

Delbert Hosemann
SECRETARY OF STATE



REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Tom Miles
 Address 807 Hwy 35 South Forest, MS 39074 County Scott
 Telephone 601-469-7886 Fax 601-469-7876
 Office Sought House of Representatives #75 Email Address tommiles@ymail.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	\$ 1250	+\$ 1000	\$ 2250.00	\$ 2250.00
Total amount of disbursements	\$ 1553.43	+\$ 890.00	\$ 2443.43	\$ 2443.43
Total amount of cash on hand			\$ 62.41	

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

1-30-2017
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 Tom Miles

Reporting period Jan 1, 2016 through Dec 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>Mississippi Power Co State PAC</u>	<u>10</u> / <u>12</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 4079</u>	/ /	\$
City, State, Zip Code <u>Gulfport, MS 39502</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>ENPAC Mississippi</u>	<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 1640</u>	/ /	\$
City, State, Zip Code <u>Jackson, MS 39215</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>EPA of Mississippi State PAC</u>	<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>PO 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 type="checkbox"/> PAC <input checked="" 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 Mississippi PAC</u>	<u>12</u> / <u>20</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol Street STE 6030</u>	/ /	\$
City, State, Zip Code <u>Jackson MS 39201</u>	/ /	\$
Name of Employer (Required) _____	/ /	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>

SS04-05

Name of Candidate or Committee Tom Miles
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Scott County Times		
Mailing Address <i>311 Smith Ave</i>	<u>02 / 10 / 16</u>	\$ 265.00
City, State, Zip Code	<u> / / </u>	\$
Forest, MS 39074		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 265.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Little's Printing		
Mailing Address <i>P.O. Box 80</i>	<u>05 / 26 / 16</u>	\$ 300.00
City, State, Zip Code	<u>6 / 14 / 16</u>	\$ 488.43
<i>Morton, MS 39117</i>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 788.43
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Muscadine Jubilee		
Mailing Address <i>705 Second street</i>	<u>08 / 11 / 16</u>	\$ 250.00
City, State, Zip Code	<u> / / </u>	\$
Pelahatchie MS 39145		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Wing Dang Doodle Festival		
Mailing Address <i>120 S. Davis street</i>	<u> / / </u>	\$ 250.00
City, State, Zip Code	<u> / / </u>	\$
Forest, MS 39074		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

SS04-06