

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Donnie Bell
 Address 836 Tucker Rd Fulton, MS County ITAWAMBA
 Telephone 662-862-3385 38843 Fax -
 Office Sought State Rep. Email Address dbell@house.ms.gov

☐ Check here if above is different from previous report

X 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	\$ 11,000 + \$ 950	\$ 11,950	\$ 11,950
Total amount of disbursements	\$ 6,917.30 + \$ 6,212.48	\$ 13,129.78	\$ 13,129.78
Total amount of cash on hand		\$ 15,170.22	

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

Donnie Bell
 Signature of Candidate

1/17/16
 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 Donnie BellReporting 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 <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Norfolk Southern Corp.</u>	<u>6/21/16</u>	\$ <u>250.</u>
Mailing Address <u>Three Commercial Place</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Norfolk VA 23510-2191</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </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>BNSF Railway Company</u>	<u>7/7/16</u>	\$ <u>250</u>
Mailing Address <u>2500 Lou Mark Dr.</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Port Worth TX 76131</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source <input type="checkbox"/> 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 Realtors PAC</u>	<u>9/21/16</u>	\$ <u>1,000</u>
Mailing Address <u>P.O. Box 321000</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Flowood MS 39232</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. 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>FL Crane</u>	<u>9/27/16</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 428</u>	<u> </u>	\$ <u> </u>
City, State, Zip Code <u>Fulton MS 38843</u>	<u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee Donnie B-11Reporting 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 <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Gum Tree mortgage</u>		<u>9/27/16</u>	\$ <u>500</u>
Mailing Address <u>214 S Thomas St</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Tupelo, MS 38701</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> 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>Charles Boatner</u>		<u>9/27/16</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 307</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Sherman, MS 38769</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Vision Eng.</u>		<u>1/1/16</u>	\$ _____
Occupation (Required) <u>owner</u>		Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> 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>Truck PAC</u>		<u>9/27/16</u>	\$ <u>250</u>
Mailing Address <u>885 W President St</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON MS 39202</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</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 <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Approved Auto Sales</u>		<u>10/7/16</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 37</u>		<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Fulton MS 38943</u>		<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/16</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ _____

Name of Candidate or Committee Donnie Bell
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>EL Lilly Co. PAC</u>	<u>10/17/16</u>	\$ <u>500</u>
Mailing Address _____	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Indianapolis IN 46285</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>Anheuser Bush</u>	<u>10/17/16</u>	\$ <u>250</u>
Mailing Address <u>J.P. Morgan Chase NA</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Syracuse NY</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source: <input type="checkbox"/> 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>MHA PAC</u>	<u>10/17/16</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1909</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Madison, MS 39130</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</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 <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Advance America</u>	<u>10/17/16</u>	\$ <u>250</u>
Mailing Address <u>135 N Church St</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Spartanburg SC 29306</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Donnie BellReporting 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 <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Adams & Reese</u>	<u>10/12/16</u>	\$ <u>250</u>
Mailing Address <u>4500 one shell sq</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>New Orleans LA 70139</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> 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>MMA</u>	<u>10/13/16</u>	\$ <u>500</u>
Mailing Address <u>720 N President st.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> 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>MS Indepent RX PAC</u>	<u>10/13/16</u>	\$ <u>500</u>
Mailing Address <u>4209 Lakeland Dr.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Flowood, MS 39232</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> 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>MS Concrete Industries PAC</u>	<u>10/13/16</u>	\$ <u>500</u>
Mailing Address <u>6700 old Canton Rd.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Ridgeland, MS 39157</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Donnie Bell
 Reporting period 1/1/16 through 12/31/16

