

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Patricia H Willis
 Address 5565 Diamondhead Dr E County Hancock
 Telephone 228-323-4225 Fax _____
 Office Sought House of Representatives Email Address phwillispa@aol.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	\$ 4150.00 +\$	\$ 4150.00	\$ 4150.00
Total amount of disbursements	\$ 10396.60 +\$	\$ 10,396.60	\$ 10,396.60
Total amount of cash on hand		\$ 4591.69	

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

Patricia H Willis
Signature of Candidate

January 30, 2016
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 Patricia H WillisReporting period January 1, 2016 through December 31, 2016

ITEMIZED RECEIPTS

A. 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>Charles J Mikhail</u>		<u>04</u> / <u>28</u> / <u>16</u>	\$ <u>3,000.00</u>
Mailing Address <u>P. O. Box 38</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Wiggins, MS 39577</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>self</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>3,000.00</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>Garden Park Medical Center PAC</u>		<u>10</u> / <u>13</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>15200 Community Rd.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Garden Park Medical Center</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>hospital</u>		Aggregate year-to-date	\$ <u>200.00</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>Eli Lilly and Company PAC</u>		<u>08</u> / <u>04</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u> </u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Indianapolis, IN 46285</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>Eli Lilly and Company</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>pharmaceutical</u>		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>MS Power Company State PAC</u>		<u>09</u> / <u>02</u> / <u>16</u>	\$ <u>200.00</u>
Mailing Address <u>P. O. Box 4079</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>MS Power Company State PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>electric company</u>		Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Patricia H WillisReporting period January 1, 2016 through December 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>AT&T MS PAC</u>		<u>10</u> / <u>07</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E.Capitol St, STE 6030</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson, MS 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u>AT&T MS PAC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u>telecommunications</u>		Aggregate year-to-date	\$ <u>250.00</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) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input 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> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Patricia H Willis

Reporting period January 1, 2016 through December 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name Sacred Heart Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 14595 Vicalia Rd	06 / 08 / 16	\$ 125.00
City, State, Zip Code Pass Christian, MS 39571	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Campaign Sign at Fair	Aggregate Year-to-date	\$ 125.00
B. Full name Hancock Community Development Foundation	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 South Beach Blvd.	07 / 09 / 16	\$ 250.00
City, State, Zip Code Bay St. Louis, MS 39520	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Star Sponsorship	Aggregate Year-to-date	\$ 250.00
C. Full name Patricia H Willis	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5565 Diamondhead Dr E	09 / 13 / 16	\$ 10,000.00
City, State, Zip Code Diamondhead, MS 39525	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Partial Loan Payoff	Aggregate Year-to-date	\$ 10,000.00
D. Full name The Peoples Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 Lameuse St	10 / 31 / 16	\$ 1.50
City, State, Zip Code Biloxi, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Service Charge	Aggregate Year-to-date	\$ 1.50
E. Full name The Peoples Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 Lameuse St	12 / 21 / 16	\$ 20.10
City, State, Zip Code Biloxi, MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional) Check Order	Aggregate Year-to-date	\$ 20.10
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	\$