



Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Friends of David Parker  
 Address 4889 Bobo Place, Olive Branch, MS 38654 County DeSoto  
 Telephone 662-893-3300 Fax 662-893-3309  
 Office Sought Senate 2 Email Address dparker@senate.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	\$ 750.00 +\$ -0-	\$ 750.00	\$ 750.00
Total amount of disbursements	\$ 3,637.00 +\$ -0-	\$ 3,637.00	\$ 3,637.00
Total amount of cash on hand		\$ 89,241.71	

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

1/30/2017

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 FRIENDS OF DAVID PARKER

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>BNSF RAILWAY</u>	<u>10</u> / <u>16</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>645 Lakeland EAST DR., STE 181</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Flewwood, MS 39232</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
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>Wal-PAC</u>	<u>12</u> / <u>30</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>702 SW 8th Street</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Bentonville, AR 72716</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. 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	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
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	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Mailing Address	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Friends of David Parker  
 Reporting period 1/1/16 through 12/31/16

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> <u>Capstone Public Affairs</u>	<b>Date</b> (Mo., Day, Year) <u>2/22/16</u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>1,592.00</u>
<b>Mailing Address</b> <u>P.O. Box 2096</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>1,495.00</u>
<b>City, State, Zip Code</b> <u>Jackson MS 39226</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>3,087.00</u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>3,087.00</u>
<b>B. Full name</b> <u>DeSoto Republican Women</u>	<b>Date</b> (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>300.00</u>
<b>Mailing Address</b> <u>8554 NORTHWEST DRIVE</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>City, State, Zip Code</b> <u>Southaven, MS 38671</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>300.00</u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>300.00</u>
<b>C. Full name</b> <u>DeSoto Veterans Para</u>	<b>Date</b> (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>250.00</u>
<b>Mailing Address</b> <u>P.O. Box 2118</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>City, State, Zip Code</b> <u>Southaven, MS 38671</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>250.00</u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>250.00</u>
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>   </u>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>   </u>
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>   </u>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>   </u>
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year) <u>   </u> / <u>   </u> / <u>   </u>	<b>Amount of each</b> <b>disbursement this period</b> \$ <u>   </u>
<b>Mailing Address</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>City, State, Zip Code</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$ <u>   </u>
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>   </u>