2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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JAN - 6 2017
Campaign Finance
Secretary of State

Candidate

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Gary A. Chism

Address P.O. Box 2343 Columbus, Ms. 39704 County Lowndes

Telephone 662-386-6619 Fax 662-327-0987

Office Sought Ms. House District #37 Email Address gchism@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	$ 9200 +$ 0	$ 9200	$ 9200
Total amount of disbursements	$ 11785 +$ 3858	$ 15143	$ 15143
Total amount of cash on hand		$ 53043	

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

Gary A. Chism
Signature of Candidate

1/6/17
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: Gary A. Chism

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: BNSF Railway Company Mailing Address: 2500 Lou Menk Drive, AOB-3 City, State, Zip Code: Fort Worth, TX 76131 Name of Employer (Required): N/A Occupation (Required): N/A	8/24/16	$ 250.00
		$
		$
		$
	Aggregate year-to-date	$ 250.00
B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify): - Full name: Gulf States Toyota Inc Mailing Address: 1375 Enclave Parkway City, State, Zip Code: Houston, Texas Name of Employer (Required): N/A Occupation (Required): N/A	8/30/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00
C. Source [ ] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify) Full name: MPC PAC Mailing Address: P.O. Box 4079 City, State, Zip Code: Gulfport, MS. 39502-4079 Name of Employer (Required): N/A Occupation (Required): N/A	10/7/16	$ 250.00
		$
		$
		$
	Aggregate year-to-date	$ 250.00
D. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: AstraZeneca Mailing Address: P.O. Box 15437 City, State, Zip Code: Wilmington, DE 19850-5437 Name of Employer (Required): N/A Occupation (Required): N/A	10/12/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Gary A. Chism

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Anheuser Busch Mailing Address: C/o The Clay Firm PO Box 217 City, State, Zip Code: Jackson, MS. 39205 Name of Employer (Required): N/A Occupation (Required): N/A	10/24/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00
B. Source: [X] Corporation [ ] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Pfizer Inc Mailing Address: 6730 Lenox Center CT City, State, Zip Code: Memphis, TN 38115 Name of Employer (Required): N/A Occupation (Required): N/A	10/24/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00
C. Source [X] Corporation [ ] PAC [X] Individual [ ] Loan [ ] Other (please specify) Full name: United Health Group Inc Mailing Address: P.O. Box 1459 City, State, Zip Code: Minneapolis MN 55440-1459 Name of Employer (Required): N/A Occupation (Required): N/A	10/25/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00
D. Source: [ ] Corporation [X] PAC [ ] Individual [ ] Loan [ ] Other (please specify) Full name: Electric Power Ass'n PAC Mailing Address: P.O. Box 3300 City, State, Zip Code: Ridgeland, MS. 39158 Name of Employer (Required): Occupation (Required):	12/9/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee: Gam A. Chism

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: AT&T PAC Mailing Address: 111 East Capitol Street, Ste 6030 City, State, Zip Code: Jackson, Ms. 39201 Name of Employer (Required): N/A Occupation (Required): N/A	12/13/16 Aggregate year-to-date	$ 250.00 $ 250.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: NAIFA PAC Mailing Address: P.O. Box 13649 City, State, Zip Code: Jackson, Ms. 39236-3649 Name of Employer (Required): N/A Occupation (Required): N/A	12/16/16 Aggregate year-to-date	$ 500.00 $ 500.00
C. Source ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: CAREMARK Rx Inc Mailing Address: P.O. Box 287 City, State, Zip Code: Lincoln, RI 02865 Name of Employer (Required): Occupation (Required):	12/19/16 Aggregate year-to-date	$ 250.00 $ 250.00
D. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: Ms Dental PAC Mailing Address: 439 B Katherine Dr City, State, Zip Code: Flowood, Ms. 39232 Name of Employer (Required): Occupation (Required):	12/19/16 Aggregate year-to-date	$ 1000.00 $ 1000.00

Name of Candidate or Committee: Gary A. Chism

Reporting period: 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MS FOR SELF-INSURANCE PAC Mailing Address: 825 N. President Street City, State, Zip Code: JACKSON MS 39202 Name of Employer (Required): N/A Occupation (Required): N/A	12/21/16	$ 200.00
		$
		$
		$
	Aggregate year-to-date	$ 200.00
B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: EN PAC Mailing Address: P.O. Box 1640 City, State, Zip Code: JACKSON, MS. 39215-1640 Name of Employer (Required): N/A Occupation (Required): N/A	12/22/16	$ 250.00
		$
		$
		$
	Aggregate year-to-date	$ 250.00
C. Source ☐ Corporation ☒ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: MAE PAC c/o Thompson & Assoc Mailing Address: P.O. Box 16490 City, State, Zip Code: JACKSON, MS. 39236 Name of Employer (Required): N/A Occupation (Required): N/A	12/29/16	$ 2000.00
		$
		$
		$
	Aggregate year-to-date	$ 2000.00
D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) Full name: BAKER DONALDSON Mailing Address: ONE EASTOVER CENTER, 100 VISION DR., STE 400 City, State, Zip Code: JACKSON, MS Name of Employer (Required): N/A Occupation (Required): N/A	12/29/16	$ 500.00
		$
		$
		$
	Aggregate year-to-date	$ 500.00

