## REPORT OF RECE AND DISBURSEMENTS

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	JAN 3 0 2017	U
	Campaign Finance Secretary of State	

Percy W. Watson Name of Candidate

Address P. O. Box 1767, Hattiesburg, MS 39403 Forrest County

Telephone 601-545-1051 Fax 601-582-4293

Office Sought State Representative, District 103 Email Address \_pwatson@megagate.com

Check here if above is different from previous report

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

- 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.
- 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).
- 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.

	REPORTE	D CONTRIBUTI	ONS A	ND DISBURSEMENT	rs	
	Itemized + Non-i	temized =		This Perlod		Calendar Year-To-Date
Total amount of contributions	\$ 2,200.00 *\$	200.00	\$	2,400.00	\$	2,400.00
Total amount of disbursements	\$ 000.00 +\$	420.00	\$	420.00	\$	420.00
Total amount of cash on hand		1	\$	2,199.47	$\neg$	

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

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. Gode 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.
- 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 Clark's Office.

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Name of Candidate or	Committee	Percy	W. Wats	מסי		
Reporting period Jan	nuary 1,	2016	through	December	31,	<del>-</del> 2016

# ITEMIZED RECEIPTS

A Source Corporation See E		
A. Source: Corporation FAC X Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
Full name		ruis beuod
Mississippi Power Company Mailing Address	<u>D9 / 22 / 16</u>	\$ 250.00
P. O. Box 4079	\\ \frac{1}{-}'\dots'\dots	\$
City, State, Zip Code	<u> </u>	
Gulfport, MS 39502	<u>                                   </u>	\$
Name of Employer (Required)	T	
Mississippi Power Company Occupation (Required)		\$
	Aggregate	\$ 250.00
B. Source: Corporation K PAC I Individual Loan	year-to-date	Amount of each
PMI I	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
	10/24/16	*
Comcoast Corporation Mailing Address	10 / 24 / 10	\$ 500.00
600 Galleria Parkway, Suite 1100		\$
I V TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO		\$ [
Atlanta, GA 30339 Name of Employer (Required)		4
Comcast		\$
Occupation (Required)		
	Aggregate year-to-date	\$ 500.00
C. Source Corporation X PAC Individual Loan	Year-woule	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		_
	Date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Anheuser Busch		receipt this period
Other (please specify) Full name Anheuser Busch Malling Address	(Mo., Day, Year)	this period
Other (please specify)  Full name Anheuser Busch  Mailing Address  625 North State Street, Suite 201	(Mo., Day, Year)	receipt this period
Other (please specify)  Full name     Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 700.00
Other (please specify)  Full name     Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217	(Mo., Day, Year)	this period
Other (please specify)  Full name     Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 700.00  \$
Other (please specify)  Full name Anheuser Busch  Malling Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)	(Mo., Day, Year)  11 / [4 / [6	receipt this period  \$ 700.00
Other (please specify)  Full name Anheuser Busch  Mailing Address 625 North State Street, Suite 201 City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch Occupation (Required)	(Mo., Day, Year)  11 / [4 / [6]  1 / [ / [ / [ ]  1 / [ / [ ]  Aggregate	receipt this period  \$ 700.00  \$
Other (please specify)  Full name     Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch	(Mo., Day, Year)  II / I4 / I6  I / I / I  Aggregate year-to-date	receipt this period  \$ 700.00  \$
Other (please specify)  Full name     Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan	(Mo., Day, Year)  11 / 4 / 6  1 / 7 / 6  1 / 7 / 7  Aggregate year-to-date  Date	receipt this period  \$ 700.00  \$ 700.00  Amount of each
Other (please specify)  Full name Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch  Occupation (Required)  Other (please specify)	(Mo., Day, Year)  II / I4 / I6  I / I / I  Aggregate year-to-date	receipt this period  \$ 700.00  \$
Other (please specify)  Full name     Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch  Occupation (Required)  Occupation (Required)  Other (please specify)  Full name	(Mo., Day, Year)	\$ 700.00 \$ 700.00 \$ 700.00  Amount of each receipt this period
Other (please specify)  Full name     Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address	(Mo., Day, Year)  11 / 4 / 6  1 / 7 / 6  1 / 7 / 7  Aggregate year-to-date  Date	\$ 700.00 \$ 700.00  \$ 700.00  Amount of each receipt
Cocupation (Required)  Other (please specify)  Full name Anheuser Busch  Mailing Address  625 North State Street, Svite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030	(Mo., Day, Year)  11 / 14 / 16  1 / 1 / 16  Aggregate year-to-date  (Mo., Day, Year)  12 / 14 / 16	\$ 700.00 \$ 700.00 \$ 700.00  Amount of each receipt this period
City, State, Zip Code  Other (please specify)  Full name Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030  City, State, Zip Code	(Mo., Day, Year)  11 / 14 / 16  1 / 1 / 16  1 / 1 / 16  Aggregate year-to-date  (Mo., Day, Year)  12 / 14 / 16  1 / 1 / 16	receipt this period  \$ 700.00  \$ 700.00  \$ 700.00  Amount of each receipt this period  \$ 250.00
Other (please specify)  Full name Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required) Anheuser Busch  Occupation (Required)  Other (please specify)  Full name A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030  City, State, Zip Code Jackson, MS 39207	(Mo., Day, Year)  11 / 14 / 16  1 / 1 / 16  1 / 1 / 16  Aggregate year-to-date  (Mo., Day, Year)  12 / 14 / 16  1 / 1 / 16	receipt this period  \$ 700.00  \$ 700.00  \$ 700.00  Amount of each receipt this period  \$ 250.00
Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030  City, State, Zip Code  Jackson, MS 39201  Name of Employer (Required)	(Mo., Day, Year)  11 / 14 / 16	receipt this period  \$ 700.00  \$ 700.00  \$ 700.00  Amount of each receipt this period  \$ 250.00  \$ 1
City, State, Zip Code  Other (please specify)  Full name Anheuser Busch  Mailing Address 625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030  City, State, Zip Code	(Mo., Day, Year)  11 / 4 / 6	receipt this period  \$ 700.00  \$ 700.00  \$ 700.00  Amount of each receipt this period  \$ 250.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Anheuser Busch  Mailing Address  625 North State Street, Suite 201  City, State, Zip Code  Jackson, MS 39205-0217  Name of Employer (Required)  Anheuser Busch  Occupation (Required)  Other (please specify)  Full name  A T & T Mississippi  Mailing Address  111 East Capitol Street, Suite 6030  City, State, Zip Code  Jackson, MS 39201  Name of Employer (Required)	(Mo., Day, Year)  11 / 4 / 6	receipt this period  \$ 700.00  \$ 700.00  \$ 700.00  Amount of each receipt this period  \$ 250.00  \$ 1

