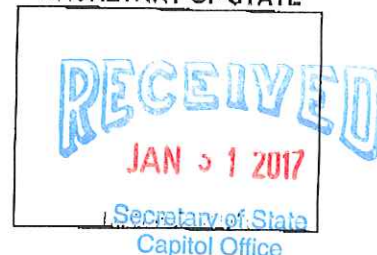


2016 ELECTION CYCLE



Delbert Hosemann  
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate Kabir Karriem  
Address 1326 15th Street North County Lowndes  
Telephone 662-400-0873 Fax \_\_\_\_\_  
Office Sought State Representative District 41 Email Address kkarriem19@yahoo.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 | \$ 500.00 +\$ 600.00      | \$ 1,100.00 | \$ 1,100.00           |
| Total amount of disbursements | \$ 3,230.60 +\$ 0.00      | \$ 3,230.60 | \$ 3,230.60           |
| Total amount of cash on hand  |                           | \$ 300.00   |                       |

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

Kabir Karriem  
Signature of Candidate

1/31/2017  
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 Kabir Karriem

Reporting period January 1, 2016 through December 31, 2016

# ITEMIZED DISBURSEMENTS

|  |   |  |
|--|---|--|
| <b>A. Full name</b><br>Courtyard Marriott            | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>6280 Ridgewood Court Drive | 01 / 05 / 16                            | \$ 132.12  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39211    | 01 / 15 / 16                            | \$ 44.04   |
| <b>Purpose of Disbursement (Optional)</b>            | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 176.16  |
| <b>B. Full name</b><br>Studio 6                      | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>881 East River Place       | 02 / 10 / 16                            | \$ 2,635.26  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39202    | 05 / 11 / 16                            | \$ 56.24   |
| <b>Purpose of Disbursement (Optional)</b>            | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 2,681.50  |
| <b>C. Full name</b><br>Mothers' Day Lucheon          | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>909 1-2 20th Street North  | 05 / 05 / 16                            | \$ 372.94  |
| <b>City, State, Zip Code</b><br>Columbus, MS 39701   | 05 / 05 / 16                            | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Food    | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 372.94  |
| <b>D. Full name</b>                                  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                               | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b>            | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>E. Full name</b>                                  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                               | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b>            | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>F. Full name</b>                                  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                               | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b>            | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |

Name of Candidate or Committee Kabir Karriem

Page 1 of 1

Reporting period January 1, 2016 through December 31, 2016

# ITEMIZED RECEIPTS

A. Source:  Corporation  PAC  Individual  Loan

| Other (please specify) _____                      | Date (Mo., Day, Year)             | Amount of each receipt this period |
|---|-----------------------------------|------------------------------------|
| Full name<br><u>Willie Bozeman</u>                | <u>05 / 25 / 16</u>               | \$ <u>500.00</u>                   |
| Mailing Address<br><u>121 North State Street</u>  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| City, State, Zip Code<br><u>Jackson, MS 39201</u> | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Name of Employer (Required)<br><u>Self</u>        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Occupation (Required)<br><u>Lobbyist</u>          | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Aggregate year-to-date                            |                                   | \$ <u>500.00</u>                   |

B. Source:  Corporation  PAC  Individual  Loan

| Other (please specify) _____ | Date (Mo., Day, Year)             | Amount of each receipt this period |
|------------------------------|-----------------------------------|------------------------------------|
| Full name                    | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Mailing Address              | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| City, State, Zip Code        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Name of Employer (Required)  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Occupation (Required)        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Aggregate year-to-date       |                                   | \$ <u>  </u>                       |

C. Source:  Corporation  PAC  Individual  Loan

| Other (please specify) _____ | Date (Mo., Day, Year)             | Amount of each receipt this period |
|------------------------------|-----------------------------------|------------------------------------|
| Full name                    | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Mailing Address              | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| City, State, Zip Code        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Name of Employer (Required)  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Occupation (Required)        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Aggregate year-to-date       |                                   | \$ <u>  </u>                       |

D. Source:  Corporation  PAC  Individual  Loan

| Other (please specify) _____ | Date (Mo., Day, Year)             | Amount of each receipt this period |
|------------------------------|-----------------------------------|------------------------------------|
| Full name                    | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Mailing Address              | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| City, State, Zip Code        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Name of Employer (Required)  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Occupation (Required)        | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                       |
| Aggregate year-to-date       |                                   | \$ <u>  </u>                       |