# REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

	SECRETARY OF STATE
	RECEIVED
	JAN 5 1 2017
1	Socratary of Otes

Delbert Hosemann

Name of Candidate Downe Bell

Address 836 Tucker Rd Fulfon, mo County TTAWAMDA

Secretary of State Capitol Office

Office Sought State Rep. Email Address dbelle house, ms. Goi

☐ Check here if above is different from previous report

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 P	eriod	Calendar Year-To-Date								
Total amount of contributions \$ 11,000 +\$ 950	\$ 11,9	\$50 \$	11,950								
Total amount of disbursements $(6,917.3)$ $(6,212.48)$	\$ 13,	129,79 \$	13, 129,78								
Total amount of cash on hand	\$ 15,1	70,22	7								
I certify that I have examined this report and to the best of my ki	nowledge and I	belief it is true, acc	curate, and complete.								

Signature of Candidate

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).

Date /

#### 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.

Page	1	of	6

Name of Candidat	e or Co	mmit	tee <u>[</u>	DON.	Nie	Be	11		
Reporting period_		1/	16		through	12	13/	116	
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A. Source: Corporation PAC Individual Loan	_	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)   Full name	(, 2)	this period
Nor Folk Southern Corp.	6 12117	\$ 250,
Mailing Address		
Three Commercial Place	<u> </u>	\$
City, State, Zip Code		
WOIFORK VA 23510-2191	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	F F F	
BNSF RAILWAY COMPANY	17/1/1/16	\$ 250
Mailing Address		\$ [
2500 LOV MENT DI	<u>1 3   1     1   1</u>	Ψ 1
City, State, Zip Code		\$
Portworth TX 76131	<u> </u>	Ψ I
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$
C. Source Corporation PAC Individual Loan	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9112176	\$ 1000
MS Realtors PAL	1112112	\$ 1,000
Mailing Address		\$
1.0. Box 321000	<u> </u>	
City, State, Zip Code		\$
Flow ood MS 39232 Name of Employer (Required)		
Traine or Employer (required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ [
D. Source: Corporation PAC Individual Loan	5-4-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	9 127176	¢ [
FLCrave	<u> </u>	\$ 1000
Mailing Address  P.O. Bry 42 %		\$
City, State, Zip Code Pultow M5 36843		\$
Name of Employer (Required)		\$
Occupation (Required)	A	
Scoupation (Negatieu)	Aggregate year–to-date	\$

Name of Candidate or Com	mittee Donnie 13=11
Reporting period ////	16 through 12/31/16
•	ITEMIZED RECEIPTS

	10	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Teal)	this period
Full name  Gum Tiee mortgage  Mailing Address	9127176	\$ 500
Aly 5 Thomas 5t		\$
Tufelo, pig 39701		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Charles Bostwer	9/27/76	\$ 1000
Railing Address  P.O. Boy 307		\$ [
City, State, Zip Code  5 her man, m5 38969  Name of Employer (Required)		\$ [
Name of Employer (Required)  V1510 × × × × × × × × × × × × × × × × × × ×		\$
Occupation (Required)	Aggregate	A
owner	year–to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	9 127116	\$ 350
Mailing Address		
GRG W PIEGIDENT 5+ City, State, Zip Code		\$
TACKSON M3 39202	<u> </u>	\$
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
Alproved Auto SAles	1017176	\$ 1000
Mailing Address  P.O. Doy 3.7		\$ [
City, State, Zip Code Fulton M5 39943		\$
Name of Employer (Required)		\$
Occupation (Reguired)	Aggregate ÿear–to-date	\$

Name of Candidate or Committee DONNIE Bell								
Reporting period	1	Ζι,	//	through 12/37/16				

