

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate Jeffery S. Hale  
 Address 2303 West Wind Dr. Nesbit MS 38651 County Desoto  
 Telephone 901-461-6673 Fax \_\_\_\_\_  
 Office Sought State Rep Dist 24 Email Address \_\_\_\_\_

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	\$ 900. +\$ 543.	\$ 1443	\$ 1443
Total amount of disbursements	\$ 1150 +\$ 198.	\$ 1348	\$ 1348
Total amount of cash on hand		\$ 840.32	

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

Jeffery S. Hale  
Signature of Candidate

1-28-17  
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 Jeffery S. Haly State Rep 24

Reporting period Jan 1, 2016 through Dec. 31, 2016

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Committee for Clean Env. and Fair Taxation</u>	<u>12 / 23 / 16</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>3000 N. State St.</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39216</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Beverage ASS of MS</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
B. 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&amp;T of MS</u>	<u>11 / 16 / 16</u>	\$ <u>400<sup>00</sup></u>
Mailing Address <u>111 E Capital St. Ste. 6030</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson MS 39201</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Political Action Comm</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>400<sup>00</sup></u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" 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>Advance America</u>	<u>12 / 16 / 16</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>135 N. Church St</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Spartanburg SC 29306</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
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	<u>  /  /  </u>	\$ <u>  </u>
Mailing Address	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required)	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required)	Aggregate year-to-date	\$ <u>  </u>

Name of Candidate or Committee Jeffery S. Hale State Rep 24  
 Reporting period Jan 1, 2016 through Dec 31, 2016

## ITEMIZED DISBURSEMENTS

A. 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	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Jeff + Traci Hale</u>	<u>1/28/16</u>	\$ <u>900<sup>00</sup></u>
City, State, Zip Code <u>2303 Westwind Dr</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Nesbit MS</u>	Aggregate Year-to-date	\$ <u>900<sup>00</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Strategic Victory</u>	<u>5/16/16</u>	\$ <u>250<sup>00</sup></u>
City, State, Zip Code <u>P.O. B 13</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Nesbit MS 38651</u>	Aggregate Year-to-date	\$ <u>250<sup>00</sup></u>
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	\$