

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate John Horn
 Address 6035 Waverly Dr, Jxn 39206 County Hinds
 Telephone 601. 359. 3237 Fax _____
 Office Sought Senate, Dist 26 Email Address jhorn@comcast.net

☐ 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	\$ 43,150 + \$ 8,945	\$ 52,095	\$ 52,095
Total amount of disbursements	\$ 42,141.84 + \$ 6,310.57	\$ 48,452.41	\$ 48,452.41
Total amount of cash on hand		\$ 7,813.35	

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

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

John Horhn

Reporting period

Jan 1, 2016

through

Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hertz Rent-A-Car</u>	<u>1/7/16</u>	\$ <u>292.55</u>
Mailing Address		
<u>100 International Dr</u>	<u>1/7/16</u>	\$ <u>292.55</u>
City, State, Zip Code		
<u>Jackson, MS 39208</u>	<u>1/7/16</u>	\$ <u>292.55</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>292.55</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Infiniti Dealership</u>	<u>1/7/16</u>	\$ <u>989.17</u>
Mailing Address		
<u>1685 High St.</u>	<u>1/7/16</u>	\$ <u>989.17</u>
City, State, Zip Code		
<u>Jackson 39202</u>	<u>1/7/16</u>	\$ <u>989.17</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>989.17</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bill Washington</u>	<u>1/25/16</u>	\$ <u>2,000⁰⁰</u>
Mailing Address		
<u>1/25/16</u>	<u>3/8/16</u>	\$ <u>2,000⁰⁰</u>
City, State, Zip Code		
<u>1/25/16</u>	<u>3/8/16</u>	\$ <u>2,000⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4,000⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MS Sports Hall of Fame</u>	<u>1/6/16</u>	\$ <u>300⁰⁰</u>
Mailing Address		
<u>452 Lakeland Dr</u>	<u>1/6/16</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code		
<u>Jackson 39216</u>	<u>1/6/16</u>	\$ <u>300⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jackson Advocate</u>	<u>2/15/16</u>	\$ <u>400⁰⁰</u>
Mailing Address		
<u>100 W. Hamilton St</u>	<u>2/15/16</u>	\$ <u>400⁰⁰</u>
City, State, Zip Code		
<u>Jackson 39202</u>	<u>2/15/16</u>	\$ <u>400⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>400</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Friends of Erick Simmons</u>	<u>1/9/16</u>	\$ <u>500⁰⁰</u>
Mailing Address		
<u>207 Main St</u>	<u>1/9/16</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code		
<u>Greenville, MS 38701</u>	<u>1/9/16</u>	\$ <u>500⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee John Horhn
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Felanda Ross</u>	Date (Mo., Day, Year) <u>5/2/16</u>	Amount of each disbursement this period \$ <u>300⁰⁰</u>
Mailing Address <u>2221 Boling St</u>		
City, State, Zip Code <u>Jackson 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
B. Full name <u>Jewel Bass</u>	Date (Mo., Day, Year) <u>5/24/16</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address <u>c/o 200 Commerce St Ste B</u>		
City, State, Zip Code <u>Jackson 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
C. Full name <u>WMPR</u>	Date (Mo., Day, Year) <u>6/1/16</u>	Amount of each disbursement this period \$ <u>3000⁰⁰</u>
Mailing Address <u>1018 Pecan Park Circle</u>		
City, State, Zip Code <u>Jackson 39209</u>	<u>12/19/16</u>	\$ <u>4800</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>7,800⁰⁰</u>
D. Full name <u>Patrick Senous</u>	Date (Mo., Day, Year) <u>6/17/16</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address <u>c/o 200 Commerce St. Ste B</u>		
City, State, Zip Code <u>Jackson 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
E. Full name <u>Postage Savers</u>	Date (Mo., Day, Year) <u>9/26/16</u>	Amount of each disbursement this period \$ <u>271¹⁰</u>
Mailing Address <u>331 Commerce Park Dr</u>		
City, State, Zip Code <u>Jackson 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>Sir Speedy</u>	Date (Mo., Day, Year) <u>9/26/16</u>	Amount of each disbursement this period \$ <u>660⁴⁵</u>
Mailing Address <u>2701 N. State St</u>		
City, State, Zip Code <u>Jackson 39216</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>660⁴⁵</u>