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Name of Candidate or Committee	Percy	W.	Watson			_
Reporting period January 1,	2016	_ th	rough De	cember	31,	<del>=</del> 2016

#### ITEMIZED RECEIPTS

A. Source: Corporation PAC X Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Electric Cooperatives of Mississippi	12,22,16	this period
Mailing Address	112/ 22 / 10	\$ 500.00
P. O. Box 3300		\$
City, State, Zip Code		4 1
Ridgeland, MS 39158		\$
Name of Employer (Required)	╅═╼═	
ECM Occupation (Required)		\$
	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
Full name	(	this period
		\$
Mailing Address		
City, State, Zip Code	<u>                                     </u>	\$
		\$
Name of Employer (Required)		\$
Occupation (Required)	<u> </u>	*
	Aggregate year-to-date	\$
C. Source   Corporation   PAC   Individual   Loan	Jack to dille	Amazzatar
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Mailing Address	<u>                                     </u>	\$
Manning		\$
City, State, Zip Code		<del>*</del>
		\$
Name of Employer (Required)		
Occupation (Required)	<u>                                     </u>	\$
Occupation (Required)	Aggregate	\$
D. Source: Corporation PAC Individual Loan	year⊸to-date	
	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
in rearity		\$
Malling Address	<u></u>	<b>3</b>
City, State, Zip Code		\$
Name of Employer (Required)		\$
		\$ .
Occupation (Required)		
	Aggregate <u>;</u> <u>year–to-dat</u> e	

Reporting period January 1, 2016

through December 31, 2016

### ITEMIZED DISBURSEMENTS

		<del></del> -
A. Full name	Date (Mo., Day, Year	Amount of each disbursement this perio
Malling Address		
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate	
B. Full name	Year-to-date	\$ 000.00
Mailing Address	Date (Mo., Day, Year)	Amount of each disbursement this perio
	//	\$ 000.00
City, State, Zip Code	11	\$
Purpose of Disbursement (Optional)	Aggregate	75
C, Full name	Year-to-date Date	\$ 000.00
Malling Address	(Mo., Day, Year)	Amount of each disbursement this period
City, State, Zip Code	/	\$ 000.00
· · · · · · · · · · · · · · · · · · ·	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 000.00
D. Full name	Date	9 000.00 Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
ity, State, Zip Code	//	\$ 000.00
urpose of Disbursement (Optional)		\$
. Full name	Aggregate Year-to-date	\$ 000.00
	Date (Mo. Day V.	Amount of each
ailing Address	(Mo., Day, Year)	disbursement this period
ity, State, Zip Code	'	\$ 000.00
rpose of Disbursement (Optional)	//	\$ 
Full name	Aggregate Year-to-date	\$ 000,00
siling Address	Date (Mo., Day, Year)	Amount of each disbursement this period
	/	\$ 000.00
y, State, Zip Code		\$
rpose of Disbursement (Optional)		ф.
	Year-to-date	\$ 000.00