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>MS ASPHALT Contractor PAC</u>	<u>10/12/16</u>	\$ <u>500</u>
Mailing Address <u>711 N President St. P.O. Box 904</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39209</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>MS Power Co. PAC</u>	<u>12/4/16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 4079</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Gulfport MS 39502</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
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>MS Road Builders PAC</u>	<u>12/4/16</u>	\$ <u>500</u>
Mailing Address <u>601 George St.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39202</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</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 <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Monsanto Co.</u>	<u>11/21/16</u>	\$ <u>250</u>
Mailing Address <u>900 N Lindbergh</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>St Louis, MO 63167</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Dianne Bell
 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 <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Jones + Wake/ LLP</u>	<u>12/31/16</u>	\$ <u>250</u>
Mailing Address <u>IBERIA Bank</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Operating Account</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> 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>AT & T PAC</u>	<u>12/31/16</u>	\$ <u>250</u>
Mailing Address <u>111 E CAPITAL ST</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. 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>Dewbury</u>	<u>12/31/16</u>	\$ <u>300</u>
Mailing Address <u>5320 LEGACY DR.</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>PLANO TX 75024</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
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"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>1/1/16</u>	\$ _____
Mailing Address _____	<u>1/1/16</u>	\$ _____
City, State, Zip Code _____	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Donnie Bell
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ITAWAMBA Times</u>	<u>4/25/16</u>	\$ <u>271.50</u>
Mailing Address		
<u>MAIN ST</u>	<u>10/14/16</u>	\$ <u>115.71</u>
City, State, Zip Code		
<u>Fulton MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
<u>Ads</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ITAWAMBA Times</u>	<u>11/12/16</u>	\$ <u>205.00</u>
Mailing Address		
<u>MAIN ST</u>	<u>10/14/16</u>	\$ <u>36.00</u>
City, State, Zip Code		
<u>Fulton, MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
<u>Ads</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>ITAWAMBA Times</u>	<u>10/28/16</u>	\$ <u>18.00</u>
Mailing Address		
<u>MAIN ST</u>	<u>1/1/16</u>	\$
City, State, Zip Code		
<u>Fulton, MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Fellowship of Christian Ath.</u>	<u>11/4/16</u>	\$ <u>500</u>
Mailing Address		
<u>Bradford St.</u>	<u>1/1/16</u>	\$
City, State, Zip Code		
<u>Fulton, MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CARVED LTD</u>	<u>2/1/16</u>	\$ <u>1100</u>
Mailing Address		
<u>Hwy 178</u>	<u>1/1/16</u>	\$
City, State, Zip Code		
<u>Tiermont, MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dulaway's Groc.</u>	<u>12/16/16</u>	\$ <u>296.00</u>
Mailing Address		
<u>Hwy 178</u>	<u>6/15/16</u>	\$ <u>225.00</u>
City, State, Zip Code		
<u>Fulton, MS 38843</u>	Aggregate Year-to-date	\$
Purpose of Disbursement (Optional)		

Name of Candidate or Committee Donnie Bell
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CKCD Debit</u>	<u>11/29/16</u>	\$ <u>1413.50</u>
Mailing Address		
<u>3 SIXZERO LTD Rosh HAIN IL</u>	<u>11/29/16</u>	\$ <u>1413.50</u>
City, State, Zip Code	<u>11/29/16</u>	\$
<u>TEL AVIV JAF IL</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Hotel Israel</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cooper Dry cleaning</u>	<u>11/29/16</u>	\$ <u>223.19</u>
Mailing Address		
<u>main st</u>	<u>11/29/16</u>	\$ <u>223.19</u>
City, State, Zip Code	<u>12/30/16</u>	\$ <u>101.90</u>
<u>Fulton, MS 38943</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cooper Dry cleaning</u>	<u>8/11/16</u>	\$ <u>147.00</u>
Mailing Address		
<u>main st</u>	<u>3/14/16</u>	\$ <u>65.00</u>
City, State, Zip Code		
<u>Fulton, MS 38943</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tommy Harmon</u>	<u>3/13/16</u>	\$ <u>300</u>
Mailing Address		
<u>107 wisper oak</u>	<u>3/13/16</u>	\$ <u>300</u>
City, State, Zip Code	<u>1/1/16</u>	\$
<u>Pearl, MS 3942</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS Republican House</u>	<u>12/24/16</u>	\$ <u>1000</u>
Mailing Address		
<u>P.O Box 2004</u>	<u>12/24/16</u>	\$ <u>1000</u>
City, State, Zip Code	<u>1/1/16</u>	\$
<u>Jackson, MS 39215</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/16</u>	\$
Mailing Address		
	<u>1/1/16</u>	\$
City, State, Zip Code		
	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Dennie Bell
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JACK IVY</u>	<u>7/26/16</u>	\$ <u>900</u>
Mailing Address		
<u>P.O. Box 656</u>		
City, State, Zip Code		
<u>Red Bay AL 35582</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. 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	\$
C. 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	\$
D. 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	\$
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	\$