Name of Candidate or Committee

John Harkin

Reporting period

Jan 1, 2016

through

Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jackson Convention Center</u>	<u>9/29/16</u>	\$ <u>1,000.00</u>
Mailing Address		
<u>105 E. Passagoula St</u>	<u>9/29/16</u>	\$ <u>1,000.00</u>
City, State, Zip Code		
<u>Jackson 39201</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,000.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Parlor Market</u>	<u>10/7/16</u>	\$ <u>1,707.15</u>
Mailing Address		
<u>115 W. Capitol St</u>	<u>10/7/16</u>	\$ <u>187.00</u>
City, State, Zip Code		
<u>Jackson 39201</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,894.15</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Henry Rhodes</u>	<u>10/5/16</u>	\$ <u>500.00</u>
Mailing Address		
<u>203 Broadmoor Dr</u>	<u>10/5/16</u>	\$
City, State, Zip Code		
<u>Jackson 39206</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Natalie Cole</u>	<u>10/24/16</u>	\$ <u>1,000.00</u>
Mailing Address		
	<u>11/18/16</u>	\$ <u>1,000.00</u>
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,000.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Enterprise Car Rental</u>	<u>11/2/16</u>	\$ <u>554.63</u>
Mailing Address		
<u>258 Hwy 51</u>	<u>11/2/16</u>	\$
City, State, Zip Code		
<u>Ridgeland, MS 39157</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CSpire</u>	<u>11/14/16</u>	\$ <u>213.48</u>
Mailing Address		
<u>1000 Highland Colony Pkwy #3001</u>	<u>11/14/16</u>	\$
City, State, Zip Code		
<u>Ridgeland, MS 39157</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>213.48</u>

Name of Candidate or Committee

John Horhn

Reporting period

Jan 1, 2016

through

Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Trace Pathways</u>	<u>10/27/16</u>	\$ <u>300⁰⁰</u>
Mailing Address		
<u>6580 Learned Rd</u>	<u>10/27/16</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code		
<u>Edwards, MS 39066</u>	<u>10/27/16</u>	\$ <u>300⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>R.E.C.H. Foundation</u>	<u>11/2/16</u>	\$ <u>500⁰⁰</u>
Mailing Address		
<u>P.O. Box 10740</u>	<u>11/2/16</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code		
<u>Jackson 39289</u>	<u>11/2/16</u>	\$ <u>500⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Beatrice Slaughter</u>	<u>11/15/16</u>	\$ <u>1,000⁰⁰</u>
Mailing Address		
<u>11/15/16</u>	<u>11/15/16</u>	\$ <u>1,000⁰⁰</u>
City, State, Zip Code		
<u>11/15/16</u>	<u>11/15/16</u>	\$ <u>1,000⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>McDade's Grocery</u>	<u>11/18/16</u>	\$ <u>262⁴⁶</u>
Mailing Address		
<u>904 E. Fortification St</u>	<u>11/18/16</u>	\$ <u>262⁴⁶</u>
City, State, Zip Code		
<u>Jackson 39202</u>	<u>11/18/16</u>	\$ <u>262⁴⁶</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>262⁴⁶</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Earl Clowers</u>	<u>11/19/16</u>	\$ <u>1,000⁰⁰</u>
Mailing Address		
<u>11/19/16</u>	<u>11/19/16</u>	\$ <u>1,000⁰⁰</u>
City, State, Zip Code		
<u>11/19/16</u>	<u>11/19/16</u>	\$ <u>1,000⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000⁰⁰</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jabbari Thomas</u>	<u>6/7/16</u>	\$ <u>200⁰⁰</u>
Mailing Address		
<u>601 Beasley Rd</u>	<u>6/7/16</u>	\$ <u>200⁰⁰</u>
City, State, Zip Code		
<u>Jackson 39206</u>	<u>6/7/16</u>	\$ <u>1,050⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,250⁰⁰</u>

