

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Donnie Scoggins  
 Address 1203 Pine St Ellisville County Jones  
 Telephone 601 319-5421 Fax 601 477-1015  
 Office Sought \_\_\_\_\_ Email Address dscoggins1@gmail.com

☐ 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	\$ 2900 +\$ - 0 -	\$ 2900 <sup>00</sup>	\$ 11,850 <sup>00</sup>
Total amount of disbursements	\$ 291 <sup>00</sup> +\$ 678 <sup>00</sup>	\$ 969 <sup>00</sup>	\$ 10,624 <sup>20</sup>
Total amount of cash on hand		\$ 1,225.80	

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 1/27/17

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

Reporting period

through

## 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>Committee for Clean Environment</u>		<u>12/21/16</u>	\$ <u>500.00</u>
Mailing Address <u>3000 N State St</u>		<u>1/1/16</u>	\$
City, State, Zip Code <u>Jackson, MS 39216</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>MNA PAC</u>		<u>12/1/16</u>	\$ <u>1000.00</u>
Mailing Address <u>31 Woodgreen Place</u>		<u>1/1/16</u>	\$
City, State, Zip Code <u>Madison, MS 39110</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>Mississippi Power Co PAC</u>		<u>12/16/16</u>	\$ <u>400.00</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	\$
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>Mississippi Road Builders PAC</u>		<u>12/14/16</u>	\$ <u>250.00</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	\$

**Name of Candidate or Committee** \_\_\_\_\_

Reporting period 1/1/2017 through 12/31/2017

## 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 Mississippi Manufacturers Assoc PAC		12/13/14	\$ 200.00
Mailing Address 720 N President St		1/1/1	\$
City, State, Zip Code Jackson MS 39202		1/1/1	\$
Name of Employer (Required)		1/1/1	\$
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 Mississippi Assn of Realtors PAC		12/19/16	\$ 500.00
Mailing Address PO. Box 321000		1/1/1	\$
City, State, Zip Code Ft. Worth TX 76100		1/1/1	\$
Name of Employer (Required)		1/1/1	\$
Occupation (Required)		Aggregate year-to-date	\$
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		1/1/1	\$
Mailing Address		1/1/1	\$
City, State, Zip Code		1/1/1	\$
Name of Employer (Required)		1/1/1	\$
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		1/1/1	\$
Mailing Address		1/1/1	\$
City, State, Zip Code		1/1/1	\$
Name of Employer (Required)		1/1/1	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Donnie Scoggins  
 Reporting period \_\_\_\_\_ through Dec 31, 2016

## ITEMIZED DISBURSEMENTS

A. Full name <u>WBBN</u>	Date (Mo., Day, Year) <u>12/14/16</u>	Amount of each disbursement this period \$ <u>291.20</u>
Mailing Address <u>P.O. Box 6408</u>	<u>12/14/16</u>	\$ <u>291.20</u>
City, State, Zip Code <u>Couret MS 39441</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$