2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

RECEIVED
JAN 31 2017
Secretary of State
Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate: Chris Brown, Friends to Elect

Address: 33112 Hwy. 45 N, Nettleton, MS 38858 County: Monroe

Telephone: 662-749-7118 Fax: _____

Office Sought: House District 20 Email Address: _____

☒ 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	$ 18,250.00 +$ 2,300.23	$ 20,550.23	$ 20,550.23
Total amount of disbursements	$ 5,000.00 +$	$ 5,000.00	$ 5,000.00
Total amount of cash on hand	70,308.14	$	

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

Chris Brown
Signature of Candidate

29 January 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.***

2016 ELECTION CYCLE

Office Use Only
SECRETARY OF STATE

Received
Jan 2 2017
Secretary of State
Elections Div.

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate: Chris Brown, Friends to Elect

Address: 3312 Hwy 45 N, Meridian MS 39307 County: Lauderdale

Telephone: 662-719-7118 Fax:

Office Sought: Mayor District 20 Email Address:

☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016)

☐ 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

☐ Hardship (If candidate, excluding judicial candidates on the November 2016 General Election ballot)

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 (1) (a) and (b).

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	$ 14,220.00 (+)	$ 2300.23	$ 20,550.23
Total amount of disbursements	$ 500.00 (-)	$ 500.00	$ 500.00
Total amount of cash on hand		19,250.14	

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 Date: January 2, 2017

Authority: Rules to Miss. Code Ann. § 23-15-801 (1972) as see 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) 576-9232.
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.

Form 15-16

Name of Candidate or Committee: Friends to Elect Chris Brown

Reporting period: 1-1-2016 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: Anheuser Busch	12 / 13 / 16	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: Cerner Corporation	12 / 13 / 16	$ 1000.00
Mailing Address	/ /	$
City, State, Zip Code: Kansas City, MO 64117	/ /	$
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: Mississippi Health Care Association	12 / 13 / 16	$ 2000.00
Mailing Address	/ /	$
City, State, Zip Code: Ridgeland, MS 39157	/ /	$
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	12 / 13 / 16	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: Spartanburg, SC 29306	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year–to-date	$

Name of Candidate or Committee: Friends to Elect Chris Brown

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: Comprehensive Health Management	9 / 15 / 16	$ 1,000.00
Mailing Address: P.O. Box 31390	/ /	$
City, State, Zip Code: Tampa, FL 33631	/ /	$
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: BNSF Railway	9 / 15 / 16	$ 250.00
Mailing Address:	/ /	$
City, State, Zip Code: Fort Worth, TX 76131	/ /	$
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: Merck, Sharp, and Dohme Corp	9 / 15 / 16	$ 500.00
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: Pharma	12 / 13 / 16	$ 500.00
Mailing Address:	/ /	$
City, State, Zip Code: Washington, D.C. 200004	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year–to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Employers Health Management	1 / 15 / 16	$ 1,000.00
Mailing Address P.O. Box 31340	/ /	$
City, State, Zip Code Tampa, FL 33131	/ /	$
Name of Employer (Business) 	/ /	$
Occupation/Industry 	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 BNSF Railway	1 / 15 / 16	$ 250.00
Mailing Address 	/ /	$
City, State, Zip Code Fort Worth, TX 7131	/ /	$
Name of Employer (Business) 	/ /	$
Occupation/Industry 	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 Merck, Sharp, and Dohme Corp	1 / 15 / 16	$ 500.00
Mailing Address 	/ /	$
City, State, Zip Code 	/ /	$
Name of Employer (Business) 	/ /	$
Occupation/Industry 	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 Pfizer	12 / 12 / 15	$ 500.00
Mailing Address 	/ /	$
City, State, Zip Code Washington, DC 20004	/ /	$
Name of Employer (Business) 	/ /	$
Occupation/Industry 	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Elect Chris Brown

