2016 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

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Capitol Office

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate Dan Eubanks

Address P.O. Box 184, Walls, MS 38680 County Desoto

Telephone (662) 374-0035 Fax (601) 576-2630

Office Sought _____ Email Address deubanks@house.ms.gov

☑ **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	$ 1100.00 +$ 0	$ 1100.00	$ 1100.00
Total amount of disbursements	$ 773.94 +$ 1841.83	$ 2615.77	$ 2615.77
Total amount of cash on hand		$	

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

Dan Eubanks
Signature of Candidate

1/25/17
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: Dan Eubanks

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: BNSF Railway Company	12 / 1 / 16	$ 250.00
Mailing Address: 2500 Lou Menk Drive AOB-3	/ /	$
City, State, Zip Code: Fort Worth, TX 76131	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	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: Committe for Clean Environment and Fair Taxation	12 / 21 / 16	$ 250.00
Mailing Address: 300 N. State St.	/ /	$
City, State, Zip Code: Jackson, MS 39216	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 250.00

C. Source ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Al Williams Bail Bond Company	12 / 28 / 16	$ 200.00
Mailing Address: 3402 Industrial Drive West	/ /	$
City, State, Zip Code: Hernando, MS 38632	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: AT&T Mississippi PAC	10 / 6 / 16	$ 200.00
Mailing Address: 111 East Capitol St Suite 6030	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year-to-date	$ 200.00

Name of Candidate or Committee: Dan Eubanks

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: Baker Donelson PAC	12 / 21 / 16	$ 200.00
Mailing Address: 100 Vision Drive #400	/ /	$
City, State, Zip Code: Jackson, MS 39211	/ /	$
Name of Employer (Required):	/ /	$
Occupation (Required):	Aggregate year–to-date	$ 200.00

B. 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	$

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 Dan Eubanks

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

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Travelocity		
Mailing Address 3150 Sabre Dr.	6/23/16	$ 550.20
City, State, Zip Code South Lake, TX 76092	__/__/__	$
Purpose of Disbursement (Optional) unreimbursed travel to represent the State	Aggregate Year-to-date	$ 550.20
B. Full name Hotels.Com	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 10440 N. Central Expwy Suite 400	6/23/16	$ 223.74
City, State, Zip Code Dallas, TX 75231	__/__/__	$
Purpose of Disbursement (Optional) unreimbursed travel to represent the State	Aggregate Year-to-date	$ 223.74
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	$