Name of Candidate or Committee Gary A. Chism

Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

	Date (Mo., Day, Year)	Amount of each receipt this period
A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)		
Full name: Monsanto Company	12/23/16	$ 250.00
Mailing Address: 800 N. Lindbergh	/ /	$
City, State, Zip Code: Creve Coeur, Mo 63167	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 250.00
B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Tyson Foods Inc.	12/23/16	$ 500.00
Mailing Address: P.O. Box 2020	/ /	$
City, State, Zip Code: Springdale, AR 72765-2020	/ /	$
Name of Employer (Required): N/A	/ /	$
Occupation (Required): N/A	Aggregate year-to-date	$ 500.00
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 Gary A. Chism

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name New Hope Baseball Club Mailing Address 3419 New Hope Road City, State, Zip Code Columbus, Ms. 39702 Purpose of Disbursement (Optional) Sign	Date (Mo., Day, Year) 1/22/16 12/27/16 Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ 500.00 $ 750.00
B. Full name New Hope Robotics Booster Club Mailing Address 3419 New Hope Road City, State, Zip Code Columbus, Ms. 39702 Purpose of Disbursement (Optional) Sponsorship	Date (Mo., Day, Year) 3/10/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 250.00 $ $ 250.00
C. Full name Starkville Rotary Club Mailing Address P.O. Box 80002 City, State, Zip Code Starkville, Ms. 39759 Purpose of Disbursement (Optional) Sponsor Rodeo	Date (Mo., Day, Year) 1/8/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 375.00 $ $
D. Full name Republican National Committee Mailing Address P.O. Box 98206 City, State, Zip Code Washington, DC 20090-8206 Purpose of Disbursement (Optional) Membership	Date (Mo., Day, Year) 3/11/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 270.00 $ $ 270.00
E. Full name Mississippi Republican Party Mailing Address 415 Yazoo St. City, State, Zip Code Jackson, Ms. 39205 Purpose of Disbursement (Optional) VR Fund	Date (Mo., Day, Year) 1/15/16 __/__/__ Aggregate Year-to-date	Amount of each disbursement this period $ 240.00 $ $ 240.00
F. Full name Committee to Elect Kenny Griffis Mailing Address P.O. Box 16297 City, State, Zip Code Jackson, Ms. 39236 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 5/5/16 10/24/16 Aggregate Year-to-date	Amount of each disbursement this period $ 1000.00 $ 1000.00 $ 2000.00

Name of Candidate or Committee Gaen A. Chism

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

	Date (Mo., Day, Year)	Amount of each disbursement this period
A. Full name: New Hope Lady Trojan Softball Mailing Address: 3419 New Hope Road City, State, Zip Code: Columbus, Ms. 39702 Purpose of Disbursement (Optional): SIGN	5/26/16	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 500.00
B. Full name: Ms House Republican Campaign Committee Mailing Address: P.O. Box 2008 City, State, Zip Code: Jackson, Ms. 39215 Purpose of Disbursement (Optional): Contribution	6/2/16	$ 5000.00
	__/__/__	$
	Aggregate Year-to-date	$ 5000.00
C. Full name: Trump Make America Great Again Committ Mailing Address: P.O. Box 1776 City, State, Zip Code: Merrifield, VA. 22116-9400 Purpose of Disbursement (Optional): Contribution	6/27/16	$ 500.00
	__/__/__	$
	Aggregate Year-to-date	$ 500.00
D. Full name: New Hope Touchdown Club Mailing Address: 3419 New Hope Road City, State, Zip Code: Columbus, Ms. 39702 Purpose of Disbursement (Optional): SIGN	8/11/16	$ 250.00
	__/__/__	$
	Aggregate Year-to-date	$ 250.00
E. Full name: College Republicans Mailing Address: 1500 K St. NW Ste 325 City, State, Zip Code: Washington, DC 20090 Purpose of Disbursement (Optional): Contribution	6/17/16	$ 250.00
	__/__/__	$
	Aggregate Year-to-date	$ 250.00
F. Full name: New Hope Goal Mailing Address: 3419 New Hope Road City, State, Zip Code: Columbus, Ms. Purpose of Disbursement (Optional): SIGN	8/26/16	$ 400.00
	__/__/__	$
	Aggregate Year-to-date	$ 400.00

Name of Candidate or Committee Gary A. Chism

Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Itawamba CC. Foundation		
Mailing Address	9/20/16	$ 1000.00
602 West Hill Street		
City, State, Zip Code	__/__/__	$
Fulton, Ms. 38843		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1000.00
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	$