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: United Health Group	12 / 13 / 16	$ 500.00
Mailing Address: P.O. Box 1459	/ /	$
City, State, Zip Code: Minneapolis, MN 55440	/ /	$
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: Monsanto Company	12 / 13 / 16	$ 250.00
Mailing Address	/ /	$
City, State, Zip Code: St. Louis, MO 63167	/ /	$
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: Astra Zeneca	12 / 13 / 16	$ 1000.00
Mailing Address: P.O. Box 15437	/ /	$
City, State, Zip Code: Willmington, DE 19850	/ /	$
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: Eli Lilly and Company	12 / 13 / 16	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code: Indianapolis, IN 46285	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year–to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full name: United Health Group	12 / 13 / 16	$ 500.00	
Mailing Address: P.O. Box 1459	/ /	$	
City, State, Zip Code: Minneapolis, MN 55440	/ /	$	
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: Monsanto Company	12 / 13 / 16	$ 250.00	
Mailing Address	/ /	$	
City, State, Zip Code: St. Louis, MO 63167	/ /	$	
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: Betsy Zweco	12 / 13 / 16	$ 1000.00	
Mailing Address: P.O. Box 15637	/ /	$	
City, State, Zip Code: Wilmington, DE 19850	/ /	$	
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: Eli Lilly and Company	12 / 13 / 16	$ 500.00	
Mailing Address	/ /	$	
City, State, Zip Code: Indianapolis, IN 46285	/ /	$	
Name of Employer (Required)	/ /	$	
Occupation (Required)	Aggregate year-to-date	$	

Name of Candidate or Committee: Friends to Elect Chris Brown

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: Jones Walker LLP	12 / 27 / 16	$ 500.00
Mailing Address	/ /	$
City, State, Zip Code	/ /	$
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: Acadia Healthcare Company	12 / 27 / 16	$ 500.00
Mailing Address: 6100 Tower Circle St. 1000	/ /	$
City, State, Zip Code: Franklin, TN 37067	/ /	$
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: Caremark RX Inc.	12 / 27 / 16	$ 500.00
Mailing Address: P.O. Box 287	/ /	$
City, State, Zip Code: Lincoln, RI 02895	/ /	$
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: KCS Rail	12 / 26 / 16	$ 250
Mailing Address: P.O. Box 219335	/ /	$
City, State, Zip Code: Kansas City, MO 64121	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jones Inc/Sec LLP Mailing Address	12 / 21 / 16	$ 500.00
City, State, Zip Code	/ /	$
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 Davis Williams Company Mailing Address 1100 Tower Creek St. Ste City, State, Zip Code Franklin, TN 37067	12 / 21 / 16	$ 500.00
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 Carnwood RV Inc. Mailing Address P.O. Box 287 City, State, Zip Code Lincoln, DE 03875	12 / 21 / 16	$ 500.00
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 Kos Rai Mailing Address P.O. Box 29535 City, State, Zip Code Lenexa City, MO 64121	12 / 21 / 16	$ 250.00
Name of Employer (Required)	/ /	$
Occupation (Required)	/ /	$
	Aggregate year-to-date	$

Name of Candidate or Committee: Friends to Elect Chris Brown

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: Comcast Corp.	12 / 27 / 16	$ 500.00
Mailing Address: 1701 JFK Blvd.	/ /	$
City, State, Zip Code: Philadelphia, PA 19103	/ /	$
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: Pfizer Inc.	12 / 27 / 16	$ 500.00
Mailing Address: 6730 Lennox Center	/ /	$
City, State, Zip Code: Memphis, TN 38115	/ /	$
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: MS Assoc. of Realtors	12 / 27 / 16	$ 250.00
Mailing Address: P.O. Box 321000	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
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: MS Dental Pac	12 / 27 / 16	$ 1,000.00
Mailing Address: 439 B. Katherine Dr.	/ /	$
City, State, Zip Code: Flowood, MS 39232	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year–to-date	$

Name of Candidate or Committee

Reporting period (through)

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: Concord Corp.

Mailing Address: 1701 J.F.K. Blvd.

City, State, Zip Code: Philadelphia PA 19103

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year): 12/12/06

Amount of each receipt this period: $ 500.00

Aggregate year-to-date: $

B. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: Pfizer Inc.

Mailing Address: 6230 Lenox Center

City, State, Zip Code: Memphis TN 38115

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year): 12/12/06

Amount of each receipt this period: $ 500.00

Aggregate year-to-date: $

C. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: MS Assoc. of Realtors

Mailing Address: P.O. Box 321000

City, State, Zip Code: Flowood, MS 39232

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year): 12/12/06

Amount of each receipt this period: $ 250.00

Aggregate year-to-date: $

D. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: MS Dental Pac.