Name of Candidate or Committee

John Horton

Reporting period

Jan 1, 2016

through

Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name	<u>Connie Little</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11/3/16</u>	\$ <u>200⁰⁰</u>
City, State, Zip Code		<u>11/25/16</u>	\$ <u>200⁰⁰</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>400⁰⁰</u>
B. Full name	<u>NBCSL</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>444 N. Capitol St., NW</u>	<u>12/02/16</u>	\$ <u>350⁰⁰</u>
City, State, Zip Code	<u>Washington, DC 20001</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>350⁰⁰</u>
C. Full name	<u>Wyndham</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>515 Eravie St</u>	<u>12/5/16</u>	\$ <u>384³⁶</u>
City, State, Zip Code	<u>New Orleans, LA 70130</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>384³⁶</u>
D. Full name	<u>MS Museum of Art</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>380 N. Lamar St</u>	<u>12/8/16</u>	\$ <u>1,200⁰⁰</u>
City, State, Zip Code	<u>Jackson 39201</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1,200⁰⁰</u>
E. Full name	<u>Upton Tire</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6371 I-55 N</u>	<u>12/13/16</u>	\$ <u>644⁴⁹</u>
City, State, Zip Code	<u>Jackson 39206</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>644⁴⁹</u>
F. Full name	<u>Old Capitol Museum</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>100 S. State St</u>	<u>11/21/16</u>	\$ <u>275⁰⁰</u>
City, State, Zip Code	<u>Jackson 39201</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>275⁰⁰</u>

Name of Candidate or Committee

John HarkinReporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED DISBURSEMENTS

A. Full name <u>Aaron Harris</u>	Date (Mo., Day, Year) <u>12/1/16</u>	Amount of each disbursement this period \$ <u>500.00</u>
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	\$ <u>5,000.00</u>
B. Full name <u>Jared Turner</u>	Date (Mo., Day, Year) <u>12/13/16</u>	Amount of each disbursement this period \$ <u>5,200.00</u>
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	\$ <u>5,200.00</u>
C. Full name <u>James Warren</u>	Date (Mo., Day, Year) <u>12/17/16</u>	Amount of each disbursement this period \$ <u>1,500.00</u>
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	\$ <u>1,500.00</u>
D. Full name	Date (Mo., Day, Year) <u> </u> / <u> </u> / <u> </u>	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) <u> </u> / <u> </u> / <u> </u>	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) <u> </u> / <u> </u> / <u> </u>	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	\$

