

2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Philip Moran
Address 18403 Old Joe Moran, Kin, MS 39156 County Hancock
Telephone 228-861-3700 Fax 228-255-3594
Office Sought Senator District 40 Email Address philip.moran@aol.com

Check here if above is different from previous report

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	\$ 1450 ⁰⁰	\$	\$ 1450 ⁰⁰
Total amount of disbursements	\$ 7400 ⁰⁰	\$	\$ 7400 ⁰⁰
Total amount of cash on hand	Checking Account balance \$ 12,772.42		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Philip Moran 12-31-2016
Signature of Candidate 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:**
- 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.
 - Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
 - Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Philip Moran Dist 46
 Reporting period 1-1-2016 through 12-31-2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Philip's Pest Control	1/2/16	\$ 6000 ⁰⁰
Mailing Address P O Box 6201		
City, State, Zip Code Diamondhead, MS 39525	1/1/16	\$
Purpose of Disbursement (Optional) Reimbursement of Campaign Loan	Aggregate Year-to-date	\$
B. Full name Jack Cleveland	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5436 Diamondhead East	1/25/16	\$ 300 ⁰⁰
City, State, Zip Code Diamondhead, MS 39525	1/1/16	\$
Purpose of Disbursement (Optional) Field REP. Office supplies	Aggregate Year-to-date	\$
C. Full name Delbert Hoseman	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 401 Mississippi St	5/17/16	\$ 500 ⁰⁰
City, State, Zip Code JACKSON - MS. 39201	1/1/16	\$
Purpose of Disbursement (Optional) Political Fundraiser	Aggregate Year-to-date	\$
D. Full name A.L.E.C.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2900 Crystal Dr. 6th Floor	11/23/16	\$ 100 ⁰⁰
City, State, Zip Code Arlington, VA. 22202	1/1/16	\$
Purpose of Disbursement (Optional) membership 2 year	Aggregate Year-to-date	\$
E. Full name Tate Reeves	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P O Box 1018	12/6/16	\$ 500 ⁰⁰
City, State, Zip Code Jackson, MS. 39215	1/1/16	\$
Purpose of Disbursement (Optional) POLITICAL FUNDRAISER	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/1/16	\$
City, State, Zip Code	1/1/16	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Philip Moran Dist 46

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

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Linfield Hunter & Juniors Inc</u>	<u>12/24/16</u>	\$ <u>1000.00</u>
Mailing Address <u>3608 18th St Suite 200</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>Metairie, LA, 70002</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>SAME</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Engineers & Architects</u>	Aggregate year-to-date	\$ []
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donelson</u>	<u>12/9/16</u>	\$ <u>200.00</u>
Mailing Address <u>P O Box 14167</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>Jackson Ms. 39236</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>SAME</u>	[]/[]/[]	\$ []
Occupation (Required) <u>Attorneys</u>	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"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>	<u>12/10/16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. CAPITAL ST Suite 6030</u>	[]/[]/[]	\$ []
City, State, Zip Code <u>JACKSON, MS. 39201</u>	[]/[]/[]	\$ []
Name of Employer (Required) <u>SAME</u>	[]/[]/[]	\$ []
Occupation (Required) <u>P.A.C.</u>	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"/> 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	\$ []