Mailing Address: 1637 E. Northerns Dr.

City, State, Zip Code: Flowood, MS 39232

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year): 12/12/06

Amount of each receipt this period: $ 1,000.00

Aggregate year-to-date: $

Name of Candidate or Committee: Friends to Elect Chris Brown

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: Committee for Clean Environment and Fair Taxation	12 / 27 / 16	$ 250.00
Mailing Address: 3000 North State St.	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
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	12 / 27 / 16	$ 250.00
Mailing Address: 111 East Capitol St	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
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: Benbury	12 / 27 / 16	$ 500.00
Mailing Address: 5320 Legacy Dr.	/ /	$
City, State, Zip Code: Plano, TX 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: Mississippi Medical	12 / 27 / 16	$ 2,000.00
Mailing Address: P.O. Box 2548	/ /	$
City, State, Zip Code: Ridgeland, MS 39158	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, state, zip code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)		Amount of each receipt this period
12 / 21 / 16	$	250.00
/ /	$	
/ /	$	
/ /	$	
Aggregate year-to-date	$	

B. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, state, zip code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)		Amount of each receipt this period
12 / 21 / 16	$	250.00
/ /	$	
/ /	$	
/ /	$	
Aggregate year-to-date	$	

C. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, state, zip code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)		Amount of each receipt this period
12 / 21 / 16	$	500.00
/ /	$	
/ /	$	
/ /	$	
Aggregate year-to-date	$	

D. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, state, zip code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)		Amount of each receipt this period
12 / 21 / 16	$	2000.00
/ /	$	
/ /	$	
/ /	$	
Aggregate year-to-date	$	

Name of Candidate or Committee: Friends to Elect Chris Brown

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: Centene Corp.	12 / 27 / 16	$ 2000.00
Mailing Address: 7700 Forsyth Blvd.	/ /	$
City, State, Zip Code: St. Louis, MO 63105	/ /	$
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: Amerigroup Corp.	12 / 27 / 16	$ 1,000.00
Mailing Address: PO Box 68086	/ /	$
City, State, Zip Code: Cincinnati, OH 45206	/ /	$
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	$

Name of Candidate or Committee

Reporting period / / through / /

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: Cabanac Corp.

Mailing Address: 7100 Forsyth Blvd.

City, State, Zip Code: St. Louis, MO 63105

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)	Amount of each receipt this period	Aggregate year-to-date
12 / 21 / 16	$ 2000.00	
/ /	$	
/ /	$	
/ /	$	
		$

B. Source: Corporation PAC Individual Loan

Other (please specify)

Full name: Anderson Corp.

Mailing Address: PO Box 15055

City, State, Zip Code: Cincinnati, OH 45215

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)	Amount of each receipt this period	Aggregate year-to-date
12 / 21 / 16	$ 1000.00	
/ /	$	
/ /	$	
/ /	$	
		$

C. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)	Amount of each receipt this period	Aggregate year-to-date
/ /	$	
/ /	$	
/ /	$	
/ /	$	
		$

D. Source: Corporation PAC Individual Loan

Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date (Mo., Day, Year)	Amount of each receipt this period	Aggregate year-to-date
/ /	$	
/ /	$	
/ /	$	
/ /	$	
		$

Name of Candidate or Committee Chris Brown

Reporting period 1-1-2016 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name HRCC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4 / 29 / 16	$ 5000.00/ea
City, State, Zip Code Jackson, MS	___/___/___	$
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	$

Name of Candidate or Committee

Reporting period 1-1-2016 through 12-31-16

ITEMIZED DISBURSEMENTS

A. Full name HKC		
Mailing Address		
City, State, Zip Code Jackson, MS		
Purpose of Disbursement (Optional)		
B. Full name		
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)		
C. Full name		
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)		
D. Full name		
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)		
E. Full name		
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)		
F. Full name		
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)		

Date (Mo., Day, Year)	Amount of each disbursement this period	Aggregate Year-to-date
11/21/16	$ 5000.00	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	
__/__/__	$	