2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate GARY JACKSON

Address P.O. Box 140 County CHOCTAW

Telephone 662-547-6684 Fax N/A

~~Office Sought~~ SENATOR 15 Email Address gjackson@senate.ms.gov

☐ **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	$ 1950 +$ —	$ 1950 —	$ 1950.00
Total amount of disbursements	$ 5235.85 +$	$ 3038.13	$ ~~12,605.95~~ 8273.98
Total amount of cash on hand		$ 10,655.94	

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 GARY JACKSON

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address DRAFTED	1/1/16 THRU 12/31/16	$ 2157.85
City, State, Zip Code		$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2157.85
B. Full name ROTARY OF STARKVILLE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address STARKVILLE COUNTRY CLUB	1/1/16	$ 1175.00
City, State, Zip Code STARKVILLE, MS 39759	THRU 12/31/16	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1175.00
C. Full name WECA / FRENCH CAMP ACADEMY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 FINE PLACE	1/1/16 THRU	$ 1403.00
City, State, Zip Code FRENCH CAMP, MS 39745	12/31/16	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1403.00
D. Full name OKT. CO ALUMNI ASSOC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address SHADOWOOD DRIVE	9/1/16	$ 500.00
City, State, Zip Code STARKVILLE, MS 39759	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 500.00
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	$

Page ___ of ___

Name of Candidate or Committee: GARY JACKSON

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: MS Power PAC	10/31/16	$ 350.00
Mailing Address: P.O. Box 4079	/ /	$
City, State, Zip Code: GULFPORT, MS 39502	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): PAC - ENERGY	Aggregate year-to-date	$ 350.00

B. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T	12/27/16	$ 250.00
Mailing Address: 111 E. CAPITOL ST, SUITE 6030	/ /	$
City, State, Zip Code: JACKSON, MS 39201	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): Telecom	Aggregate year-to-date	$ 250.00

C. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Electric Power Assn of MS	12/27/16	$ 500.00
Mailing Address: P.O Box 3380	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): Energy	Aggregate year-to-date	$ 500.00

D. Source: Corporation / PAC / Individual / Loan / Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: ENPAC MS	12/27/16	$ 350.00
Mailing Address: P.O. Box 1640	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): ENERGY	Aggregate year-to-date	$ 350.00

Name of Candidate or Committee GARY JACKSON

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: BAKER DONELSON	12/29/16	$ 500.00
Mailing Address: 4268 I-55 N.	/ /	$
City, State, Zip Code: JACKSON, MS	/ /	$
Name of Employer (Required): SAME	/ /	$
Occupation (Required): LEGAL	Aggregate year-to-date	$ 500.00

B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	/ /	$
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

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