Name of Candidate or Committee John Horhn
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual <u>Loan</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Landfair Solutions, LLC</u>	<u>11/15/16</u>	\$ <u>2,000</u>
Mailing Address <u>6035 Waverly Dr</u>	<u>11/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson 39206</u>	<u>11/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>9/26/16</u>	\$ <u>12,300</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>14,300</u>
B. Source: Corporation PAC Individual <u>Loan</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Wm M. Cooley</u>	<u>10/3/16</u>	\$ <u>1,000</u>
Mailing Address <u>1067 Whitsett Walk</u>	<u>11/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson 39206</u>	<u>11/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/1/16</u>	\$ _____
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: Corporation PAC Individual <u>Loan</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Willie O'Neal</u>	<u>10/3/16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 24415</u>	<u>11/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson 39225</u>	<u>11/1/16</u>	\$ _____
Name of Employer (Required) <u>SDL Engineers</u>	<u>11/1/16</u>	\$ _____
Occupation (Required) <u>Engineer</u>	Aggregate year-to-date	\$ <u>250</u>
D. Source: Corporation PAC Individual <u>Loan</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Lillian M. Cooley</u>	<u>10/3/16</u>	\$ <u>500</u>
Mailing Address <u>1067 Whitsett Walk</u>	<u>11/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson 39206</u>	<u>11/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/1/16</u>	\$ _____
Occupation (Required) <u>retired</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee John Horton
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Innovative Performance Construction Co, LLC</u>	<u>10/13/16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 552</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Lorman, MS 39096</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>J. Kane Ditto</u>	<u>10/13/16</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 13925</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39236</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Frank Dixon</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u>506 Dartmouth Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39213</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Anheuser Busch</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address <u>J. P. Morgan Chase Bank</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Syracuse, NY</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee John HarkinReporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Rehabilitation Centers, LLC</u>		<u>10</u> / <u>13</u> / <u>16</u>	\$ <u>1,000</u>
Mailing Address <u>100-A Jadek Drive, NE</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Magee, MS 39111</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>John Calhoun</u>		<u>10</u> / <u>13</u> / <u>16</u>	\$ <u>1,000</u>
Mailing Address <u>2307 Twin Lakes Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000</u>
C. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Rod Hill</u>		<u>10</u> / <u>13</u> / <u>16</u>	\$ <u>1,500</u>
Mailing Address <u>1211 Riverside Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,500</u>
D. Source: Corporation PAC Individual Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>The Corbett Co, LLC</u>		<u>10</u> / <u>13</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>P.O. Box 14225</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee John Harkin
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Toni Cooley</u>	<u>10/3/16</u>	\$ <u>500.00</u>
Mailing Address <u>1028 Whitsett Walk</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39206</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Willie Bozeman</u>	<u>10/3/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1028</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Probity Contracting Exp, LLC</u>	<u>10/3/16</u>	\$ <u>1,000.00</u>
Mailing Address <u>809 N. Church St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Florence, MS 39073</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>John Palmer</u>	<u>10/3/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3747</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39207</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee John Horner
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Loving Health Care, Inc</u>	<u>10/3/16</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>931 Hwy 80 W</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39204</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Physician Practice of Madison, PC</u>	<u>10/16/16</u>	\$ <u>800⁰⁰</u>
Mailing Address <u>9 East brooke Circle</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>800⁰⁰</u>
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Crymes Pittman</u>	<u>10/26/16</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>410 S. President St</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Eli Lilly PAC</u>	<u>11/4/16</u>	\$ <u>500⁰⁰</u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Indianapolis, IN 46285</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee John Horne
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>All Sports Community Service, Inc</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 271506</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Tampa, FL 33688</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pfizer Inc</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>6730 Lenox Center Ct</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Memphis, TN 38115</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>WAL PAC / Wal Mart Stores, Inc PAC</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>702 SW 8th St</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Bentonville, AR 72716</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Richard Schwartz</u>	<u>12</u> / <u>15</u> / <u>16</u>	\$ <u>2,000⁰⁰</u>
Mailing Address <u>P.O. Box 3949</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
City, State, Zip Code <u>Jackson 39207</u>	<u> </u> / <u> </u> / <u> </u>	\$ _____
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,000⁰⁰</u>

Name of Candidate or Committee John Harkin
 Reporting period Jan 1, 2016 through Dec 31, 2016

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Dr. Dinesh Goel</u>	<u>12</u> / <u>14</u> / <u>16</u>	\$ <u>5,000⁰⁰</u>
Mailing Address <u>2522 Eastover Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Jackson 39211</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>5,000⁰⁰</u>
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Neilsen & Co LLC</u>	<u>12</u> / <u>14</u> / <u>16</u>	\$ <u>5,000⁰⁰</u>
Mailing Address <u>P.O. Box 5476</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Twin Falls, ID</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>5,000⁰⁰</u>
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Mike Harrell</u>	<u>12</u> / <u>29</u> / <u>16</u>	\$ <u>2,500⁰⁰</u>
Mailing Address <u>1370 Old 49 S</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Richland, MS 39218</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>2,500⁰⁰</u>
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Paula DeYoung</u>	<u>12</u> / <u>29</u> / <u>16</u>	\$ <u>750⁰⁰</u>
Mailing Address <u>157 View Pointe Dr</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Clinton, MS 39056</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>750⁰⁰</u>