## ITEMIZED RÉCÉIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name E/, Lilly CO. PAC	1017176	\$ 500
Mailing Address /		\$
City, State, Zip Code  [INdIANA Polis IN. 46285		\$
Name of Employer (Réquired)		\$
Occupation (Required)	Aggregate year–to-date	\$ [
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Anheuser Bush	1017116	\$ 250
Mailing Address  Th. Morgan Chase NA  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 MHAPAC	7017176	\$ 500
Mailing Address P. O. Boy 1909		\$
City, State, Zip Code		\$
MAD 150~, MS 39130  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. Advance America	1017116	\$ 750
Mailing Address 135 N/ Chy/ch 5+		\$
City, State, Zip Code  Soartanburg 36 29306		\$ [
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

Name of Candidate or Committee Donnie Bell								
Reporting period_	1/	1)	16	through	12/	13	116	

### ITEMIZED RÉCEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	[Va . [12 . [1]	
Aday & Reese	10/12/16	\$ 250
Mailing Address		\$
4500 one 5hell 5Q City, State, Zip Code	<u> </u>	<b>a</b> 1
City, State, Zip Code		\$ [
New Orlows LA 70139 Name of Employer (Required)	<u> </u>	Ψ ]
Name of Employer (Required)		\$ [
Occupation (Required)		
Secupation (required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	[72. [72. [77	
M M A	10113116	\$ 500
Mailing Address		¢ [
720 N PIER don't st.	<u> </u>	\$
City, State, Zip Code	T , T , T	\$ [
Name of Employer (Required)	<u> </u>	Ψ ]
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	A
	year-to-date	\$ [
C. Source Corporation PAC Individual Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  M.S. F. v.d. e. O. a. o. t. R. V. s. P. A. c.		receipt
Other (please specify)  Full name  M.S. F. v.d. e. O. a. o. t. R. V. s. P. A. c.	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  M.S. F. v.d. e. O. e + R. V. P. A.C.	(Mo., Day, Year)	receipt this period  \$ \( \sum_{\subset} \sum_{\subset} \sum_{\subset} \) \$
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  L1209 LAKe March Dr.  City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  Ly 209 Lake 14 nd Dr.  City, State, Zip Code  Flowood, M.S. 39232	(Mo., Day, Year)	receipt this period  \$ \( \begin{align*} \mathcal{S} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  L1209 LAKe March Dr.  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ \( \sum_{\subset} \sum_{\subset} \omega \)
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  Ly 209 Lake 14 nd Dr.  City, State, Zip Code  Flowood, M.S. 39232	(Mo., Day, Year)  VO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt this period  \$ \( \begin{align*} \mathcal{S} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  M.5 Indeport R.X PAL  Mailing Address  L1209 Lake Mand Dr.  City, State, Zip Code  Flowood, M.5 39232  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ \( \sumset \ \sumset \sumset \ \sumset \sumset \ \sumset \ \sumset \ \sumset \sum
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  L. 209 L. p.ke/pand Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)	(Mo., Day, Year)  VO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt this period  \$ \( \sumset \ \sumset \sumset \ \sumset \sumset \ \sumset \ \sumset \ \sumset \sum
Other (please specify)  Full name  M.5 Indeport R.X PAL  Mailing Address  L1209 Lake Mand Dr.  City, State, Zip Code  Flowood, M.5 39232  Name of Employer (Required)  Occupation (Required)	(Mo., Day, Year)  VO   VJ   U6  I   I   I  Aggregate year-to-date	receipt this period  \$ \( \sumsymbol{5} \omega \omega \)  \$ \( \sumsymbol{5} \omega \omega \omega \)  \$ \( \sumsymbol{5} \omega
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  L.J. D.G. L. P. K. E. J. A. L. D. J.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \( \sumset \sumset 0 \)  \$ \( \sumset 0 \)  \$ \( \sumset \sumset 0 \)  Amount of each receipt this period
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  L1209 Lake 14 nd Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  M.S. Concuste L. Naustries PAL	(Mo., Day, Year)  VO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt this period  \$ \( \sumset \sumset 0 \omega \)  \$ \( \sumset 0 \omega \)  \$ \( \sumset 0 \omega \)  \$ \( \sumset 0 \omega \)  Amount of each receipt
Other (please specify)  Full name  M.S. Indepart R.Y. PAL  Mailing Address  L1209 Lake Mand Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  M.S. Courrette Industries PAL  Mailing Address	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \( \sumset \sumset 0 \)  \$ \( \sumset 0 \)  \$ \( \sumset \sumset 0 \)  Amount of each receipt this period
Other (please specify)  Full name  M.S. Indepent R.X. PAL  Mailing Address  L. 209 L. p. ke / And Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  M.S. Concuste L. Naustries PAL	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  H.209 L. R. Ke / And Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  M.S. Concrete Individual Loan  Mailing Address  G. 700 Old C. Anton R. C.  City, State, Zip Code  Ridge I And, M.S. 39157	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \sumseteq 5 \omega 0 \\ \$ \sumseteq 4 \\ \$ \sumseteq 4 \\ \$ \sumseteq 4 \\ \$ \sumseteq 5 \omega 0 \
Other (please specify)  Full name  M.S. I whe part R.Y. PAL  Mailing Address  L. 209 L. p. ke / 4 vd Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  M.S. Concisto Individual Loan  Mailing Address  COOD Old Carton Rd.  City, State, Zip Code	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify)  Full name  M.S. Indepent R.Y. PAL  Mailing Address  H.209 L. R. Ke / And Dr.  City, State, Zip Code  Flowood, M.S. 39232  Name of Employer (Required)  Occupation (Required)  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  M.S. Concrete Individual Loan  Mailing Address  G. 700 Old C. Anton R. C.  City, State, Zip Code  Ridge I And, M.S. 39157	(Mo., Day, Year)    10   116     1   1     1   1     Aggregate year-to-date    Date (Mo., Day, Year)	receipt this period  \$ \sumseteq 500 \$  \$  \text{\$   \text{\$   \text{\$   \text{\$  \text{\$  \text{\$   \text{\$   \text{\$  \text{\$  \text{\$  \text{\$  \text{\$   \text{\$    \text{\$  \text{\$    \text{\$    \text{\$   \

