

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Committee Committee To Elect David W Myers
 Address P.O. Box 311 County PIKE
 Telephone 601-684-1709 Fax _____
 Treasurer _____ Email Address dwmyers98@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 Political Committees, excluding those which supported or opposed a judicial candidate on the November 2016 General Election ballot.

____ **Termination Report** (Committee will no longer accept contributions or 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 during the preceding calendar year. In such case, the committee shall file a report indicating "0" (zero) for total amount of contributions and expenditures for the reporting period.
 - (2) Until a political committee 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 authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a legal holiday, the office must be in actual receipt of the required reports 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	\$ 1,750 + \$ 900.00	\$ 2,650. ⁰⁰	\$ 2,650. ⁰⁰
Total amount of disbursements	\$ - 0 - + \$ 2,500. ⁰⁰	\$ 2,500. ⁰⁰	\$ 2,500. ⁰⁰
Total amount of cash on hand		\$ 150. ⁰⁰	

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

David Myers 31 Jan 17
 Signature of Director or Treasurer 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 statute(s) 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:
 Political Committees supporting or opposing Statewide, State-District and/or Legislative candidates file this form with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
 Political Committees supporting or opposing county and/or county district candidates or local (county) option elections file this form with the Circuit Clerk's Office.
 Political Committees supporting or opposing municipal candidates or local (municipal) option elections file this form with the Municipal Clerk's Office.

Name of Candidate or Committee Committee To Elect David W. MyersReporting period Jan 1 2016 through 31 Dec 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>ENPAC</u>	<u>11/10/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 1640</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON MS 39215</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 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 Power Associations</u>	<u>10/3/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Ridgeland MS 39158</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 <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>AT&T Pac</u>	<u>10/7/16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol St Suite 6030</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON MS 39201</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 <input 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>COMCAST</u>	<u>10/24/16</u>	\$ <u>500.00</u>
Mailing Address <u>1701 JFK Blvd</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Philadelphia PA 19103</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>

Name of Candidate or Committee Committee To Elect David W Myers
 Reporting period 1 Jan 16 through 31 Dec 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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC PAC</u>	<u>6/27/16</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 4079</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>Gulfport MS 39502</u>	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250⁰⁰</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) _____		
Full name	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. 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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
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	□ / □ / □	\$ _____
Mailing Address	□ / □ / □	\$ _____
City, State, Zip Code	□ / □ / □	\$ _____
Name of Employer (Required)	□ / □ / □	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____