine Lane	/ /	$
City, State, Zip Code Lake Ann, NY 34520	/ /	$
Name of Employer (Required) Bank of	/ /	$
Occupation (Required) Lawyer	Aggregate year-to-date	$ 500
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom Smith	10/6/15	$ 500
Mailing Address [illegible]	/ /	$
City, State, Zip Code Anywhere, NY 24157	/ /	$
Name of Employer (Required) Walt Disney	/ /	$
Occupation (Required) [illegible]	Aggregate year-to-date	$ [illegible]

Name of Candidate or Committee NW

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

ITEMIZED DISBURSEMENTS

A. Full name: ECHS Senior Escape Night	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Po Box 544	4/21/16	$ 250 —
City, State, Zip Code: Harley, MS 39555	__/__/__	$
Purpose of Disbursement (Optional): Sponsor	Aggregate Year-to-date	$ 250 —
B. Full name: Jxn Co Sheriff's Rodeo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Po Box 2189	4/21/16	$ 500 —
City, State, Zip Code: Pascagoula, MS 39568	__/__/__	$
Purpose of Disbursement (Optional): Sponsor	Aggregate Year-to-date	$ 500 —
C. Full name: Bacot McCarty Fdtn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Po Box 1442	5/23/16	$ 250 —
City, State, Zip Code: Pascagoula, MS 39567	__/__/__	$
Purpose of Disbursement (Optional): Sponsor	Aggregate Year-to-date	$ 250 —
D. Full name: MS GOP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address:	5/31/16	$ 400 —
City, State, Zip Code: Jackson, MS	__/__/__	$
Purpose of Disbursement (Optional): RNC	Aggregate Year-to-date	$ 400 —
E. Full name: Palmer Home for Children	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: Po Box 746	7/12/16	$ 500 —
City, State, Zip Code: Columbus, MS 39703	__/__/__	$
Purpose of Disbursement (Optional): Sponsor	Aggregate Year-to-date	$ 500 —
F. Full name: American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address: 14035 Airport Rd	6/15/16	$ 701.70
City, State, Zip Code: Gulfport, MS 39503	__/__/__	$
Purpose of Disbursement (Optional): flight - RNC	Aggregate Year-to-date	$ 701.70

Name of Candidate or Committee MW

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

ITEMIZED DISBURSEMENTS

A. Full name Melange Dance Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2206 Chicot St	1/1/16	$ 250-
City, State, Zip Code Pascagoula, MS 39581	__/__/__	$
Purpose of Disbursement (Optional) Nutcracker Sponsorship	Aggregate Year-to-date	$ 250-
B. Full name Michael Watson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 964	1/1/16	$ 1,098.19
City, State, Zip Code Pascagoula, MS 39568	__/__/__	$
Purpose of Disbursement (Optional) campaign expenses reimbursement	Aggregate Year-to-date	$ 1,098.19
C. Full name Explosion of Excellence	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 490	2/5/16	$ 500-
City, State, Zip Code Pascagoula, MS 39568	__/__/__	$
Purpose of Disbursement (Optional) Scholarship sponsor	Aggregate Year-to-date	$ 500-
D. Full name Adrienne's House	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 1263	3/7/16	$ 250-
City, State, Zip Code Pascagoula, MS 39568	__/__/__	$
Purpose of Disbursement (Optional) Sponsorship (domestic violence shelter)	Aggregate Year-to-date	$ 250-
E. Full name Conregan Conservatives PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7509 NW Tiffany Springs Pkwy	1/31/16	$ 2500
City, State, Zip Code KC, MO 64153	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2500
F. Full name Home 2	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 526 Evergreen	1/5/16	$ 288.36
City, State, Zip Code Moss Point, MS 39563	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 288.36

Name of Candidate or Committee MW

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

ITEMIZED DISBURSEMENTS

A. Full name Pasc-MP Junior Aux	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po Box 209	9/5/16	$ 250
City, State, Zip Code Pascagoula, MS 39568	__/__/__	$
Purpose of Disbursement (Optional) Sponsor	Aggregate Year-to-date	$ 250
B. Full name Pascagoula Rotary Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Po. Box 721	9/7/16	$ 725 —
City, State, Zip Code Pascagoula MS 39568	__/__/__	$
Purpose of Disbursement (Optional) Sponsor / dues	Aggregate Year-to-date	$ 725 —
C. Full name EC Men's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13412 Hwy 613	7/10/16	$ 235 —
City, State, Zip Code MP, MS 39562	__/__/__	$
Purpose of Disbursement (Optional) Golf Tourny Sponsor	Aggregate Year-to-date	$ 235 —
D. Full name Alliance Business Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 125 E South St	11/9/16	$ 1030
City, State, Zip Code Jxn, MS 39201	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1030
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	$