Name of Candidat	e or	Cor	nmittee <u>l</u>	DONNI	e 13.	e 11	,		
Reporting period	1	/ /	16.	t	hrough	12	131	116	
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## ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
MS ASPHALL CONTRACTOR PAC	1012116	\$ 500
Mailing Address 711 N PIES Ident g. P.O. Box 904		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
M5 Power Co. PAL	121416	\$ 750
Mailing Address  P.O. Box 4079		\$ [
City, State, Zip Code  Golf Port MS 39502		\$
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate year–to-date	\$ [
C. Source Corporation PAC Individual Loan	_	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name  MS Road Builders PAC  Mailing Address	1217116	\$ 500
Mailing Address  601 George 5+. City, State, Zip Code		\$
		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
D. Source: Corporation PAC Individual Loan	year–to-date	Amount of cook
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11/21/16	\$ 250
Monson Co. Mailing Address		+1,2,50.
900 N Lindhersh		\$
City, State, Zip Code  3 Ant Lovis, MO 63167		\$
Name of Employer (Required)		\$
Occupation (Required)		

Name of Candidate or Con	nmittee	Dinnie	13e 11	
Reporting period 1/1	116	thro	ugh 12/9/	116
,	ĹŢĹ		D DEC	EIDT

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones + WAJKeILLP	1219106	\$ 250
Mailing Address  I BeliA BAK		\$
City, State, Zip Code  CO f. C. 7 + 1, w.c. 14 CC D w. +  Name of Employer (Required)		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name  AT & T PAL	1219116	\$ 750
Mailing Address		\$ [
111 & CAP, +41 5+ City, State, Zip Code TALK 50 M6 3920)		\$ [
TAUKBOW, MG 3920) 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 New bury	12/15/16	\$ 500
5320 heady DC		\$ [
City, State, Zip Code / 75024		\$
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	\$

