

2016 ELECTION CYCLE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Lester "Bubba" Carpenter
Address 8 Carpenter Drive, Burnsville 38833 County Tishomingo
Telephone 662.424.2306 Fax _____
Office Sought House of Representative, District 1 Email Address bcarpenter2306@gmail.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	\$ 5800.00 +\$ 700.00	\$ 6500.00	\$ 6500.00
Total amount of disbursements	\$ 2424.36 +\$ 2100.00	\$ 4774.36	\$ 4774.36
Total amount of cash on hand		\$ 21,837.15	

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

Lester Carpenter
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 138, Jackson, MS 39203 or fax to (601) 576-2645.
- 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 Lester "Bubba" Carpenter
 Reporting period 1-1-16 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chil. Cookoff	4/2/16	\$ 250.00
Mailing Address P.O. Box 391		
City, State, Zip Code Corinth, MS 38834		
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 250.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Cam's Club	8/25/16	\$ 474.36
Mailing Address 3833 N. Gloster Street		
City, State, Zip Code Tupelo, MS 38804		
Purpose of Disbursement (Optional) Feeding Braves	Aggregate Year-to-date	\$ 474.36
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Touchdown Club	9/2/16	\$ 250.00
Mailing Address		
City, State, Zip Code Iuka, MS 38852		
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 250.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
George's	9/16/16	\$ 250.00
Mailing Address 428 CR 200		
City, State, Zip Code Farmington MS 38834		
Purpose of Disbursement (Optional) Feeding Alcorn Central Bears	Aggregate Year-to-date	\$ 250.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Alcorn's County Fair	12/10/16	\$ 250.00
Mailing Address 2800 S. Harper Road		
City, State, Zip Code Corinth, MS 38834		
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 250.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
WRMG TV/ATM		\$ 1200.00
Mailing Address P.O. Box 1235		
City, State, Zip Code Iuka MS 38852		
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 1200.00

Name of Candidate or Committee Lester Budder Carpenter

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		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MS Dental PAC</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>4328 Katherine Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Howard, MS 39238-9181</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Caremark</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 287</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Lincoln, RI 02895-0287</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>AJET</u>		<u>12/20/16</u>	\$ <u>250.00</u>
Mailing Address <u>11 E Capitol St Ste 6080</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> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Norfolk Southern Corporation</u>		<u>12/19/16</u>	\$ <u>250.00</u>
Mailing Address <u>Three Commercial Place</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Norfolk, VA 23510-2191</u>		<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Lester Bullock Carpenter

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

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>First Heritage Credit, LLC</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>605 Crescent Blvd, Suite 101</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Birmingham, MS 39157</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Lenders Political Action Committee</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 24087</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson MS 39225-4087</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MHA</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1909</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Meridian MS 39130</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MMHA VPAC</u>		<u>12/15/16</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 320369</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Lester Bultha Carpenter

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

ITEMIZED RECEIPTS

A. Source: Corporation <input checked="" type="checkbox"/> PAC <input 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>MAE PAC</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>814 North President Street</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input 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>Monsanto Company</u>		<u>12/13/16</u>	\$ <u>250.00</u>
Mailing Address <u>800 North Lindbergh</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Saint Louis, MO 63107</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: 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>MS Assn of Realtors</u>		<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 321000</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232-1000</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: 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>Connette CEART</u>		<u>12/15/16</u>	\$ <u>250.00</u>
Mailing Address <u>2000 N. State St</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39216</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Lester Bullock Carpenter
 Reporting period 1-1-16 through 2-13-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>The Clay Firm</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 217</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39205-0217</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Montgomery Enterprises</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 37</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Fulton, MS 38843</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Advance America</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>126 N. Church Street</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Spartanburg, SC 29306</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Adams & Reese LLP</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>4500 One Shell Square</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>New Orleans, LA 70189</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>