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

### ITEMIZED DISBURSEMENTS

A. Full name	D-4-	Amount of a sil
	Date (Mo., Day, Year)	Amount of each disbursement this period
TTAINAMBA TIM 03  Mailing Address		
-	4/25/16	\$ 271,50
MAIN 5+ City, State, Zip Code	10 1 14 1 16	· ·
Fulton ms 38843  Purpose of Disbursement (Optional)	10 1 17 16	115.71
Purpose of Disbursement (Optional)	Aggregate	s
Ada	Year-to-date	
B. Full name	Date	Amount of each
FTAWAMBA TIMES  Mailing Address	(Mo., Day, Year)	disbursement this period
Mailing Address  MAIN 5+  City, State, Zip Code	11/12/16	\$ 205,00
City, State, Zip Code  Full Language MG 38843	10114116	\$ 36.00
Fulton, ms 38843  Purpose of Disbursement (Optional)	Aggregate	
Ada	Year-to-date	\$
C. Full name	Date	Amount of each
TTAWAMBA T.M.C.5  Mailing Address	(Mo., Day, Year)	disbursement this period
•	1012916	\$ 18.00
City, State, Zip Code  Full factors 2 4 4 4 3	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
	rear-to date	
D. Full name	Data	Amount of each
Fellowship of Christina Ath.	Date (Mo., Day, Year)	Amount of each disbursement this period
Fellowship of Christin Ath.  Mailing Address		
Fellowship of Christina Ath.  Mailing Address  Bendford 5t.  City, State, Zip Code	(Mo., Day, Year)	s 500
Fellowship of Christina Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code	(Mo., Day, Year)	disbursement this period
Fellowship of Christin Ath.  Mailing Address	(Mo., Day, Year)	s 500
Fellowship of Christina Ath.  Mailing Address  Bendford 5t.  City, State, Zip Code	(Mo., Day, Year) //	s  Amount of each
Fellow Ship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M.5. 34843  Purpose of Disbursement (Optional)  E. Full name	(Mo., Day, Year) //	s s
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M5 34843  Purpose of Disbursement (Optional)  E. Full name  Church LtD  Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year)	s  Amount of each disbursement this period
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M5 34843  Purpose of Disbursement (Optional)  E. Full name  Church LtD  Mailing Address	(Mo., Day, Year) //	s  Amount of each
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M5 34843  Purpose of Disbursement (Optional)  E. Full name  CHND LTD  Mailing Address  Hwy 174  City, State, Zip Code	(Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year)	s  Amount of each disbursement this period
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M5 34843  Purpose of Disbursement (Optional)  E. Full name  CHND LTD  Mailing Address  Hwy 174  City, State, Zip Code	(Mo., Day, Year) //  Aggregate Year-to-date  Date (Mo., Day, Year) ///	s S Amount of each disbursement this period  \$ 1100 \$
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fulton, M5 34843  Purpose of Disbursement (Optional)  E. Full name  CHND LTD  Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year)	s 500 S  Amount of each disbursement this period  \$ 1100
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fultow, M5 34843  Purpose of Disbursement (Optional)  E. Full name  Chwh Lth  Mailing Address  Hwy 174  City, State, Zip Code  tizm ent, M5 38943  Purpose of Disbursement (Optional)  F. Full name	(Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) ///// Aggregate	s S Amount of each disbursement this period  \$ 1100 \$
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fultow, M5 34843  Purpose of Disbursement (Optional)  E. Full name  Chwh Lth  Mailing Address  Hwy 174  City, State, Zip Code  tizm ent, M5 38943  Purpose of Disbursement (Optional)  F. Full name	(Mo., Day, Year)  11/4/6  11/4/6  Aggregate Year-to-date  Date (Mo., Day, Year)  2/1/6  Aggregate Year-to-date	s S Amount of each disbursement this period
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fultow, M. 3.4843  Purpose of Disbursement (Optional)  E. Full name  Chwp LtD  Mailing Address  Hwy 174  City, State, Zip Code  tien ent, M. 3.8843  Purpose of Disbursement (Optional)  F. Full name  Duly ve y & Groc.  Mailing Address	(Mo., Day, Year)  11/4/6  11/4/6  Aggregate Year-to-date  Date (Mo., Day, Year)  2/1/6  Aggregate Year-to-date  Date  Date Date Date Date	s S Amount of each disbursement this period      Amount of each disbursement this period  Amount of each disbursement this period
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fultow, M. 38843  Purpose of Disbursement (Optional)  E. Full name  Chwn LtD  Mailing Address  Hwy 174  City, State, Zip Code  tiznent, M. 38843  Purpose of Disbursement (Optional)  F. Full name  Duly ve y & Groc.  Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year) //  Aggregate Year-to-date  Date (Mo., Day, Year)	s S Amount of each disbursement this period      Amount of each disbursement this period  Amount of each disbursement this period
Mailing Address  Bradford 54.  City, State, Zip Code  Fultow, M5 34843  Purpose of Disbursement (Optional)  E. Full name  CHWD LTD  Mailing Address  Hwy 174  City, State, Zip Code  +12ment, M5 38943  Purpose of Disbursement (Optional)  F. Full name  Duly way & Groc.  Mailing Address  Hwy 178  City, State, Zip Code	(Mo., Day, Year)  11/4/6  11/4/6  Aggregate Year-to-date  Date (Mo., Day, Year)  2/1/6  Aggregate Year-to-date  Date (Mo., Day, Year)	s SOOO  Amount of each disbursement this period     100
Fellowship of Christian Ath.  Mailing Address  Bradford 5t.  City, State, Zip Code  Fultow, M5 34843  Purpose of Disbursement (Optional)  E. Full name  Chwy LtD  Mailing Address  Hwy 174  City, State, Zip Code  Tiznent, M5 38943  Purpose of Disbursement (Optional)  F. Full name  Duly ve y & Groc.  Mailing Address	(Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year) // Aggregate Year-to-date  Date (Mo., Day, Year) //  Aggregate Year-to-date  Date (Mo., Day, Year)	s S Amount of each disbursement this period      Amount of each disbursement this period  Amount of each disbursement this period

Name of Candidate or	Comm	ittee	DONNIE B	011			
Reporting period	1/	116	through	12	131	116	

# ITEMIZED DISBURSEMENTS

A. Full name  CKCD Dehit  Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  3 5 1 × Ze o LTD Rosh HAAIN 1L  City, State, Zip Code	11/29/16	\$ 1413.50
	//	\$
TEL AVIV JAF 12  Purpose of Disbursement (Optional)  1+0+0/ TS (AO/	Aggregate Year-to-date	\$
Hotel ISIAel B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  MIAIN 5+	11125116	\$ 223.19
MAIN 5+ City, State, Zip Code Fultow MS 39743	12130116	\$ 101.90
Fulton, MS 38943 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address  20 A 1 2 3 +	311116	\$ 147.00
MAIN 3+ City, State, Zip Code  Fulton, MS 3443	3114116	\$ 65.00
Fulton, MS 37543  Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name  To make H Aconomic	Date (Mo., Day, Year)	Amount of each disbursement this period
Tommy Harmon Mailing Address  107 1446006 04t	3113116	\$ 300
107 WIGPET OAK City, State, Zip Code  Para I MG 30942	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name MG Republicator House	Date (Mo., Day, Year)	Amount of each disbursement this period
Mg Republican House Mailing Address 1.0 DOY 2004	12/24/16	\$ 1000
5Ackgow, M5 39215	//	\$
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	s
	-	

Name of Candidate or	Committee	Deanie	Bell		
Reporting period	11/16		_ through _	12/3/	16

# ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address	7,2416	\$ Gn -2
Mailing Address  P. D. 13 0x 656  City, State, Zip Code	7/14/10	\$ 900
City, State, Zip Code  Rod Bity Al 35532  Purpose of Disbursement (Optional)	/	\$
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	\$